

CHAPTER 8: CIVIL SOCIETY RESPONSES

ABSTRACT

This chapter describes how civil society mobilised in response to the felt impact of the Covid-19 pandemic in South Africa. It briefly reviews on how families and communities were supported by local networks and community-based organisations; how housing, youth, and trade union movements rallied to protect the interests of the groups they support; and how the contribution of the research and analysis offered by academia shaped civil society’s response to the pandemic. In describing specific mobilisation strategies, the chapter looks at how civil society helped reduce the risk of new Covid-19 infections, how it joined forces to help feed millions of hungry people during the hard lockdown, and the advocacy work for the reduction of alcohol-related harm and support for foreign nationals and migrants, among other initiatives.

This chapter shows the undeniable goodwill and contribution of many thousands of South Africans acting in solidarity as a vibrant and creative civil society. But their efforts have not always been solicited, appreciated, or supported by government. This is the main recommendation of the chapter – that government develop stronger routine engagement with civil society to promote collaboration and effective partnership. In particular, the representation of civil society on formal consultative bodies is crucial in ensuring the unique contribution of the sector is heard and valued.

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ABBREVIATIONS AND ACRONYMS

ACLED	Armed Conflict Location and Event Database
COSATU	Congress of South African Trade Unions
ECD	early childhood development
IPASA	Independent Philanthropy Association of South Africa
IT	information technology
MAC	Ministerial Advisory Committee
MEC	Member of the Executive Council
Nedlac	National Economic Development and Labour Council
NEHAWU	National Education, Health and Allied Workers' Union
NGO	non-governmental organisation
NIDS-CRAM	National Income Dynamics Study Coronavirus Rapid Mobile [survey]
PPE	personal protective equipment
REDISA	Recycling and Economic Development Initiative of South Africa
SAAPA	Southern African Alcohol Policy Alliance
SABC	South African Broadcasting Corporation
SAFTU	South African Federation of Trade Unions
SASSA	South African Social Security Agency
SCAT	Social Change Assistance Trust
TERS	Temporary Employee/Employer Relief Scheme
UIF	Unemployment Insurance Fund
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund
WHO	World Health Organization

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INTRODUCTION

Civil society – broadly defined – is the space in which the fundamental issues of identity, vulnerability, justice, and access to opportunity are experienced and responded to. As Harrison (2020) writes, ‘Our nation is one body, and civil society is its neuro-electric system that can sense and signal changes in every cell. Without it, government becomes less and less responsive to need, and communities more and more alienated.’ And as the Covid-19 pandemic took hold in South Africa, civil society’s experiences, innovations, and responses to the pandemic have been instructive in understanding how the whole of society can be protected and transformed as the country rebuilds.

This chapter is a work in progress. As an initial contribution to the first edition of the South Africa Country Report, it outlines the key elements and aspects of civil society’s experience and response to the pandemic and focuses on emerging recommendations. Over the coming months, these topics and elements will be expanded upon through research by the authors, stakeholder consultations, and feedback from readers. Note that Chapter 5.3 discusses the context of vulnerability in South Africa with which civil society responses attempted to grapple.

Each section of this chapter begins with an outline of the key objectives driving the underlying research to provide a sense of the broader picture that will emerge. Where work has already been done, this has been incorporated. Finally, each section includes key emerging recommendations, based on the work undertaken to date.

EXPERIENCES AND MOBILISATION STRATEGIES

THE FAMILY UNIT IN THE EYE OF THE COVID STORM

The family, as a system in civil society, has a relationship of reciprocity between the other systems in society. The family is located within the microsystem but feels the ramifications of activities and decision-making in the macrosystem or chronosystem (i.e., changes over time). For example, apartheid provided a particular experience of inequality between and amongst families of different race groups; even though it was some time ago, families still feel the consequences today.

During the Covid-19 pandemic the rules, laws, and policies government put in place to preserve life forced family systems into intense lockdown experiences. Covid-19 manifested a nexus, intersecting between health, economics, and social and political realities in and amongst families and communities globally (Baldwin-Ragaven, 2020) and especially in South Africa. The family space became transformed into a space of multiple activities, either happening at different times or requiring attention at the same time. These activities included working from home, teaching, and learning (because schools were closed), and care work (including being a ‘health’ worker), but they differed depending on the location and material realities of the family (Parry & Gordon, 2020).

Parry and Gordon (2020) critically highlight the gendered effects of Covid-19 as a ‘shadow pandemic’, because in the pandemic, women have been the most vulnerable in families (see also Chapter 5.4).

For example, women earn less than their male counterparts, are informally employed, have fewer employment opportunities, need to provide for the family in female-headed households, care for elderly, sick or disabled people, and so forth. During the pandemic, within the confines of lockdown, the family was a space of comfort, protection, and care for some women and children. For many, the home space provided opportunities to become more cohesive as a family. For others, however, it became a space of danger and threat to life as family violence increased (Nigam, 2020). There was a notable increase in gender-based violence during the pandemic (Van Dyk, 2020), as the family home became increasingly unsafe for women and children.

A study by the University of the Western Cape (Annex 8.1) shows that the pandemic has created both positive and negative experiences for families. These results are supported by the findings of other South African studies. Kim et al. (2020) focus on the mental health impacts of the pandemic in the northern parts of the country, finding experiences of anxiety, financial insecurity, fear of infection, and reflection/introspection. Mbunge's (2020) review of literature shows that lockdown measures increased mental health challenges, stigmatisation, gender-based violence, social unrest, and food insecurity in families. Specific vulnerabilities exacerbated these difficult experiences. Households that were particularly hard hit include single mothers, pregnant women, child-headed households, migrant households, and households with people with disabilities.

While not much has been written about disability during the pandemic or about disability in families in South Africa, two papers highlight the potential for exclusionary practices during the pandemic for people with disabilities (Erasmus, 2020; McKinney et al., 2020). Excluding or disadvantaging disabled people during the pandemic would go against the values of the South African Constitution, such as the right to a life and inherent dignity, the right to access healthcare, and the like.

Emerging recommendations

- Expand support for community organisations to assist vulnerable families, especially through interventions focused on family resilience and parental support.
- Increase support for women throughout their pregnancies and help ensure positive birth experiences.
- Develop specific strategies to strengthen shelters and emergency interventions to interrupt and respond to family violence.
- Increase support for particularly vulnerable families, such as migrants and people with disabilities.

COMMUNITY ORGANISING

Community organising involves both a reactive dimension and a proactive one. The former tends to take the form of protests; the latter is more about self-reliance, and the two often complement each other. Community mobilisation and protests are at the core of the South African democratic system.

Protests

The right to peaceful protest is protected by the Constitution and is widely supported by the public (SABC News, 2021). South Africa is known for its high level of 'community protests'. Although the

lockdown regulations limited gatherings (and, hence, protests) to varying degrees, some still occurred even under alert level 5.

The frequency of protests has varied, as shown by media reports collected by the Armed Conflict Location and Event Database (ACLED) and analysed by the University of Johannesburg's Centre for Social Change. The Centre defines a protest as 'a popular mobilisation in support of a collective grievance' (Alexander & Lenka, 2020). While most reported action involved community protests (i.e., mobilisation by residents in poor and working-class neighbourhoods), workers, students and others also protested. Figure 8.1 reflects the overall level of protests in 2020. Protest numbers reached a record high in February, declined rapidly even before the start of alert level 5, and soon increased again. Indeed, there were more protests in 2020 than in any preceding year.

Figure 8.1: Protests by month, 2020



Source: Data from ACLED, analysed by the Centre for Social Change¹

The pandemic exposed the vulnerability of low-income communities, where South Africans, almost all of whom are black, live shorter and harsher lives (Harrison, 2020). Many face unemployment, food insecurity, poor service delivery, relatively expensive and time-consuming transport, and substandard schooling. Some respond by participating in protests. From 2018 to 2020 service delivery protests were the most prevalent, followed by work-related protests (including workers' strikes), then issues around education, gender and sexuality, and crime. In four of these five categories, there were more protests in 2020 than in previous years. Thus, the pandemic and lockdown did not prevent protest action; it might indeed have added to the burden of grievances.

Early in 2020 people mobilised around water (see e.g., Majavu, 2020; Singh, O., 2020). Later, as industrial production increased and the weather worsened, disputes about electricity came to the fore (see e.g., Mkhalihi, 2020; Wicks, 2020; Lindeque, 2020). Housing and land have been important issues for many years but now, with more evictions and food shortages, they assumed greater prominence (Postman, 2020; Mnyobe, 2020). There were also protests around gender-based violence; this was the most commonly cited grievance in July 2020 (Alexander & Lenka, 2020). Police and

¹ The team is grateful to Kate Alexander and Lefa Lenka for permission to include this graph.

government responses to protest have often been violent, both in the past and during the pandemic. For example, on 9 March 2021 a bystander to student protests, Mthokozisi Ntumba, was shot and killed by a rubber bullet fired by police at close range; a few days later a University of Johannesburg student was seriously wounded in a similar incident. These episodes fuelled demands for new restrictions on use of rubber bullets.

New formations and campaigns

Community activists have also been proactive. Some activities were associated with long-standing community organisations, others with new ones. Sometimes, organisations that used to work in isolation formed collaborative networks. Other organisations emerged during the pandemic to bridge the gap between government and communities, including the Covid-19 Working Class Campaign, Cape Town Together, and the C19 People's Coalition (Essop & Von Holdt, 2020; Pinxteren & Colvin, 2020; Hamann et al., 2020). These collectives aimed to ensure that across communities, 'people self-organise, to take local action, and to develop ways to share resources' (Scheepers et al., 2020). The new organisations were driven by three intersecting objectives (Harrison, 2020; Essop & Von Holdt, 2020):

- Strengthen community responses to the pandemic and its regulations.
- Ensure that government interventions do not contribute to inequality and exclusion.
- Introduce measures to help address current social and economic issues.

The *C19 People's Coalition* is a broad-based coordinating body for civil society organisations working around the pandemic. It was founded on 18 March 2020, and its Programme of Action was launched on 23 March. The programme soon attracted support from hundreds of organisations, such as Action Aid, the Canon Collins Trust, Equal Education, the Nelson Mandela Foundation, the Open Society Foundation, the People's Health Movement, the South African Federation of Trade Unions (SAFTU), the Seriti Institute, and many other non-governmental organisations (NGOs), trade unions, research centres, and community organisations (C19PC, 2020).

The *People's Vaccine Campaign* was launched by the C19 People's Coalition on 12 January 2021. It soon attracted considerable support, not only from organisations that backed the coalition but also from new ones. Endorsements included the Ahmed Kathrada Foundation, the Anglican Church of Southern Africa, Black Sash, the Congress of South African Trade Unions (COSATU), Extinction Rebellion South Africa, the Organisation Undoing Tax Abuse, and the Treatment Action Campaign (C19PC, 2021). The campaign raised concerns about: 'government's austerity measures in a pandemic; [South Africa's] inequality — a story of two unequal health systems; the agreement on trade-related aspects of intellectual property rights; vaccine nationalism and xenophobia; position and treatment of community health-care workers; gender disparities; and disinformation and vaccine scepticism' (Singh, O., 2021). Its demand for a 'people's vaccine' echoed that of the Joint United Nations Programme on HIV/AIDS (UNAIDS) and Oxfam, which is supported by world leaders, including President Cyril Ramaphosa (UNAIDS, 2020). The international People's Vaccine Alliance demanded a 'People's Vaccine, not a profit vaccine', 'Available to all, everywhere, free of charge', and 'No return

to normal'. The People's Vaccine Campaign supported the call by leading scientists for greater urgency in the acquisition of vaccines (Dasoo et al., 2021). In part because of such lobbying, government sought to obtain vaccines with increased determination.

Emerging recommendations

There is persuasive argument that government should be less heavy-handed and more trusting in its relationships with community activists – a combative approach tends to exacerbate divisions (Xezwi & Alexander, 2020). Government should also engage more productively with civil society formations that are emerging and responding to the crisis as critical builders of social solidarity.

FAITH-BASED ORGANISATIONS

During alert levels 5 and 4 religious gatherings were prohibited, except for funerals, where a maximum of 50 people could attend. President Cyril Ramaphosa told South Africans they would need to adapt to new ways of worship (DoH, 2021; CoGTA, 2020b). Restrictions were eased under alert level 3, and the president urged religious leaders to help raise awareness around the pandemic and provide spiritual support to distressed communities (CoGTA, 2020a). Under alert level 1 religious gatherings have been allowed, subject to health protocols; attendance is limited to 250 people indoors and 500 outdoors (South African Government, 2021).

Many faith-based organisations have been unhappy with these regulations, arguing that places of worship should have been declared essential services to serve spiritual and psychological needs. The South African Council of Churches said a blanket approach to religious facilities was not sustainable, and venues should instead have been allowed to operate at 50% capacity (Persens, 2021). The South African National Christian Forum is taking government to court, and in January 2021, Freedom of Religion South Africa lodged court papers in the High Court in Johannesburg to demand the lifting of the ban on faith-based gatherings (FOR SA, 2021). Faith communities seem to have had a disproportionate influence on government planning and decision-making, as discussed in more detail later on. For example, the Ministerial Advisory Committee (MAC) regularly consulted organised religious groups, whereas engagement with other civil society formations was more limited.

Church closure leading to a loss of faith and livelihoods

Bishop Kelly Tsedu-Muntswu is the charismatic leader of Shiloh Family Church in an impoverished area of Hammanskraal, north of Pretoria. On 22 January 2021 he helped lead a peaceful protest against church closures. He explained that online services failed, as church members had to choose between buying food or buying data (Tsedu-Muntswu, 2021). He tried to establish a call centre, so that volunteers could reach out to congregants, but this was not sustainable. Tsedu-Muntswu argued that the prohibition on church services, coupled with the hardships of Covid, led to a huge loss of faith. 'We used to have two services every day, now we struggle to get 100 members to attend.' Churches in lower socio-economic groups depend on offerings and tithes to run their ministries; these dried up during Covid. 'We struggled to pay our employees stipends; it was so difficult', he said.

Adapting to new ways of worshipping

The pandemic changed the way people practised their faith. People with sufficient means attended services online. Dr Rashied Omar, Imam of Claremont Main Road Mosque in Cape Town, recalls that ‘for the first time in modern history the celebrated *adhan* or call to prayer embraced a prophetic injunction, which advises that in emergency conditions the *mu’adh-dhin* or caller to prayer should call on worshippers to perform their ritual prayers or *salah* at home’ (Woolf Institute, 2020). The Claremont Main Road Mosque also transmitted the Friday *Nasiha* (message) live via Facebook and YouTube.

Responding to the pandemic

Some faith communities rapidly implemented a coordinated response to the pandemic, and in many communities, congregations became sites of social solidarity. In Cape Town, the Jewish Community Security Organisation partnered with Hatzolah medical rescue to establish a Covid-19 Wellness Monitoring Programme. It monitored local community members who tested positive for Covid-19 or displayed symptoms of the virus and were awaiting test results.

Although lockdown restrictions made helping others more difficult, many faith-based organisations and individuals reached out to help mitigate the physical and mental impact of Covid-19. The South African Council of Churches ran a wide-reaching communications campaign developed by Heartlines, called ‘Church in Action’, which aimed to use congregations as sites of public health prevention messaging. It also led a food relief campaign across the country, working with the Mthunzi Network and CoCare Vouchers. (Box 8.4 discusses the voucher scheme in more detail.)

Approach to vaccines

Some faith-based organisations, such as Common Good in Cape Town, encouraged congregants to be vaccinated, often hosting online discussions with experts about the importance of vaccination. Some leaders spoke out publicly: ‘I am proud of our scientists and to be a South African. I must lead by example, and for that reason I will be vaccinated,’ said Cape Town’s Anglican Archbishop Thabo Makgoba. Most Muslim judicial authorities and scholars declared vaccination as not just permissible (*halal*) but highly recommended (*mandub*) (Craig, 2021). Dr Rashied recommended that Muslims join civil society campaigns to ensure that vaccines are distributed equitably. However, there are concerns that some prominent leaders may be fuelling vaccine scepticism (Seleka, 2021; IJR, 2020).

Some faith leaders who do not oppose vaccination are unhappy with the way information has been shared. Bishop Kelly Tsedu-Muntswu asks, ‘From the time of apartheid, the state trusted pastors to educate people on HIV, [antiretrovirals, tuberculosis,] and polio. Why have they not called the pastors to educate [people] on the vaccine? For me that is a problem, when we have worked together on other pandemics’ (Tsedu-Muntswu, 2021).

TRADE UNIONS AND WORKERS' ORGANISATIONS

Workers suffered greatly during the lockdown. Millions lost their jobs or were placed on reduced hours. Government provided some help, mainly through the Temporary Employee/Employer Relief Scheme (TERS) for workers covered by the Unemployment Insurance Fund (UIF) and through the Covid-19 social relief of distress grant for adults without an income. The latter was worth just R350 per month, a good deal less than the food poverty line. Even with these measures, there was widespread hunger, psychological distress, and social dislocation. Informally employed workers were especially badly hit, and most foreign residents were excluded from state support (Chapter 5.3).

Despite this misery, trade unions were slow to respond. In early September 2020, one sociologist wrote: 'What about the sleeping giant of South Africa's working class, its labour movement? There are signs that it is beginning to wake up – not yet out of bed, but it can hear the alarm and its eyelids have opened' (Alexander, 2021). There had been localised action by hospital employees, miners, taxi drivers, hospitality workers, teachers, and others, but little generalised response except through official channels such as the National Economic Development and Labour Council (Nedlac). On 1 August 2021 a 'Day of Working-Class Action' was held, with about 40 protests around the country. Many of these were in rural areas and involved low-paid farm labourers, community health workers, and participants in government's Extended Public Works Programme. However, the day was organised outside official union structures, mainly by the Simunye Workers Forum and the workers' rights and community organising working groups of the C19 People's Coalition.

Further research will explore reasons for this sluggish response, but at this stage, five possibilities can be proposed:

- *Historical*: The movement was ill-prepared. Veteran union leader Stephen Faulkner (2021) summarised the problems: 'years of compromises, the widening gap between leaders and the rank and file, the absence of a clear political, economic and social alternative to rally around, and the glaring realisation that the trade union movement had not really thought through how it could continue to behave in a worker-controlled or internally democratic manner'.
- *Organisational*: Under the hard lockdown, union offices were emptied of staff, organisers, and leaders. Virtual working was difficult, given limited IT capacity and the prohibitive cost of data. While WhatsApp groups and Zoom meetings are now more widespread, managing and facilitating this shift meant that for a time, almost the whole movement was paralysed (Faulkner, 2021).
- *Economic*: Many workers had lost their jobs and were therefore unable to strike. Others had lost much of their income and were reluctant to lose any more pay.
- *The law and health*: Gatherings were prohibited or restricted, and Covid-19 meant that physical meetings and processions could be dangerous (Smit, 2020).
- *Political*: COSATU, the largest federation, had a close relationship with the ruling African National Congress and was reluctant to adopt 'anti-government' positions. SAFTU, the second-largest federation, was experiencing internal divisions (Alexander, 2021).

At end-September 2020, Zwelinzima Vavi, general secretary of SAFTU, said it was ‘scandalous’ that it had taken six months for the trade union movement to prepare for mass action. He added: ‘We ought to criticise ourselves’ (Smit, 2020). He spoke before a strike called for 7 October, which his federation supported along with COSATU and two other major federations, the National Council of Trade Unions, and the Federation of Unions of South Africa. Bheki Ntshalintshali, general secretary of COSATU, told the media: ‘Some workers will not join a strike. They will watch through the windows. You can see that their heart is there’ (Smit, 2020).

The problems of pay and fear of infection loomed large, and the strike was poorly supported. Still, the display of unity between leaders was unprecedented; something seems to have changed. According to Ntshalintshali: ‘we take issue with going back to normal ... [the] normal before Covid ... is not the normal we want to see. ... We were losing jobs left and right for other reasons, not because of Covid. What Covid has done is just make it seen by many people’ (Smit, 2020).

Politics, too, could be revisited. Ntshalintshali again: ‘Business and government are undermining labour’ (Smit, 2020). Government’s decision to renege on the public sector pay agreement may well have been on his mind. The National Education, Health and Allied Workers’ Union (NEHAWU), a COSATU affiliate, took a firm stand on the matter, and collective bargaining was one of the key issues of the day. Other concerns were public transport (in particular, the theft of railway infrastructure, which made life even more difficult for many workers), service delivery, and corruption. Service delivery provided a connection, nurtured by SAFTU through its Working Class Summit, to millions of poor people, some of whom participated in the growing number of protests. Corruption, highlighted by scams around the purchase of personal protective equipment (PPE), aroused considerable wrath. This issue was also being raised by the South African Council of Churches, among other organisations.

Responses to the 2021/22 Budget

The 2021/22 Budget, announced by Minister of Finance Tito Mboweni on 24 February 2021, has been condemned for austerity measures that target poor people. Some organisations are calling for it to be rejected, and the unity achieved in October 2020 has deepened.

Among other cuts, the Budget confirmed the planned phasing out of TERS and the Covid-19 social relief of distress grant, which have mitigated some of the worst impacts of the pandemic. Despite their poor implementation and inherent weaknesses, these two measures have supported the working class. Following a campaign by civil society organisations, the Department of Labour had agreed that TERS payments could be made to workers whose employers had failed to make UIF contributions (a legal requirement). These included about a million domestic workers, along with many farm workers, taxi drivers, waiters, and construction workers (Skinner et al., 2021:12). The Covid-19 social relief of distress grant meant that for the first time in South African history, all adult citizens received some kind of income. It has been seen as a bridge to a basic income grant, long supported by civil society and opposed by government. Against the backdrop of the pandemic, the positive experience with the

social relief of distress grant, and lobbying by the C19 People’s Coalition, Black Sash, and others, the introduction of a basic income grant looked more likely, provided funds can be found.

Another important issue for workers is the ongoing cuts in the budget of the Commission for Conciliation, Mediation and Arbitration, which is seen as critical for the fair labour rights envisaged in the Constitution. The Commission has seen its budget of almost R1 billion reduced by about R600 million, and by 2020 it had 17% fewer commissioners than in 2013, when it dealt with only 70% of its current caseload (Smit, 2020). COSATU recently joined other organisations in demanding the immediate reversal of the cuts to the Commission’s budget (Pamla, 2021).

Finally, the pandemic highlighted the fact that the majority of workers are excluded from legal protection and social benefits and do not participate in established union structures. These include most workers in the informal sector, along with gig economy workers employed through platforms like Uber (drivers) and SweepSouth (domestic workers). Workers without acceptable documentation, such as many waste pickers, have found it especially difficult to obtain support (Skinner et al., 2021; Chapter 3.1). While all adults in South Africa will be vaccinated for free, this inclusivity does not extend to official relief measures. Caregivers, most of whom are women, lost their benefits when the Covid-19 social relief of distress grant was extended but the caregiver ‘top-up grant’ was not, and a gendered lens that captures the implications of exclusions is generally absent from the narrative of larger unions (see also Chapter 5.4). Nedlac should be reformed to better reflect the wide range of voices that should be present in social compacting processes. SAFTU is excluded, but so too are the voices of non-unionised workers and the unemployed – that is, the *majority* of the workforce.

Emerging recommendations

- Introduce extended social security through mechanisms such as a basic income grant.
- Reform Nedlac representation and processes to include the majority of the workforce, not just public sector unions.

YOUTH ORGANISATIONS AND MOVEMENTS

Successfully transitioning from childhood to adulthood requires the achievement of particular milestones, including education or training and securing a livelihood (Honwana, 2012). Even before Covid-19, South African youth were disproportionately affected by the country’s development challenges of poverty and inequality, which undermined their ability to transition to adulthood (De Lannoy et al., 2015). Before the pandemic, more than 7 million (42%) 18–35-year-olds lived in poverty (Stats SA, 2019), and the number of 15–34-year-olds who had been looking for work for more than three years tripled from 533 499 in 2008 to over 1,5 million in 2018 (Stats SA, 2018). In fact, more than 8,6 million young people (ages 15–34) are not engaged in education, training, or employment (Stats SA, 2020). Against this backdrop, young people have borne the brunt of the adverse socio-economic consequences of lockdown (Ranchhod & Daniels, 2021). For them, the lockdown brought disrupted

education and training, job and income losses, reduced employment prospects, and even greater obstacles in the search for work.

At the beginning of alert level 5, many organisations working with young people implemented strategies to give them relevant and trustworthy information. For example, the Harambee Youth Employment Accelerator led a youth-focused messaging campaign with 200 youth organisations to reach more than 3 million young people. Many organisations also responded to young people's immediate needs, such as food. As life settled into a 'new normal', these organisations adapted their responses to the challenges and inequalities that the pandemic had exacerbated.

Student mobilisation – the revival of #FeesMustFall

The #FeesMustFall student movement was a militant and influential force in 2015–16. In February 2020 there was further protest action, much of it away from well-known universities in the big cities. When on-campus teaching was halted on the weekend of 15 March 2020, following South Africa's first Covid-19 death, the movement collapsed (Alexander & Lenka, 2020). When student activism re-emerged in March 2021, campaigning was linked to Covid-related budget cuts. Mobilisation soon focused on a R6 billion cut in funds for the National Student Financial Aid Scheme, which would prevent many poorer students from entering university. Moreover, higher unemployment and lower incomes had expanded the number of students whose parents earned less than R350 000 a year, who would thus be eligible for support. Others who experienced hardship included undergraduates who began their studies before 2018 (when the new bursary scheme was introduced) and post-graduate students (who had never qualified). The Student Representative Council of the University of the Witwatersrand called for support from wider civil society, and SAFTU backed their call (Qodashe, 2021; SAFTU, 2021).

The killing of a bystander, Mthokozisi Ntumba, and the serious wounding of a student from the University of Johannesburg (discussed above) may have put pressure on cabinet over the student aid cuts. The cuts were rescinded, although the funds will be deducted from elsewhere in the higher education budget. Other hardship issues have not yet been resolved, but some universities will address them on a piecemeal basis (Nicolson et al., 2021). It remains to be seen whether the student movement will continue through 2021.

Emerging recommendations

- Young people's experience of marginalisation led to a high level of distrust in government information about the pandemic (particularly in the early days). Government must find more powerful ways to build trust with young people.
- Young people should be connected to networks virtually, so that they can respond quickly. However, they need resources (e.g., information and training) and psychosocial support to help them do this without placing themselves in harm's way.
- To unlock the full benefit of online tools of communication, the sites of public benefit organisations should be zero-rated to allow them to continue serving their constituencies in times of crisis.

RESEARCH BY CIVIL SOCIETY AND THE HUMANITIES AND SOCIAL AND HUMAN SCIENCES

Extensive research has been conducted on the impact of the Covid-19 pandemic in South Africa. Universities, civil society, and other academic platforms have engaged in real-time research in sectors such as the economy, education, leadership and governance, human rights and justice, health, gender, social security and welfare, science and innovation, food security, environmental change, and policy (Arndt et al., 2020; Coleman, 2020; Govender, 2020; Hofmeyr, 2020; Jain et al., 2020). These research projects interrogated, for example, the economic, social, health, and educational impact of the pandemic and the public's perception of government's response and the different policies and interventions (Jain et al., 2020; Mbunge, 2020; Naidu, 2020; Ranchhod & Daniels, 2020). This research highlighted the growing inequality, the strain on the economy and education, the dysfunctional healthcare system, people's feelings and well-being, attitudes to policy and government responses and vaccines, and other social problems, such as gender-based violence (Soudien, 2021). Government responses cannot focus mainly on Covid-19's impact on health; its social effects (e.g., unemployment and other socio-cultural traumas) also need serious attention. Thus, although the natural sciences have a clear role to play, the humanities and social and human sciences also have a mammoth task of revealing the socio-cultural effects of the pandemic on people's everyday experiences.

The missing voice of the humanities and social and human sciences

Following the first recorded case of Covid-19 in South Africa on 5 March 2020, government declared a national state of disaster on 15 March 2020 and implemented a lockdown and a five-level 'risk-adjusted' strategy (Singh, J. A., 2020). This approach had a profound impact on the social and economic fabric of the society and was criticised for failing to consider the social and human impact (Pietermaritzburg Pensioners Forum, 2020; Singh, J. A., 2020).

As part of government's response, the health minister, Dr Zweli Mkhize, announced the establishment of a committee (MAC) on 25 March 2020 (DoH, 2020) to provide advice on vaccine development, along with a multisectoral MAC focusing on community mobilisation (SAnews, 2020; IOL, 2020). However, questions were raised about the lack of transparency about the selection processes for the MACs, their specific roles, terms of reference, and operating procedures, as their formation had not been gazetted (Singh, J. A., 2020). Although the inclusion of academics on the MACs has been commended, representation was overwhelmingly skewed towards the natural, and particularly medical, sciences (e.g., immunologists, virologists, and vaccinologists) and other health-related professions (Patterson, 2020). Experts² questioned the limited representation of the humanities and social and human sciences. A committee leaning towards the natural sciences could arguably not fully address the crucial role of the humanities and social and human sciences in dealing with the social, ethical, and moral aspects of the pandemic (Patterson, 2020). One such example was the growing perception in

² Such as Professor Crain Soudien (Chief Executive Officer, Human Sciences Research Council (HSRC)), Professor Nico Cloete (Director, Centre for Higher Education Trust), and Professor Leslie Bank (Research Director, Inclusive Economic Performance and Development Unit, HSRC)

communities that the virus did not exist, resulting in them refusing to adhere to health regulations like wearing masks, washing hands, sanitising, and social distancing (SAnews, 2020).

Recognising weaknesses in '[adherence] to non-pharmaceutical interventions', Mkhize acknowledged the need to reconfigure the MAC to include social and behavioural scientists (SAnews, 2020). On 16 June 2020, the health minister named 41 new members to a MAC on Social and Behavioural Change, with Bishop Malusi Mpumlwana steering the committee. The goal of this MAC was to drive social behavioural change (IOL, 2020) and so help to flatten the curve of the pandemic. Implementing the interventions proposed by biomedical experts required an understanding of the social and human dimension. Thus, the MACs needed expertise beyond the natural sciences, including social scientists, ethicists, and community leaders, to help facilitate behavioural change (Makou, 2020).

However, many of the new members of the MAC had a faith-based focus, and few were from civil society or from the humanities and social and human sciences (Singh, J. A., 2020; Bank, 2020). This meant that there was little direct research or academic input into the decision-making process, which was a concern, as the interventions drew from experiences and assumptions about the need for social and behavioural change. The Chairman of the Multisectoral MAC on Social and Behavioural Change, Bishop Malusi Mpumlwana, confirmed this in an interview (Mpumlwana, 2021). When asked about the relevance of research, Bishop Mpumlwana acknowledged the need to include research and the views of the humanities and social and human sciences. However, he noted that inputs from academics and research organisations were solicited at the discretion of individual committee members.

This left glaring gaps in the responses to the pandemic, as the way these policies affected people's everyday realities was ignored. The one-size-fits-all approach was criticised for at best, doing nothing to ameliorate inequality, poverty, and hunger, and at worst, exacerbating these problems. Government's R500 billion welfare programme, for example, was condemned for failing to 'align social infrastructures and bodily technologies in the townships to the threat of the disease' (Bank, 2020). These critiques highlighted the need for a social and humanitarian dimension in the formulation of policies and interventions. In contrast to South Africa, countries such as Germany relied on expert advice from social science and the humanities (Singh, J. A., 2020; Patterson, 2020).

Role of the humanities and social and human sciences in developing Covid-19 responses

The humanities and social and human sciences play a central role in both the macro- and micro-level decision- and policymaking process of the state, by revealing everyday experiences, portraying the public's responses and dispositions, and providing the evidence base for developing responses to state/national disasters such as the Covid-19 pandemic on the part of both government and civil society.

Studies such as the National Income Dynamics Study Coronavirus Rapid Mobile Survey (NIDS-CRAM) and research by organisations such as the Human Sciences Research Council (HSRC) and research units within universities provided an evidence base for the formulation of government policies and

responses to the pandemic. This research has highlighted the pandemic's social, cultural, economic, and psychological effects in a context where the focus has overwhelmingly been on scientific, health, and biological issues (Alexander & Bohler-Muller, 2020; Davids et al., 2020; Masigo & Kgadima, 2020). Research in the humanities and social and human sciences has provided critical information and initiatives that pointed to the potential benefits and limitations of policy responses (Soudien, 2021). While the contribution of the human sciences has been acknowledged more broadly, the extent to which these researchers were engaged on policy formulation and interventions through formal inclusion on decision-making or advisory structures related to the pandemic was very limited.

The research contribution of civil society

Research in the civil society space was largely quantitative and oriented toward socio-economic impacts (see, e.g., Webster, 2020; IFAS, 2020). Employing online surveys and desktop research, these projects explored the impact of Covid-19 on the informal sector, revealing its differential impact on the formal and informal economies. Similarly, in collaboration with other organisations, JET Education Services (2020) documented educational responses to the pandemic, highlighting the importance of parents' role in and the weaknesses of homeschooling. These studies were complementary to those carried out in the academic space.

Emerging recommendations

- The current model for appointing MAC members should be reviewed to ensure representation of different sectors of society, different disciplines within the natural, humanities, social, and human sciences, civil society, and NGOs.
- Policy decisions must seriously consider the findings of social science research in formulating responses.

SPECIFIC MOBILISATION STRATEGIES OF CIVIL SOCIETY

REDUCING THE RISK OF TRANSMISSION IN COMMUNITIES

Civil society played a substantial role in preventing Covid-19 transmission. Without a vaccine, everyday preventive measures were vital to slow the spread of infection, reduce the strain on healthcare services, and prevent more deaths. Various NGOs and community-based organisations helped to promote public understanding of Covid-19 and vaccines, provide behavioural communication, distribute PPE, provide leadership and advocacy, and the like.

Several organisations were concerned about communication with the public being largely limited to social media platforms and news reports in English. There was no ongoing, conscious building of the broader public's knowledge of the virus, how to protect themselves, and how to navigate the effects of the lockdown on their lives. To address this concern, some turned to radio. Radio still plays a large role in public communication in South Africa, being the primary means of engaging with audiences in their home language. Its power of persuasion would be needed if people were to take personal action to prevent Covid transmission. Box 8.1 discusses the *Sikhaba iCovid-19* radio show, a civil society initiative to empower listeners to fight the pandemic.

Box 8.1: *Sikhaba iCovid-19*

The DG Murray Trust and a local non-profit organisation, Innovation Edge, collaborated with the South African Broadcasting Corporation (SABC) and the national Department of Health to create a radio show called *Sikhaba iCovid-19* – ‘Let’s kick out Covid together’ (DGMT, 2021b). Funding was provided by the Solidarity Fund, the Millennium Trust, the ELMA South Africa Foundation, and the Zenex Foundation (see Annex 8.4).

Innovation Edge and the DG Murray Trust directed the production of 10-minute inserts for 15 public radio stations, in 12 different languages, every weekday for six months. The show launched on 20 April 2020, three weeks after it was conceived.

A crucial element of the programme was its finger on the pulse of issues and events across the country through a group of about 150 people who wrote daily diaries online, sharing their experiences, views, questions, and concerns. This input was collated by a dedicated team and fed into the content planning cycle.

Sikhaba attempted to model a different way of communicating – drawing in experts on each topic, in every language, and prompting information to be shared from a place of empathy, building an understanding of the virus, and empowering listeners to take actions towards social solidarity.

Inevitably, the *Sikhaba* team had to counter fake news too, especially on Facebook and Twitter. ‘Covid-19 is an imaginary virus,’ texted one user, adding that ‘the media is fooling the community.’ Another wrote, ‘Government has the answers [to Covid], but they are playing us and instilling fear so they can rule even more’ (DGMT, 2021b).

Box 8.2 highlights a civil society initiative to provide PPE to community care workers, in partnership with business. Many other organisations and individuals did their part at a smaller scale. For example, the hugely popular, internationally successful Ndlovu Youth Choir worked to dispel myths and misunderstandings about Covid-19 and share basic health guidelines through their music (Pousadela & Firmin, 2020). The choir’s Covid-19 musical public service messages were shared by the World Health Organization (WHO) and the United Nations. Another innovative strategy involved a road show, under a partnership between UNICEF South Africa, the Department of Health, the South African Red Cross Society, and World Vision. A large truck was equipped with three giant LED screens. It would drive slowly while broadcasting a video of the Covid-19 experiences and warnings of people living in the area. By the first week of January 2021, the truck had reached about 300 000 people across the Eastern Cape, Gauteng, and the Free State (Fricker, 2020). In addition to these initiatives, thousands of community-based organisations and citizen heroes worked with dedication, largely unheralded; their contributions should also be acknowledged.

Box 8.2: *Behind the masks*

Prominent activist, writer, and former board member of the waste tyre management initiative REDISA (Recycling and Economic Development Initiative of South Africa), Elinor Sisulu, pulled together a group of civil society actors to help provide community care workers with PPE (Harrison, 2020). These care workers, which included community health workers, emergency services workers, social and social auxiliary workers, relief- and child and youth care workers, were unlikely to receive PPE via the health system because hospital and clinic staff were prioritised in the distribution of PPE.

At first, this collaborative effort between the DG Murray Trust, REDISA, and the Wits Centre for Learning on Evaluation and Results tried to procure PPE through the central process established by Business4SouthAfrica. This process was exceedingly slow – it used the same system as the national Department of Health, which was not designed for disaster management. The first shipment of PPE was flown in at high cost from China and attracted excise duties of R15 million (20% of the value of the imports) (Harrison, 2020). After struggling to procure PPE from abroad through formal processes, the DG Murray Trust considered local alternatives. It later

approached a local company that was not producing masks at that time, Stellenbosch Nanofiber Company. This company's role in the production of masks is discussed in Box 8.5.

One of the challenges in distributing the PPE was the logistics of getting the equipment to the estimated 120 000 community care workers across the country (DGMT, 2021a). Unlike the public health system, where procurement and distribution channels are in place, there was no existing mechanism to reach all community care workers. The campaign therefore connected with corporate teams at Coca-Cola and its bottlers, who together planned a national roll-out of PPE from central depots to regional depots, and from there, to NGOs serving as distribution points (DGMT, 2021b).

South Africa's comprehensive network of NGOs and community-based organisations was invited to help identify community care workers who would need PPE either immediately or as the lockdown was eased and they resumed their work. Over 350 NGOs and community-based organisations volunteered to participate. After a rigorous process, 326 organisations were selected to take part (DGMT, 2021b).

REDISA customised its logistics system to track the movement of PPE from warehouses to the community care workers. Coca-Cola stored the PPE, and REDISA planned the route for deliveries to community connector organisations; it also implemented a mobile database and a text-based PIN system linked to each care worker's phone. With 48 hours' notice, Coca-Cola's trucks would pick up consignments of imported PPE, which would then be sent to the NGOs serving as local nodes for distribution. Despite many challenges and delays, the first of four PPE distribution drives rolled out in late July 2020, bringing a month's supply of masks, gloves, sanitisers, and face shields to tens of thousands of care workers (DGMT, 2021b).

Emerging recommendations

- Support civil society networks as conveyers of information and as spaces to engage with people's questions and concerns.
- Build a communications practice rooted in empathy and the grounded experience of communities.
- Explore potential local innovations in the creation and distribution of PPE.
- Strengthen the approach to disaster relief procurement, including by waiving duties for essential imports.
- Develop new ways of partnerships between public, private, and civil society actors.

SUPPORTING FOOD SECURITY AND THE NUTRITIONAL STATUS OF CHILDREN

Covid-19 critically affected the many South Africans who live on the edge of food insecurity. Large numbers of people live from month to month and rely on piece jobs to make ends meet. Many lost their income due to sudden unemployment, business closures, or salary cuts. The NIDS-CRAM survey, designed to gauge the social impact of Covid-19 in South Africa, found that one in three people who had an income before lockdown had lost it within a month. Over that same period, half of households reported running out of money to buy food (Spaull et al., 2020; see also Chapter 5.3).

Children not only suffered because of the lack of food at home; with schools closed, many also lost their access to school feeding schemes. In this time, one in seven households reported that their children had gone hungry in the previous week. To make matters worse, the prices of basic food items increased (Harrison, 2020). In a report for World Hunger Day, the Community Chest puts it succinctly:

The continuing escalation of food prices in a context where most households have almost no capacity to absorb shocks and where government help is hardly sufficient means that most families in South Africa will start facing ever deeper levels of hunger, poverty, and desperation (IOL, 2020).

Civil society responded with a concerted effort by established organisations and community action networks like Cape Town Together, Gauteng Together, and Eastern Cape Together. It is estimated that NGOs and mutual-aid groups provided more than half of all hunger relief from May to August 2020 (Hamann, 2020). Because these organisations and groups had already been working in communities battling hunger before Covid-19, they could respond quickly, the only issue being upscaling aid to reach more people. Some food relief schemes are discussed in Annex 8.3 and summarised in Box 8.3.

Box 8.3: Community food relief schemes

- Organisations like **Ladles of Love** distributed over 3 million meals between 20 March and 27 June 2020. By March 2020, Ladles served about 14 000 meals a month. By July 2020 it was distributing 45 tons of food, or about 400 000 meals a week (Hendricks, 2020).
- In **Knysna**, in the Western Cape, the local [Rotary](#) association partnered with local churches, NGOs, and the municipality to distribute food aid to vulnerable people. It used an electronic voucher system, drawing on a centralised database set up by the municipality for the 2017 fires. From 30 March to 30 September 2020, it raised R1 094 319 in donations from residents. More than 500 soup kitchen hampers were delivered over 23 weeks; 3225 food parcels were distributed, and 6103 vouchers issued.
- [Gift of the Givers](#) ‘delivered aid to areas where children were eating plants to survive or eating anything that comes off a dump site’. It delivered 130 000 food parcels to impoverished families and provided ingredients to more than 100 feeding centres.
- **Ikamva Labantu**, an NGO working in Cape Town’s townships, distributed 154 100 nutritious meals daily, reaching 36 200 people per month during the lockdown (Ikamva Labantu, 2021).
- Working with ten community-based organisations in the remote Eastern Cape, the **Social Change Assistance Trust** (SCAT) reached about 200 villages and distributed 10 500 food parcels in three weeks (Harding, 2020).
- The **Solidarity Fund** (2020) distributed 151 276 parcels (almost R56 million) through four, large non-profit food distribution organisations – Afrika Tikkun, Food Forward South Africa, Islamic Relief, and the Lunchbox Fund. Over 59 800 parcels were distributed via the Department of Social Development’s 235 Community Nutrition and Development Centres. About 69 000 parcels (around R27,5 million) were distributed via 17 community- and faith-based organisations at provincial and local level, and 23 500 vouchers were distributed in partnership with the South African Council of Churches.
- In Mtwalume, KwaZulu-Natal, the NGO **Thanda** worked to reduce food insecurity, build self-reliance among cash-dependent communities, and encourage local enterprise by teaching the practical side of organic farming. In 2020 Thanda farmers produced R3,6 million worth of food in wards where the employment rate averages only 10%. Of this food, 87% was eaten, sold, or given away locally. Towards end-2020, Thanda launched a Household Garden Programme to support households to set up gardens at home; thus far, over 320 households have been participating in the programme.

Unfortunately, government did not always support civil society’s efforts to distribute food. It put in place regulations to govern how aid was distributed and to whom; these restrictions increased the difficulty of providing emergency food relief. According to the regulations, applications had to be made to the Department of Social Development and the police 48 hours before a distribution event. Many decried the heavy-handed approach of the blanket ban and complained that the bureaucracy threatened the supply of aid (Davies, 2020).

Ensuring children are fed

When schools were closed on 18 March 2020, the Department of Basic Education halted the National School Nutrition Programme – a crucial scheme that provides at least one nutritious meal a day to

over 9 million vulnerable learners (DBE, 2021). This had a devastating impact on the food security of these learners and exacerbated the hardships experienced by households already facing rising unemployment and a loss of income in the lockdown. In a survey of nearly 400 learners in April 2020, Equal Education (2020) found that 37% did not have enough food when schools were closed. Whereas 82% of learners said they usually received their meals through the National School Nutrition Programme, only 9% had received a food parcel or meal from government by the time of the survey.

To secure learners' access to food during the school closures, child rights and education justice organisations (e.g., Equal Education, the Equal Education Law Centre, and SECTION27) fought to urge the Department of Basic Education to reinstate the National School Nutrition Programme. In briefings with civil society in May 2020, the department committed to roll out the programme to all learners – including learners not yet returning to school – once schools reopened in June 2020. However, in a media briefing the evening before schools were to reopen, it backtracked on this commitment, saying that only Grade 7 and 12 learners physically attending school would receive meals.

This decision had far-reaching implications for learners who rely on the school feeding programme. The programme supplements the nutrition of half of all children in the country, three-quarters of all learners, and a fifth of the country's population. Equal Education and two school governing bodies in Limpopo – represented by the Equal Education Law Centre and SECTION27 – launched an urgent application in the North Gauteng High Court against the department and eight provincial education Members of the Executive Council(s) (MECs) on 12 June 2020 (*Equal Education v Minister of Basic Education*, 2020).

On 17 July 2020, judgment was delivered in the North Gauteng High Court. The court handed down a declaratory order that Basic Education Minister Angie Motshekga and eight provincial education MECs were in breach of their constitutional duties for failing to roll out the National School Nutrition Programme to all eligible learners, regardless of whether these learners had returned to school or were still at home. The court also handed down a supervisory interdict, requiring the Department of Basic Education and provincial education departments to file plans for the reinstatement of the programme to all qualifying learners, and to provide the courts with progress reports on the resumption of the programme to prove that the plans were being implemented and learners were accessing meals.

Many other organisations are also supporting children. For example, supported by the Solidarity Fund, the Lunchbox Fund says it served 3 million meals to 25 000 school children in 2020 and reached 800 000 food-relief beneficiaries with 23 million meals.

An efficient way to distribute food aid

The transaction costs of delivering food parcels during the early days of the lockdown were prohibitive – government spent R1 000 to distribute each R700 food parcel (Harrison, 2020). Given the cost and transmission risks associated with direct food parcel deliveries, food vouchers presented an obvious

opportunity. People would be able to choose what to buy and purchase their own food, while also supporting the local economy. Box 8.4 discusses the innovative CoCare voucher programme mentioned above. While the CoCare voucher is not a food voucher per se, as it can be redeemed for any goods sold in spaza shops, its positioning as a ‘food’ voucher signals to both recipients and traders that the main aim is to prevent families from tipping into acute malnutrition, with the hope that demand for access to diverse nutritious foodstuff will grow in the long run.

Box 8.4: CoCare vouchers

The DG Murray Trust piloted a food voucher project in partnership with Grow Great, a national zero-stunting campaign to stop stunting by 2030 (DGMT, 2021b). Whilst the country’s biggest retailers insisted on using their own branded vouchers and spoke of the technical difficulties of interoperable vouchers, the pilot was enabled through technology competitors, Flash and Kazang. Flash, a subsidiary of Pepkor, provides the technology backbone for over 170 000 spaza shops and general dealers across South Africa; their biggest competitor, Kazang, services a further 50 000 local traders. Together, Flash and Kazang opened the door to 220 000 local outlets where food vouchers could be redeemed, keeping the money in the community, and building the local economy. Unlike the big retailers, these competitors agreed on an interoperable voucher, branded CoCare, redeemable at spaza shops and serviced by either company, with neither taking a cut of the transaction.

A mix of donors put up the first R5 million for the initiative; they included the Maitri Trust, Pepkor, Archbishop Thabo Makgoba of the Anglican Church, and hundreds of individuals who contributed what they could. Six areas in five provinces were selected as pilot sites, both peri-urban and deep rural communities.

The voucher system works as follows: a voucher beneficiary receives a text message on her cell phone, informing her that she has been awarded a CoCare voucher (typically worth R250) to be redeemed at any Flash or Kazang spaza shop. Grow Great then sends a text encouraging her to use the voucher for the ten ‘best buy’ foods – a basket of ten highly nutritious foods, including eggs, tinned pilchards, beans and other legumes, and fortified maize meal. The beneficiary then goes to her nearest spaza shop and enters the unique voucher code into the cash terminal to purchase food to the value of the voucher. The trader is credited that amount and cashes it out when the next person buys electricity or airtime, for example.

In terms of beneficiaries, the first priority was pregnant women – they do not receive social assistance from government, and a sudden decrease in food could have severe long-term effects on their babies. Grow Great’s network of 350 community health workers in Limpopo and Mpumalanga enabled them to identify over a thousand pregnant women. Similarly, the Philani Health and Nutrition Project’s 290 mentor mothers identified hundreds of pregnant women in Zithulele near Coffee Bay in the Eastern Cape and in Crossroads and Khayelitsha in the Western Cape. Local NGOs also helped identify families in extreme need, such as those without any form of social assistance or where the recipients of government grants were not those actually looking after the children.

By end-December 2020 the project had allocated 142 300 vouchers to recipients across South Africa, and the six pilot sites showed the system had an 80% redemption rate (CoCare, 2021). The CoCare food voucher system is an efficient and cost-effective way of getting food to vulnerable families. When the German development bank, KfW, decided to allocate almost R100 million for food voucher support in the Western Cape through its local partner Violence Prevention through Urban Upgrading, it chose the CoCare system. Key to the programme’s success is a local NGO partner that can identify people in real need, such as pregnant women, foreign nationals, and those in severe distress.

Emerging recommendations

- Enhance the nutritional status of pregnant women and young children as an urgent priority, including by expanding access to subsidies for early childhood development services to help feed vulnerable children.
- Work with the private sector to reduce the cost of a set of highly nutritious ‘best buys’ to prevent people tipping into acute malnutrition.

- Support the scaling-up of food voucher programmes, and work with large retailers to develop a single, interoperable voucher system.
- Reintroduce the caregiver ‘top-up’ grant to increase the food security of vulnerable households.

SUPPORTING CONTINUED LEARNING AND EDUCATION

The Covid-19 pandemic brought the closure of schools on 18 March 2020. As of August 2020, it was estimated that children had lost between 30 and 59 days of school, depending on their grade (Van den Berg, 2020). Learners from high socio-economic groups could simply continue their education online, but this was not an option for many learners from lower-income groups. Connectivity issues in rural areas, limited access to even a basic smart phone, and the cost of data were significant barriers (Chapter 5.2). To address this issue, government disaster regulations³ made provision for the zero-rating⁴ of educational and health websites. For the most part, the websites that were zero-rated were for higher education institutions and ‘model c’ or private schools, mainly because these entities could quickly set up online learner management and curriculum delivery mechanisms. But the most marginalised learners were unlikely to benefit; only with the inclusion of the sites of public benefit organisations was there some hope of broader reach.

Assisting marginalised learners

Public benefit organisations moved quickly to assist learners in marginalised communities.

- *Staying in touch:* For public benefit organisations working with the poorest 50% of learners, the immediate priority was to stay in touch with parents and caregivers in order to reach the children. They commonly used WhatsApp, one of the country’s most popular free platforms, to communicate. Some texted updated information about Covid-19 and prevention methods to parents and caregivers and suggested daily educational activities they could do with their children.
- *Assisting parents and caregivers:* The continued education of children now largely depended on their caregivers. Many adults were intimidated at first – the idea that they could be teachers and the classroom the backyard was foreign. But this changed with encouragement and guidance from public benefit organisations. The non-profit organisations Thanda and Shine Literacy, for example, report that parents in their WhatsApp groups became increasingly active in their child’s learning and enjoyed the process; they even sent photos of their kids engaging in the activities.
- *Learning-at-home programmes:* Fieldworkers from the Khula Development Group promoted at-home learning and distributed school packs. Their home visits offered emotional support, demonstrated ways for learners to keep learning at home, and raise awareness about Covid-19. Khula’s aim was to keep learners engaged and connected to school life by promoting a culture of learning at home and encouraging family involvement in their learning journey. In partnership

³ The Department of Communications and Digital Technologies issued a directive in terms of the disaster regulations requiring network operators to zero-rate the local educational and Covid-related health content of websites, to be approved by a project management office. This meant that all South Africans were able to access these websites over fixed or mobile data as long as the country remained in a coronavirus-related state of national disaster.

⁴ Typically, zero-rating is the process of providing subsidised digital content and/or access to the Internet at no charge to the user. A key objective is to increase access to online information and resources for users who cannot afford the cost of data.

with the Western Cape Education Department, it piloted an @homelearning project by mobilising interns to interact with the learners and facilitate educational activities and games with children in community spaces.

- *Partnerships between the public and private spheres:* Acorn Education, a non-profit education organisation involved in the Public School Partnerships⁵ in the Western Cape, partnered with Apex High to help learners from poorer households continue their education online. They reviewed available technology platforms and decided that Facebook would work best as a teaching medium, because it involved lower data costs and was already the most used platform in the community. On 31 March 2020, Apex Virtual High School was launched via Facebook groups used as virtual classrooms. For families without access to a device, the team identified suitable low-cost smartphones at a cost of R290 and provided them on loan.

Reducing the risk of dropout

According to the Zero Dropout Campaign, the longer a child is away from school and disconnected from learning, the greater the chances of disengagement and dropout, especially if the relationship with schooling had already been strained or tenuous. When South Africa's schools closed, many learners lost their connection not only to teaching and learning but also to the social, nutritional, and emotional safety nets that school can provide. Public benefit organisations were encouraged to leverage their community connections, asking them to check in with children at home and report suspected domestic, emotional, or sexual abuse to crisis helplines. In this way, the campaign used public and media platforms to encourage communities to take collective ownership of the dropout problem by creating networks of support outside the school environment.

While some challenges were common across the country, the different circumstances of learners, households, and schools resulted in very different experiences in the lockdown. These map onto and worsen existing social inequalities, so that already vulnerable learners, households, and schools are also worst affected by the pandemic. As a way forward, and to lessen the impact of disruptions like Covid-19, the campaign vigorously advocates for strengthening *resilient* support systems around learners at homes, schools, and communities. The campaign used various platforms, including a presentation to the Portfolio Committee on Basic Education in October 2020, to demonstrate how the school closures, together with the economic shocks of lockdown, amplified the type of disruption that typically leads to dropout (Mthethwa, 2020).

Helping the crisis-hit early childhood development sector

The early childhood development (ECD) sector was particularly hard hit by the pandemic because it relies largely on parent fees. State subsidisation of services is extremely limited. In the hard lockdown, many sites closed their doors for good, and the sector tipped into crisis. The national Department of Social Development insisted that ECD sites must remain closed, even when schools began to reopen.

⁵ Public School Partnerships is a collaborative approach to public school innovation that brings together government, funders, no-fee schools, and non-profit education support organisations.

It was only through legal action that ECD sites were allowed to reopen, with appropriate preventive measures in place (eNCA, 2020).

The pandemic stimulated more vocal and cohesive action in the ECD sector, which has traditionally been quite fragmented. The Real Reform for ECD Campaign brought together thousands of actors in the sector to submit comments on the proposed changes to the Children's Act. The sector also mobilised strongly against proposals by the Department of Social Development to appoint 36 000 young people as compliance officers (to check that sites complied with Covid protocols). They held that it would be illogical to pay compliance officers without helping sites reopen safely. The #SaveOurECDWorkforce campaign in mid-2020 eventually led to the Presidential ECD Employment Stimulus Package.

Can homes continue to be a site of learning?

Covid-19 created an opportunity for a paradigm shift, showing that by motivating parents and caregivers by providing training and content, the movement towards creating a culture of reading *and* learning in the home can be accelerated. The next challenge is to sustain gains made during lockdown. The potential for further waves of Covid-19 makes planning difficult, but one thing is clear; the involvement of a loving adult is crucial. Shine Programme Manager Vuyelwa Mbalekwa concludes (DGMT, 2021c):

Parental engagement has always been the poor cousin. We used to talk about it, but we didn't really invest in it and push it. But now parents have a kind of momentum to be involved in their children's education and we cannot afford to let that slip.

Emerging recommendations

- Extend zero-rating of public benefit organisation sites to all sectors and ensure compliance by mobile network operators.
- Facilitate the provision of wrap-around support to learners through engagement with community security organisations and community formations.
- Expand access to ECD services by shifting from focusing on infrastructural compliance to learning and nutritional support.

TACKLING BINGE-DRINKING AND VIOLENCE

Lockdown and the ban on alcohol sales

The sale of alcohol has been banned at various times and to varying degrees since March 2020. These temporary bans created a natural experiment on the effects of the harmful use of alcohol on the country and the health system. Alcohol-related injuries and deaths have long been inordinately high in South Africa – before the alcohol ban, there were 34 615 trauma cases per week. Of these, around 40% were alcohol related, which translated to at least 13 846 patients presenting to hospital every week, across the country (Mitchley, 2020). A 2018 study estimated that 1 in 10 deaths in South Africa

could be attributed to alcohol abuse in some way, with men in low-income groups most at risk (Probst et al., 2018).⁶

With a large influx of Covid-19 patients expected, hospitals needed the capacity to deal with the pandemic without devoting scarce resources to alcohol-related trauma. During alert level 5 (March to April 2020), reported cases of domestic violence cases in South Africa decreased by 69,9%, in contrast with trends elsewhere in the world (Gould, 2020; see also Chapter 5.4). While this might in part have been because people were unable to leave their homes to report violence, the sharp difference between the *decline* in reported cases in South Africa and, for example, the reported *increase* in cases in the United Kingdom during its lockdown points to the effect of the alcohol ban (Gould, 2020). During alert level 4, reports of murder, rape, and common assault plunged by 40% (April to June 2020), while non-contact crimes such as arson and malicious damage to property dropped by 30% (Al Jazeera News, 2020).

On 1 June 2020, under alert level 3, the alcohol ban was lifted. The number of cases in the Chris Hani Baragwanath Hospital trauma unit in Soweto almost doubled within 24 hours with alcohol-related cases (Zulu, 2020). In only a few weeks, 21 women and children were murdered. In light of this increase in cases of trauma and violence against women and children, a second alcohol ban was introduced unexpectedly on 12 July 2020. Statistics showed that murders still rose by 6% compared to the same period in 2019; this could be due in part to endemic firearm-related violence. Also, traders and tavern-owners might have stockpiled liquor as rumours swirled ahead of the second sales ban (Ellis, 2020).

During the second alcohol ban, the Western Cape saw a 48% weekend and 32% daily drop in alcohol-related trauma (Smith, 2021). Trauma admissions for casualties linked to alcohol dropped again by 47% on weekends and by 58% in the Western Cape. On New Year's Eve and New Year's Day, trauma cases linked to liquor abuse were 65% lower than in the same period in 2019 (Smith, 2021). For the first time in the history of the Chris Hani Baragwanath Hospital in Soweto, the hospital trauma rescue area had no patients on the first day of the New Year, while some of the busiest hospitals in KwaZulu-Natal were also virtually empty on this day (Duma, 2021).

Shaping the response

Relatively fewer South Africans (31%) drink alcohol than do people in other countries (43%) (DGMT, 2021d). However, they tend to drink far more than their global counterparts (64,6 g pure alcohol per day, as against the world average of 32,8 g) (DGMT, 2021d). Although the liquor industry contributes significantly to the country's gross domestic product (around 3%) (Vinpro, 2020), and suffered serious job and revenue losses during the pandemic, it is important to view these alongside the long-term negative effects of the harmful use of alcohol on South Africa's economy and its people. Some estimates suggest an annual loss of up to 10% of the gross domestic product because of the direct and

⁶ The research found that 'approximately 62,300 adults died from alcohol-attributable causes of death in South Africa in 2015. With a total of approximately 529,400 deaths from all causes, roughly one in ten deaths was attributable to alcohol use.'

indirect costs of alcohol-related harm (National Treasury, 2014). The liquor industry, which controls the narrative around alcohol consumption, overstates its benefits while downplaying the disadvantages. Government is vital in reshaping the narrative, as it has the legislative power and communications budget to drive an effective campaign.

Civil society organisations have been key in driving awareness about the potential harm from alcohol abuse. The South African Medical Research Council, the Southern African Alcohol Policy Alliance (SAAPA), the Bhekisisa Centre for Health Journalism, the South African Depression and Anxiety Group, the South African National Council on Alcoholism and Drug Dependence, the Southern African Catholic Bishops' Conference, and Philani, to name just a few, have long advocated for policy reform on alcohol sales to mitigate the potential harm from alcohol to society.

In the pandemic, SAAPA South Africa played a significant role in engaging with the media, publishing a number of articles and opinion pieces, and commenting on radio, television, and in social media. It also communicated regularly with government via the Presidency, various departments (e.g., Health; Cooperative Governance and Traditional Affairs; Social Development; and Trade, Industry and Competition), the National Coronavirus Command Council, and the MAC on Health. Working with the Medical Research Council and others, it provided evidence-based information and recommendations in support of short- and long-term interventions to reduce alcohol-related harm. Professor Charles Parry of the Medical Research Council and his colleagues undertook various policy engagements throughout the pandemic, including with the National Coronavirus Command Council.

On 24 June 2020, 166 academics and civil society actors submitted a petition letter to the president, the speaker of parliament, the ministers of Health, Social Development, and Trade, Industry and Competition, and the premiers and parliaments in all nine provinces (DGMT, 2020b). The letter noted that binge drinking is a strong proximate risk factor for violence against women and children – alcohol being a factor in over 40% of rape cases and a notable contributor to intimate femicide. About 50–60% of South African men who consume alcohol drink in heavy, episodic ways (>5 units at one time) – the definition of binge drinking – which is strongly associated with interpersonal violence, motor vehicle accidents, and risk-taking behaviour. These associations are even stronger in poorer communities (Mathews et al., 2009; DoH et al., 2019; Probst et al., 2018).

The petition called on government to take steps in line with the WHO's 'Five Best Buys' (WHO, 2018b), which have been shown to reduce the societal harm of alcohol. This should be supported by other interventions shown to be effective, including raising the legal drinking age and ensuring that product tracking and tracing is in place to close illegal supply routes. These provisions are included in the Draft Liquor Amendment Bill. Equally critical is effective enforcement of national and provincial legislation and local by-laws, including adherence to trading hours, prevention of underage drinking, confiscation of alcohol sold at illegal outlets, and restrictions on public drinking (Matzopoulos et al., 2020).

An opposed liquor industry

The liquor industry, the business sector, and the tourism and restaurant sector objected to the alcohol sales ban, focusing on the business side and loss of revenue and employment in an intensive public relations campaign. This included paid partnerships with leading national newspapers to publish claims about the alcohol ban and its effect on the industry and drinking habits (Harrison, 2020). The industry effectively argued that alcohol trauma, the effects of alcohol abuse, and the alleviation of such abuse is the personal responsibility of consumers. South African Breweries has been particularly vocal in this regard, instituting legal action challenging the bans (Shange, 2020).

Emerging recommendations

- Take decisive steps to implement policies and regulations in line with the WHO 'Five Best Buys' to curb harm from alcohol abuse.
- Grow and support investments in services that respond to and prevent harm related to alcohol use.

SUPPORTING FOREIGN NATIONALS

The impact of the lockdown on foreign nationals remains unclear but is predicted to be extensive, especially given their difficulties in gaining access to relief (see also Chapters 5.3 and 5.4). The exclusion of many migrants from such relief is worrying, as the nature of the public health disaster caused by the pandemic is that people may make riskier and riskier choices as their vulnerability increases. The short-sighted exclusion of foreign nationals from many relief measures runs counter to sound public health approaches.

A potential health crisis is created by undocumented migrants being reluctant to seek medical assistance because they fear arrest, detention, and deportation. Early detection, testing, diagnosis, contact tracing, and seeking care for Covid-19 are critical to managing the pandemic, and hesitancy to seek healthcare increases the risk of outbreaks among marginalised migrant communities, with consequent spread to the general population (Blumberg et al., 2019).

A significant issue facing migrants was the fragility of their legal status. The Department of Home Affairs agreed not to penalise anyone whose permit expired during the lockdown on condition they presented themselves at a Home Affairs office within 30 days of the lockdown ending. This set aside government's undesirability clause, which punishes foreigners for 'overstaying' after their visa has expired and is associated with a five-year ban on re-entry (Business Insider SA, 2021). When South Africa moved to alert level 4, migrants were eligible for repatriation, but those who departed with an expired visa were declared 'undesirable people' at border posts (Kavuso, 2020). This ran counter to the department's assurances that foreign nationals whose visas had expired would not be punished.

Human Rights Watch noted that in 2020, South Africa saw xenophobic violence against non-nationals, despite government's launch of the National Action Plan to Combat Racism, Racial Discrimination, Xenophobia and Related Intolerance in 2019 (Human Rights Watch, 2021). Several political leaders and public figures spread xenophobic messages, which may have incited further violence. There was

also an organised project to stimulate xenophobia through Twitter accounts with fake identities. User @uLerato_pillay disseminated hashtags such as #PutSouthAfricansFirst, #ForeignersVacateOurJobs, #InfluxOfImmigrantsMustStop and #OpenRefugeeCamps (Bornman, 2020). Politicians' statements, online campaigns, and associated attacks and threats contributed to at least 1500 foreign nationals fleeing the country, according to the United Nations High Commissioner for Refugees (UNHCR). During 2020, xenophobic violence culminated in 12 deaths, including of some South Africans. The UNHCR deployed staff, emergency shelters, psychosocial care, and legal assistance to support government and other partners in ensuring the safety of the refugees (eNCA & Giokos, 2020).

The Scalabrini Centre of Cape Town is an NGO working to address the conditions of asylum seekers and migrants. The Centre, in coordination with major banks, managed to block the freezing of bank accounts held by migrants whose permits expired (Mukumbang et al., 2020). This allowed the migrants to access their money to buy food and other essentials. Despite this, many migrants with expired permits reported their accounts had been frozen.

To address people's socio-economic needs in the pandemic, government adopted various economic and hunger alleviation measures. These included the Covid-19 social relief of distress grant, worth R350 per person (Chapter 5.3). Many foreigners who had been formally employed and paid taxes before the lockdown struggled to get their UIF payments, while South African employees received theirs. The reason given for not paying migrants' UIF was that the system did not recognise foreign passport numbers (Business Insider SA, 2020). Grants from the South African Social Security Agency (SASSA) can be accessed by South African citizens, permanent residents, and those with refugee status. While beneficiaries normally need a 13-digit ID number, SASSA made a temporary provision to assist refugees without an ID number (SCCT, 2020). Following a court case by the Scalabrini Centre and Norton Rose Fullbright, some asylum seekers and special-permit holders have been allowed to apply for the Covid-19 social relief of distress like any other person, subject to SASSA's eligibility criteria (SCCT, 2020; see also Chapter 3.2 for a detailed discussion of the Scalabrini case).

Government's policy approaches often exacerbated the situation of migrants and their communities. For example, many operators of *spaza* shops are Somali or Ethiopian; at the beginning of the lockdown, they were prohibited from operating. When the Minister of Small Business Development announced which shops should remain open, she only included those owned by South African nationals. Only South African shop owners would be compensated for losses (Jacobsen & Simpson, 2020; see also Chapter 5.3). This meant many immigrants struggled to raise money to pay rent on their premises.

On the positive side, new forms of social solidarity seem to have arisen. Jacobsen and Simpson (2020) observe how unity has emerged among Zimbabweans. This usually divided community mobilised resources using social media groups (e.g., Zimbabweans in Cape Town) and helped each other to buy food and pay rent. Likewise, the African Diaspora Forum, a non-profit group funded by religious

organisations, has been cooking food for migrants since the beginning of the lockdown. It provided 3500 parcels and 750 meals each week (AFP, 2020).

Emerging recommendations

- Reopen refugee reception offices and services offered by the Department of Home Affairs for foreign nationals to ensure that permits are extended, and migrants do not face problems around expired permits.
- Ensure that all foreign nationals, regardless of documentation, are eligible for vaccines.
- Grow support for the inclusion of foreign nationals in social safety nets.

THE ROLE OF PRIVATE FOUNDATIONS

During the pandemic, programmes that are monitored and evaluated to justify their investment by funders could often not deliver on their grant agreements because face-to-face contact with beneficiaries was impossible. However, many of these beneficiaries were suddenly very vulnerable and needed more assistance. Although funders could not reach their intended programme outcomes in the short term, they were uniquely placed to provide much-needed support, given their access both to funds and to NGO networks already serving the most vulnerable communities. Many foundations extended their grants, allowed flexibility in the use of existing grants, and provided emergency relief grants; they also drew on their implementing partners to strengthen their response to the crisis. Some detailed case studies in this regard are included in Annex 8.4.

A key feature of the response of private foundations was their willingness to contribute to or collaborate with the Solidarity Fund, and the ways in which they collaborated more broadly to support critical interventions. These new forms of collaboration provide a useful base for new, emerging partnerships and ways of working, both within civil society and in relationships with the state.

CREATIVITY AND INNOVATION BY CIVIL SOCIETY

Disasters loosen social hierarchies and accelerate change. Inevitably, complex programme outcomes had to make way for basic survival priorities. But these new circumstances stimulated innovation – many aimed to reach people in their homes, whereas others went beyond technology, simply finding better or more creative ways of reaching their objectives. These innovations open up new possibilities for strengthening social and economic connectedness.

Procuring and distributing PPE

The initiative discussed in Box 8.2 to secure PPE for community care workers also drew on an innovative new technology by a Stellenbosch-based company, as set out in Box 8.5. The PPE project demonstrated that innovation can be accelerated in times of crisis and that the vibrant network of community-based organisations and NGOs can be involved in future interventions and distribution efforts (Harrison, 2020).

Box 8.5: Nanofibre mask filters for community care workers

After struggling to procure PPE from abroad through formal processes, the DG Murray Trust considered local alternatives. It approached a local company that was not producing masks at that time.

The Stellenbosch Nanofiber Company is a materials science company that develops nanofibre materials using its patented Stellenbosch Nanofiber Company BEST® Ball Electrospinning Technology. Nanofibres are very fine fibres woven together to create a diaphanous film that can be applied to the skin or as a medical-grade filter in reusable face masks. These filters can be sterilised with boiling water and reused up to nine times, while the durable cloth masks are washable by hand or machine, offering significant economic and environmental benefits. The orders the company received from the DG Murray Trust alone saved the importation and disposal of over 10 million single-use masks (Harrison, 2020).

The reusable face mask project shows how scientific innovation and local manufacturing could be stimulated even in crises. It also demonstrated broad-based black economic empowerment (B-BBEE): the company teamed up with a Level 1 B-BBEE company to manufacture the cloth mask component, creating over 70 jobs for people from Khayelitsha and Delft. As the chief executive officer of the DG Murray Trust, Dr David Harrison, points out, had the masks been imported, that money would have gone into the account of just one middleman (Harrison, 2020).

Including the informal sector in the employment stimulus package

In February 2021 the Department of Social Development announced that it had received R496 million to assist the ECD sector. By the end of that month, it had received over 27 000 applications from ECD programmes with over 117 000 employees (Mafolo, 2021). South Africa has 6,5 million children aged 5 and under. Of the 3,3 million children using some form of ECD service, 2,5 million are in programmes not registered with the Department of Social Development (which is a notoriously expensive and arduous process). Of children in registered centres, only 626 574 receive a subsidy from government (Stats SA, 2019).

The Vangasali Campaign, a project spearheaded by the Department of Social Development and supported by the Nelson Mandela Foundation, seeks to massively increase the registration of ECD services. It compiled a database of over 45 000 ECD services, the majority of which are unregistered (Nelson Mandela Foundation, 2021). Senzo Hlophe, Director of the DG Murray Trust's ECD portfolio, explains that the Vangasali Campaign beneficiary identification and verification system enabled government to see, for the first time, the true supply of ECD services. The data collected through the campaign allowed ECD advocacy groups like Ilifa Labantwana to campaign for the inclusion of informal services in the Stimulus Relief Fund, given that it was now clear that registered services comprised only a tiny portion of ECD provisioning.

Including the informal ECD sector in the Stimulus Fund set a public policy precedent. It allowed government to provide direct support to this sector and reach another 2,5 million children. This will create a greater demand for services, with more day mothers participating; government now has a management mechanism to identify and support them. This stimulus could potentially show that the informal ECD sector could be harnessed to provide quality early childhood services. It will provide a means of expanding access to ECD over the next five years, regardless of which government department oversees this initiative.

Emerging recommendations

- Support and expand the innovations emerging from new partnerships and collaborations.
- Reimagine how the private sector can leverage its skills and resources to support the expansion of services.
- Use precedents, such as the ECD Employment Stimulus, to rethink how the state understands and supports informal workers.

THE STATE OF CIVIL SOCIETY

South Africa has a long, rich, and somewhat complicated history of civil society involvement in major pandemics. During the AIDS pandemic, civil society formations stepped in with home-based care services, care for AIDS orphans and vulnerable children, behavioural change education and literacy campaigns, and activism and advocacy to expand access to antiretroviral treatment. State–civil society relations at this time were not without tension; in fact, sometimes they were downright antagonistic. Still, civil society formations rose to the challenge; they mobilised people and partners across the globe and mounted an unprecedented campaign for treatment literacy and access to medicines, which ultimately compelled government to provide free access to antiretroviral treatment. Today South Africa boasts the largest antiretroviral programme in the world, which would not have emerged without the intensive, committed work of civil society formations. Similarly, the Covid-19 pandemic is creating many challenges, stressors, and opportunities for civil society formations, some of which may have short- and long-term implications for how these organisations conduct their work.

A cursory review of anecdotal and desktop research suggests several emergent themes.

- State–civil society *patterns of engagement are varied and fluctuate* between antagonism (in which advocacy organisations use protest and legal instruments to effect accountability and progress on key social justice matters); consultation (in which the state engages openly, through consultation and collaboration process); and service providers (in which civil society organisations are delivery vehicles for statutory services). Each of these relationships holds both tensions and opportunities, but there is little space for an overarching, coherent engagement as collaborative partners shaping positive outcomes for South Africa.
- In the early days of the pandemic, *civil society was absent from the consultative processes*, as medical experts, scientists, and the private sector were prioritised. Even in the establishment of entities such as the Solidarity Fund, government turned primarily to the private sector rather than to disaster relief entities or civil society experts.
- *Civil society formations have been deeply affected by the pandemic*, in terms of both the work they do and how they do it. Many organisations have had to pause and even abandon their routine programmes, replacing these with food relief initiatives, efforts to provide PPE, and/or campaigns to promote social distancing. They also faced a mismatch between their material resources and the extraordinary demand for food, PPE, psychosocial services, and education. The struggle for material resources is nothing new, as most civil society formations rely on donor support, which

is often short term and unpredictable. However, they now have to cater for both existing, pre-Covid-19 needs and new, pandemic-specific demands when access to funding is at an all-time low.

- Another challenge is *managing the tension between short-term, pandemic-related needs and the long-term strategies* necessary for their survival. Some are losing their original character and focusing on providing Covid-19 support. Others have depleted resources intended for long-term strategic positioning and may have difficulty reformulating their purpose beyond the pandemic.

Overall, whilst Covid-19 has stretched and tested the capacities and purposes of many civil society formations, evidence suggests they have been rising to the challenge of helping the most vulnerable communities. Importantly, state–civil society relations are not static; they evolve over time (Gomez & Harris, 2015). Every new pandemic brings with it fresh opportunities for state–civil society relations to reform and find new ways of relating and cooperating for the greater good.

Emerging recommendations

Develop stronger routine engagement with civil society to ensure better collaboration and effective partnership. In particular, the role and representation of civil society on formal consultative bodies (e.g., Nedlac) is crucial in ensuring the unique contribution of the sector is heard and valued.

CONCLUSION

This chapter provided a preliminary scoping of the broad and deep ways civil society experienced and responded to the Covid-19 pandemic. In many ways civil society is the social fabric of the nation – connecting to its most vulnerable members, creating community- and organisation-led safety nets, and taking risks by innovating in ways that can set new and exciting precedents. Crucially, although the story of civil society and the pandemic is one of care and creativity, it is a story that has yet to be fully told. Far too often civil society groups have been left under-represented, or unacknowledged, for the powerful experiences, ideas, and opportunities they have created and seized. This chapter is the beginning of a process of documenting this story.

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ANNEX 8.1: FAMILY LIFE DURING THE PANDEMIC

A research project registered at the University of the Western Cape, led by Professor Nicolette Roman, is a mixed methods study focusing on family life during the pandemic. In the quantitative component of the study, an online survey, participants reported both negative and positive experiences in families during the pandemic. Negative aspects included feelings of fear and anxiety, a lack of social connection, the loss of freedom, a loss of life, and the potential of loss of income. Positive experiences included spending quality time with family members, creating more cohesive interactions, and finding gratitude and appreciation of life. For many, families became a protective factor during the pandemic because their members assisted in the family's coping mechanisms as they journeyed through similar experiences with Covid-19. The findings of the quantitative component were supported by the qualitative findings but provided a more expansive perspective on family life during the pandemic.

In the qualitative component of the study, participants were asked about the nature of their family discussions around Covid-19. The main issues mentioned was the prevalence of the virus, its dangers, and the impact on life and lifestyle behaviours, such as smoking and drinking alcohol. Participants also spoke about the need for precautionary measures to protect vulnerable relatives and adjusting to a new normal of social distancing, sanitising, and masking. Main challenges included:

- Balancing work and family responsibilities
- Multigenerational families in one household, with everyone at home and working or studying concurrently in the same spaces
- Children's lack of or inadequate knowledge of pandemic rules
- The financial impact of the pandemic
- The lack of personal space, and the related relationship challenges
- A lack of social interaction and physical closeness
- The psychological impact of the pandemic
- The stalled economy
- A shift in normal routines
- The separation of families.

Some of the protective measures families put in place included adherence to government regulations, avoiding public spaces, confining children at home, being constantly aware of the dangers of the pandemic, self-isolation, social and physical distancing, and using home remedies. Some of the lessons learnt in the pandemic included appreciating and valuing life and others, cooperation, courtesy, greater awareness of viruses, investing and saving, less dependency, life's unpredictability, open-mindedness, preparedness for unforeseen events, self-introspection, time scheduling, valuing family more, and working from home.

ANNEX 8.2: INTERVENTIONS TO SUPPORT FAMILY RESILIENCE

SUPPORT FOR PARENTS

Mental health crises during Covid-19 were often triggered by loss (e.g., of family members, income, or freedom) and fear. Help-seeking behaviour for mental health is poor because of the stigmatisation of illness. Also, South Africa's infrastructure for providing mental health support is weak. Several new initiatives were started in response to the pandemic. For example, the global initiative, Partners for Lifelong Health, developed a platform for sharing parenting resources related to the pandemic in over 100 languages, including Sesotho, Setswana, SiSwati, Afrikaans, isiNdebele, isiXhosa, and isiZulu. Many other civil society organisations started or strengthened helplines to support people.

SUPPORT FOR PREGNANT MOTHERS

Pregnant women are often more concerned about the health of their partners and family than their own; thus, interventions that focus more on the mother than on the family unit may not be as effective during this time (Ravaldi et al., 2020). Focusing on the family unit, regardless of structure, stresses the importance of the partner's presence during the pregnancy, labour, and postpartum period. Labour can be an anxious, sad, and stressful experience for women, especially those with a history of mental health challenges. In general, public hospitals in South Africa tend to restrict the presence of birth companions in labour wards, and the pandemic brought even tighter controls across the public and private health sectors. This means that almost all women who gave birth during the pandemic were alone and isolated from critical support. Birth companion support is shown to correlate with better mental health for both mother and child (WHO, 2019). Another problem has been the lack of accurate and updated information on the implications of Covid-19 for pregnancy. The Messages for Mothers Campaign is a partnership between organisations in the ECD sector, led by the non-profit organisation, Embrace. The campaign developed and distributed updated information on the pandemic specific to pregnancy and early childhood. This was a critical service, particularly in the early stages of the pandemic when information was fragmented and changed frequently.

ANNEX 8.3: EXAMPLES OF LOCAL FOOD RELIEF SCHEMES

While civil society cooperated with government where possible, it did not wait for government to act; often, it moved faster. Civil society took responsibility, showed leadership, and modelled responses that could be scaled up. One example was the concerted effort by established organisations and community action networks like Cape Town Together, Gauteng Together, and Eastern Cape Together to provide food relief. It is estimated that NGOs and mutual-aid groups (community action networks working together) provided more than half of all hunger relief during the winter (Hamann, 2020). These 'Together Initiatives' encouraged neighbourhoods to self-organise in the absence of immediate government intervention, bringing together people who had not previously cooperated to share their knowledge and resources. The speed of the response was remarkable. With organisations and groups already embedded deep in communities before Covid, they were primed to respond quickly; the only issue was upscaling relief to reach the large numbers of people needing assistance.

Organisations like Ladles of Love distributed over 3 million meals between 20 March and 27 June 2020. From humble beginnings, Ladles of Love started operating in 2014, serving 70 to 100 meals a week. By March 2020, Ladles served about 14 000 meals a month. By July 2020 it distributed 45 tons of food, or about 400 000 meals, per week (Hendricks, 2020).

The pandemic drove local collaboration, as entire communities came together to respond. For example, in Knysna, in the Western Cape, the local [Rotary](#) association partnered with local churches, NGOs, and the municipality to distribute food aid to vulnerable people, using an electronic voucher system. The NGOs identified and vetted the families in need, and the Rotary Club managed the online database and administrative process. This initiative was able to draw on a centralised database to manage disaster responses set up by the municipality for the 2017 fires in Knysna. All the potential recipients of food aid were logged, as was receipt of food vouchers (including an ID document and a picture of the delivery) to avoid double-dipping and to ensure that food parcels went where they were intended to go. The R350 cell phone voucher could be used at the local Spar and Pick & Pay. People who could not use electronic vouchers were allocated food parcels of an equal value, which were delivered by the municipality. Through this partnership, the community assisted 19 soup kitchens for 23 weeks, delivering fresh vegetables and dry goods. Chicken was sponsored by Rainbow Chicken and procured by KILT (a local education NGO), and Do More Foundation donated many kilogrammes of maize. From 30 March to 30 September 2020, this effort raised R1 094 319 in donations from Knysna residents; 504 soup kitchen hampers were delivered over 23 weeks, 3225 food parcels were distributed, and 6103 vouchers were issued.

Large NGOs also did their part. [Gift of the Givers](#) describe their support as follows:

Hunger is a bigger crisis than Covid-19. Our call centres, emails and staff were flooded with requests for food. We delivered aid to areas where children were eating plants to survive or eating anything that comes off a dump site. Gift of the Givers have delivered 130 000 food parcels to impoverished families and provided ingredients to more than 100 feeding centres.

Ikamva Labantu, an NGO working in townships in Cape Town, distributed 154 100 nutritious meals daily, reaching 36 200 people per month during the lockdown (Ikamva Labantu, 2021). Working with ten community-based organisations in the most remote areas of the Eastern Cape, the Social Change Assistance Trust (SCAT) reached close to 200 villages and distributed 10 500 food parcels within three weeks. These local teams faced all the challenges of food distribution in hungry communities – personal security risks, storage, flooding, treacherous roads, and long distances travelled – yet they ensured that records were kept, and every food parcel was accounted for (Harding, 2020; see also Annex 8.4).

The Solidarity Fund distributed 151 276 parcels (valued at almost R56 million) through four non-profit food distribution organisations with an expansive reach (Solidarity Fund, 2020). These are: Afrika Tikun, Food Forward South Africa, Islamic Relief, and the Lunchbox Fund. Over 59 800 parcels were distributed via the Department of Social Development's 235 Community Nutrition and Development Centres. To this end, the department contributed R20 million and the Solidarity Fund R23,5 million. About 69 000 parcels (valued at around R27,5 million) were distributed via 17 community- and faith-based organisations at provincial and local level, and 23 500 vouchers were distributed in partnership with the South African Council of Churches.

Not all vulnerable and rural communities were in crisis mode and dependent on food parcels. In Mtwalume, KwaZulu-Natal, the NGO Thanda worked to reduce food insecurity, build self-reliance among cash-dependent communities, and encourage local enterprise by teaching the practical side of organic farming. These practical farming skills include knowledge of soil and planting (i.e., composting, mulching, watering, spacing, and seedlings), how to use organic fertiliser effectively, and how to track production from soil preparation to consumption or sale. In 2020 Thanda farmers produced R3,6 million worth of food in wards where the average employment rate was only 10%. Of this food, 87% was eaten, sold, or given away locally, ensuring that the benefits of nutrition and access to fresh food remained in the local community.

Towards the end of 2020, Thanda launched a Household Garden Programme to support households in their early learning and education initiatives to set up gardens at home to 'grow their own food parcels', providing inputs (seeds and seedlings) and mentoring organic farming knowledge. Thus far, over 320 households have been participating in the programme. While food parcels are temporary measures, Thanda aims to enhance longer-term food security at a household and community level by scaling-up its Nisela Programme and introducing the Household Garden Programme.

In many ways, Covid-19 has demonstrated the fragility of the food system and shed light on the need to rethink this system. Thanda's focus on more locally based and self-sustaining methods of food security is one potential solution, amongst many, to reshape the food system.

ANNEX 8.4: HOW FOUNDATIONS RESPONDED TO THE PANDEMIC

THE SOCIAL CHANGE ASSISTANCE TRUST

The Social Change Assistance Trust (SCAT) provides a case study of how funders supported their grantees, as told by SCAT Director, Joanne Harding, in an article for the Independent Philanthropy Association of South Africa (IPASA):

‘SCAT is an intermediary grant maker, which means that we straddle the world between being a fundraiser and a funder. We have a small endowment allowing us to cover some core costs, be creative and innovative, but mostly we raise funds to support and strengthen the capacity of 30 rural community organisations across the Eastern, Western and Northern Cape provinces. Our primary aim is to ensure access to justice, gender equality and food security. The people served by our grantees are the most vulnerable, mostly women and often pensioners and the disabled. Employment is mostly in sectors hard hit during Covid-19, including agriculture, tourism, and work in households.

‘Immediately after the announcement of the lockdown we received communication from our funders asking how they could be of support and where we needed flexibility. We had ‘gone into lockdown without a safety net’, said David Harrison of the DG Murray Trust ... in an email where he made an offer of a grant for food to SCAT grantees. This statement has resonated often in my mind as I consider what our grantees face daily. Most of our funders recognised that this would also be a difficult time for SCAT and that fundraising for the future would be a challenge. Ford Foundation increased our grant and extended our contract by a year, giving us greater security. The Charles Stewart Mott Foundation increased our grant so that we could pass on more funds to our grantees to cushion them, and the Social Justice Initiative allowed us flexibility with reporting and spending time frames.

‘The Irish Embassy and Dutch Embassy allowed SCAT to repurpose workshop and travel funds towards food. With additional donations from the Donald Gordon Foundation, the DG Murray Trust and the [Global Fund for Community Foundations], we distributed a total of R 2,4 million of funds toward food security grants to our grantees over the lockdown period. SCAT similarly increased core grants to our partners. Early on the RAITH Foundation asked if we would assist with the distribution of food parcels on behalf of the Solidarity Fund. The RAITH Foundation allowed us to repurpose some of their funds to cover distribution costs of our grantees. Working with ten rural community-based organisations ... in the most remote areas of the Eastern Cape, we reached close to 200 villages and distributed 10 500 food parcels over three weeks. Our grantees faced issues of security for the people distributing food, accessing permits, storage, flooding, treacherous roads, distances, and ensuring records were kept and every food parcel was accounted for. They were impressive in their willingness to step up to the challenge, negotiating with police, traditional leaders, and local councillors to ensure the fairest processes were followed and the food reached the most vulnerable.

‘SCAT also decided that the digital divide with our rural partners had to be addressed with urgency and we bought and distributed computers, cell phones and data to all our partners who are now able

to meet with us online, attend webinars and be connected with up-to-date information. Many had some technology, but mostly it was outdated and did not ensure accessibility. This was partly funded from SCAT's reserve fund's dividends and with repurposed funds from the Irish Embassy. Responding to a request from some of our grantees, we included thermometers so they can check their clients before consulting them and provided masks as a result of a donation from a founder trustee. A number of our grantees are partnering with DG Murray Trust to distribute PPE to care workers in their communities' (Harding, 2020).

THE SOLIDARITY FUND AND TSHIKULULU

The Solidarity Fund is a public benefit organisation established to confront the Covid-19 national crisis. The Fund is mandated to contribute towards the national health response, provide humanitarian relief, and mobilise all who live in South Africa to do their part. In so doing, it aims to effectively and meaningfully enhance South Africa's ability to respond to the Covid-19 pandemic.

The Solidarity Fund focuses its contributions around three core areas (Solidarity Fund, 2020):

- *The health response:* Supporting urgent aspects of the health system response and supporting and protecting frontline health workers (70–75% of funds)
- *The humanitarian effort:* Providing humanitarian support to the most vulnerable households and communities (20–25% of funds)
- *Their solidarity campaign:* Uniting the nation in action against Covid-19 and encouraging behavioural change in local communities.

By end-September 2020, the Solidarity Fund had received R3,133 billion to fund Covid response projects, such as bolstering testing capacity; supporting the provision of care in public hospitals; providing food relief; combating gender-based violence; and running communication campaigns for behavioural change. Most of the funds were dedicated towards supporting the Department of Health (Solidarity Fund, 2020).

Tshikululu, a social investment fund manager and advisor for corporates, provided pro bono services to the Solidarity Fund. This has included support of the humanitarian, citizens in solidarity campaign, and gender-based violence workstreams, as well as helping to design the Fund's overall impact framework (Tshikululu Social Investments, 2020a). As part of their role in supporting civil society organisations, Tshikululu circulated a survey (Tshikululu Social Investments, 2020b) to non-profit organisations to better understand how the pandemic affected them. Unsurprisingly, the effects of the pandemic on these organisations have been significant, and the lockdown exacerbated the challenges. While 66% of participating organisations have seen a decline in income since lockdown and anticipate things being tough for the next 18 months, only 2% reported losing more than 75% of their income since lockdown and having secured little to no income. Organisations with operations in more rural provinces appear relatively more likely to have suffered a decline in income during the lockdown.

THE ZENEX FOUNDATION

On its website (Zenex Foundation, 2021), the Zenex Foundation says the core of its Covid-19 response strategy was learning more about its grantees and supporting them. Like Tshikululu, it conducted a survey of project partners on the impact of the pandemic on their organisations and project implementation. The foundation

adopted a three-pronged strategy to mitigate the impact of Covid-19 on education: 1) working in schools to support curriculum recovery and bolster government-driven programmes; 2) supporting learning at home, based on the evidence that the home-school nexus is critical to supporting education in crisis contexts, and 3) promoting learning through advocacy and public education campaigns on Covid-19 safety, especially in school contexts.

The foundation also gathered evidence on the impact of the virus and how best to respond, including:

- The JET Research Bootcamp, #OpenUpYourThinking, to understand the pressures placed on the education system by the virus and identify possible solutions
- A household telephonic survey by Social Surveys to understand the pressures on parents and their capacity to assist their children at home
- Tracking social media sentiments, which showed that schooling (#schoolsreopening) trended second to #Covid19 across all social media.

To better understand the changing education landscape, the Foundation ‘focused on collaborating and developing a coordinated response to the pandemic. To this end, [it] funded a series of engagements to promote collaboration through ... IPASA’.

THE DG MURRAY TRUST

On its website (DGMT, 2021a), the DG Murray Trust says it wanted to support those who are excluded from mainstream efforts to mitigate the pandemic and its impacts. To this end, the Trust acted as a fund manager and strategic implementer for a range of jointly funded initiatives. By allocating its own funds and project management capacity to these joint efforts, the Trust extended its impact and reach. These partnerships included:

- Procuring and distributing PPE for community care workers (Box 8.2).
- The Masked Heroes campaign, which mobilised mental health and counselling support, food relief, and a broader network of support through 250 local NGOs.⁷
- Launching (in collaboration with the Innovation Edge) for six months, a daily, multilingual radio show on 15 SABC radio stations on critical issues related to Covid and the lockdown (Box 8.1).⁸
- Establishing a digital food voucher system through the Flash and Kazang networks, to provide urgent relief to pregnant women and vulnerable communities (Box 8.4).

⁷ Funded by the ELMA Foundation and the Solidarity Fund.

⁸ Funded by the ELMA Foundation, the Solidarity Fund, the Millennium Trust, and the Zenex Foundation, and broadcast in partnership with the Department of Health and the SABC.

The Trust also provided emergency relief grants to partners in financial distress and allowed flexibility in the use of existing funds to help organisations adapt their work during the crisis.

THE MICHAEL AND SUSAN DELL FOUNDATION

Dr Thashlin Govender, the Dell Program Director for South Africa, shares that they ‘leaned in’ on their existing grantees to understand the impact of Covid on them and provided grants to support the grantees and their beneficiaries through the hard lockdown (Govender, 2021). They also supported immediate emergency response efforts, something they typically would not do. The Foundation’s Covid-related grants in South Africa fall into three broad areas: health; education; livelihoods and small businesses. In total the Foundation has invested US\$10 047 404 (R148 268 033) in Covid-related grants in South Africa since the start of the pandemic, including R20 million to the Medical Research Council to help vaccinate patient-facing healthcare workers against Covid-19 before the 2021 winter flu season. They also provided grants to universities to support National Student Financial Aid Scheme students and to expand virtual academic and student support services.

THE INDEPENDENT PHILANTHROPY ASSOCIATION OF SOUTH AFRICA

Louise Driver, IPASA Executive Director, wrote about IPASA’s work during the pandemic in a newsletter (Driver, 2020):

The sudden onset of Covid-19, with its devastating, immediate impact on South Africa, thrust all key role players in the philanthropy sector into a quandary that required a rapid response. Funders were called on more than ever before to try and address the myriad issues caused by the impact of the pandemic. IPASA was ideally placed at this time to play an important convening role by getting not only our foundation members together, but also other funders and key role players in the philanthropy sector, to discuss how to address these huge issues.

Driver further said IPASA saw itself as a hub to connect funders, non-profit organisations, philanthropy support, advisory organisations, and relevant government representatives in planning its Covid-19 response efforts. It also developed a set of best practice guidelines for funders during the pandemic. These had initially been developed for its members but were later shared more generally.

THE ELMA FOUNDATION

The [ELMA Group of Foundations](#) (2021) works globally across a range of issues, largely related to health, education, and social justice. ELMA made a significant investment in South Africa, and Africa in general, to respond to the pandemic. Robyn Calder Harawi, executive director of its services arm, ELMA Philanthropies, said she has come to see ELMA’s work over the past 15 years as ‘gearing ourselves up to respond to the biggest crisis of our lifetime’. Rising to the challenge, in May 2020 the ELMA Group of Foundations pledged R2 billion, or roughly US\$137 million, to fight Covid-19 in Africa. In South Africa ELMA donated R250 million to the Solidarity Fund. Bernadette Moffat, the executive director of the ELMA Philanthropies Services in Africa, says they wanted to participate in the national solidarity movement, although it is rare for ELMA to contribute to funds it does not control.

Like other funders, ELMA loosened funding restrictions for active grants and waived certain outcome expectations to allow some funding to be channelled towards the Covid-19 response. In many cases it also provided supplementary funding. For example, 40 of its community-based partners each received R200 000 twice in 2020, once at the beginning of the epidemic around March and again towards the end of the year as South Africa faced the second wave of infections. Such funding was often used for PPE, which was critical to the continued functioning of these organisations.

ELMA encouraged grantees to support national efforts to respond to the pandemic. For example, it supported the healthcare workers and nurses of six of its health-focused grantees, forming part of a large paediatric HIV programme, in assisting government's Covid testing efforts. ELMA also supported vulnerable groups that were unlikely to be reached by government and other funders:

- It funded four organisations in South Africa that provided humanitarian support to refugees and migrant communities.
- Given the devastating violence against women and children during the lockdown, ELMA provided a grant to the National Shelter Movement of South Africa, which supports 59 shelters around the country. It also funded three Thuthuzela Centres, which assist women seeking help following threats or actual physical or sexual assault.
- Via NGO partners, ELMA provided PPE to address the needs of 38 prisons across South Africa.
- Working with local NGO, SweepSouth, and with the Michael and Susan Dell Foundation, ELMA provided stipends for domestic workers in the Western Cape who lost their jobs in the pandemic.

ELMA also made investments to help prevent and manage the epidemic in South Africa:

- With the Michael and Susan Dell Foundation, ELMA helped the South African Medical Research Council acquire additional equipment to automate the RNA sorting involved in Covid testing. Four national lab sites obtained these imported machines – in Limpopo and the Eastern Cape – to speed up testing significantly.
- Earlier on, ELMA funded a large-scale research trial of the South African National Blood Service, focusing on the efficacy of blood plasma therapy as a treatment for Covid-19 infection. The trial was halted when it became clear that the therapy was not effective against the new South African strain. However, all the plasma samples with Covid-19 antibodies were donated to international research studies, thus contributing to the critical work of developing Covid-19 vaccines.
- MomConnect, an initiative of the Department of Health, aims to support maternal health through the use of cell phone-based technologies integrated into maternal and child health services. The services are free to the user, and messages are available in all 11 official languages. ELMA funded the Praekelt Foundation to enable messaging on Covid-19 prevention and treatment; this is being expanded to include information on vaccination.
- The Clinton Health Access Initiative has supported South Africa since 2003 to improve access to antiretroviral treatment for HIV. In 2020 ELMA funded this group to provide technical support to the Western Cape Government, specifically to plan provincial and district Covid-19 responses.

- Grants were made to fund normal services in 75 low-cost, private Unjani clinics in township areas around the country, and to the Health Systems Trust and ANOVA to help the Department of Health restart the immunisation programme for children after the hard lockdowns.
- With the DG Murray Trust, the Allan Gray Orbis Endowment, and the Tutuwa Foundation, ELMA supported a food voucher programme for the hard-hit ECD sector and helped providers prepare to open their sites safely.

Lastly, ELMA is one of five private funders supporting the national vaccine roll-out effort. It has funded additional analysts to boost the monitoring and analytical capacity of the South African Health Products Regulatory Authority, which regulates Covid-19 vaccines. It is providing funding to the South African Medical Research Council to support the phase one roll-out of the vaccination programme and to the DG Murray Trust to provide technical support to the Department of Health in preparation for the next two phases of the roll-out.