

COVID-19

Rapid Emergency Needs Assessment
for the most vulnerable groups

2020 REPORT



COVID-19 RAPID EMERGENCY NEEDS ASSESSMENT - 2020



SOUTH AFRICA

Website: www.un.org.za

Street Address:
10th Floor, Metropark Building,
351 Francis Baard Street,
PRETORIA, South Africa

Phone: 012 354 8025



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For enquiries, please contact:

United Nations Development Programme
UN House Level 10, Metropark Building | 351 Francis Baard Street
PO Box 6541, Pretoria

Email: communications.za@undp.org

Web: www.za.undp.org

Twitter: @UNDPSouthAfrica

Facebook: UNDPSouthAfrica



Foreword



Ms Lindiwe Zulu



Ms Nardos Bekele-Thomas

The COVID-19 pandemic constitutes a unique challenge to South Africa and the World. In South Africa, it comes at a time of great economic and social fragility. The pandemic places a dual burden on the nation: the human cost of the disease itself, and the socio-economic consequences of efforts to slow the transmission, which will be felt for years to come. The devastation wrought by this pandemic has been felt across the continent and around the World, but in South Africa it has laid bare and reinforced the structural inequalities that have defined this country for too long. As we assess the impacts, the loss of livelihoods and income, the disruption in life-saving medical care, deepening poverty and a surge in the atrocity that is Gender Based Violence; the long shadow of Apartheid is

still dreadfully evident. Much has changed since the advent of democracy in South Africa 26 years ago, but mapping the impact of COVID-19 reveals that the geography of Apartheid remains with us. Those most affected by unemployment are in the rural and peri-urban areas of the former 'home-lands', those most affected by social violence are in the squatter settlements that still scar South Africa's cities. As the nation faces its most serious challenge in decades, addressing it requires a collective response. South Africa needs a whole of society approach and the World needs a global response that underscores the genuine multilateralism needed to defeat a pandemic. The United Nations continues to stand by South Africa.

This Rapid Emergency Needs Assessment is the result of a partnership between the South African Government and no fewer than fourteen UN agencies, each bringing its distinct expertise and skillset to analyse and assess the challenges that now face us. Despite the fluidity and uncertainty of this crisis, this report offers both qualitative analysis, quantitative detail, and synthesised information from multiple sources to provide a picture that is at once holistic and granular. Needs are identified and costed, and evidence-based policy recommendations with both short- and medium-term perspectives are offered. The result is a Rapid Emergency Needs Assessment that will serve and inform government and policymakers at multiple levels, across multiple sectors, enabling coordinated action and helping to guide effective interventions. Perhaps the most important impact that this work will produce is the accompanying online Dashboard, a purpose-built tool that will transform this report into a living work. The Dashboard will allow for real-time updating of information, enabling policy-makers to assess the unfolding impacts of the pandemic and monitor our collective efforts to respond.



Ms Lindiwe Zulu
Minister of Social Development
South Africa

This Assessment would not have been possible without the dedication of numerous individuals, and the cooperation of many governmental and non-governmental organisations. The United Nations is grateful to them all.

As the country reels from the pandemic, it is important to recognise that already there are signs of hope. South Africans have proven to be resilient, we have seen decisive leadership and we have seen a willingness to face uncomfortable truths. Out of this calamity there is a rare opportunity, to reimagine South Africa, its society and its economy. COVID-19 can be a catalyst for positive change, to take bolder steps in addressing social, economic and gender inequality and to hasten the urgent process of adapting to and mitigating climate change.

Together we stood and faced this threat. Together, we can build back better.



Ms Nardos Bekele-Thomas
UN Resident Coordinator
South Africa





Preface



Dr Ayodele Odusola



Mr Leonard Zulu

The COVID-19 outbreak imposed shocks so serious that the gap between the rich and the poor has widened – worsening the predicaments of marginalized and vulnerable people. Unless the voices of the voiceless are raised and the plights of the vulnerable are effectively addressed, poverty, inequality and exclusions will continue to widen. This report, which adopts a rapid assessment methodology, presents a framework to lift the bottom quintile of South Africa’s population from falling deeper into poverty, squalor, and exclusion.

To achieve this, the report provides a rapid assessment of the needs created by COVID-19, not only directly, but indirectly through the impact of lockdowns and other measures taken to combat the spread of the disease. Emphasis was laid on two aspects of the assessment. First, vulnerable groups were at the forefront in all the work that went into the report, and their cross-cutting needs are highlighted. Second, the measures proposed to meet these needs were

costed, supporting the practical implementation of the report’s recommendations. This is therefore not a theoretical document, but a practical one – intended to connect evidence and expertise with actions on the ground to tame the extreme exclusions imposed by COVID-19.

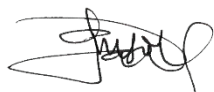
Despite the thoroughness and breadth of this report, it does not cover all sectors of South Africa’s economy and society. A fully comprehensive assessment would entail a longer project – and this Rapid Emergency Needs Assessment lays the basis for such an exercise. The present assessment is intended for immediate use, with yet more comprehensive and detailed assessments being conducted to inform a longer-term picture.

The specific focus of this assessment is on extremely marginalized, voiceless, and vulnerable groups – populations at risk in the South African society (including informal sector workers falling below the extreme poverty line, poor children without Child Grant Support, older populations, homeless people, prisoners, refugees, and asylum seekers). The groups the report identifies as especially at-risk are women, children, older persons, persons with disabilities, persons deprived of their liberty, migrants, asylum seekers, and refugees. These persons are impacted in cross-cutting ways by multiple economic sectors, and their needs could be forgotten because these populations are less able to make themselves heard. These groups also intersect one another, which may compound vulnerabilities. In times of crisis, those who are already vulnerable are least able to protect themselves, and this report enables Government to see into their predicament and calibrate its responses in ways that ensure that no-one is left behind.

Overall, this report examines the population at-risk sectors (e.g. agriculture; education; health; WASH and Waste; and governance), resource requirements, and possible sources of funding. Overall, R336 billion is needed to rekindle the wellbeing and livelihood of these extremely

marginalized populations in the next six months. It concludes that South Africa will need to prepare for a long-term strategy to turn the COVID-19 crisis into social and economic opportunities to recover and build back better. In this regard, the Government will need to preserve a minimum threshold below which vulnerable households and firms cannot fall; put measures in place for them to recover very quickly; and pivot the efforts to rebuild the economy and address structural impediments that work against the populations at risk.

This report contains multiple levels of detail. Readers interested in any of the covered topics can dive deep into the relevant chapter, while those seeking an overview can read the summary, perhaps supplemented by the concluding material. Whatever their interest, we hope and trust that readers and policymakers find this report useful as an evidential tool to address the deep complications and widespread inequalities and exclusions imposed by COVID-19 in South Africa.



Dr Ayodele Odusola
UNDP Resident Representative



Mr Leonard Zulu
UNHCR South Africa Representative

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The following government institutions also collaborated in the assessment: Department of Water and Sanitation; Department of Environment, Forestry and Fisheries; National Department of Health; Parliamentary Liaison Office in Cape Town; Rand Water; and Refugee Social Services in Durban. Other organizations that contributed to the assessment include Adonis Musati Project in Cape Town, Africa Centre for Evidence; the Ambassadorial Task Force from the Embassy of Ethiopia; the Ambassadorial Task Force from the Embassy of Zimbabwe; CSIR; CWM Shelter in Musina; Doctors Without Borders (South Africa); National Education Collaboration Trust; SALGA and the Scalabrini Centre in Cape Town.

Participating agencies and contributors to the assessment:



Source: Getty Images



SECTOR	AGENCY	TEAM MEMBERS
Coordination	UNDP	Gabriel Dava
Technical leadership	UNDP	Rita Missal
The Human Impact	UNDP	Monica Trujillo
Education	UNICEF	Andile Dube Wycliffe Otieno
Employment and livelihoods	UNDP	Fatou Leigh Partha Bannerjee
Agriculture and food security	FAO	Hlami Ngwenya Jacoray Khunou
Health	WHO	Satya Lenka Pallav Bhatt
	UNICEF	Mariame Sylla
	UNFPA	Nontsikelelo Manzini- Matebula Tlangelani Shilubane
	UNAIDS	Ali Feizzadeh
Water and Sanitation	UNICEF	Juan Smulders
Waste	UNEP	Sara Eliasson Muralee Thummarukudy
Governance	UNDP	Bongani Matomela
	UNDP OHCHR	Nelly Mwaka Michael Van Gelderen
Women	UNDP	Nelly Mwaka Namhla Mniki
Vulnerable groups and social protection	UNHCR	Kiran Kaur Nancy Moindi Erna Smith Bianca Robertson
	UNICEF	Mayke Huijbregts Hellen Nyangoya
	OHCHR	Cecilia Sandqvist Michael Van Gelderen Adrian Combrinck
	UNDP	Nelly Mwaka
	IOM	Zoe Rohde Sunday Omoyeni
	UNODC	Linda Naidoo
	UNAIDS	Tabita Ntuli
	UNWOMEN	Anele Sibobi
	UNFPA	Tonicah Maphanga Tlangelani Shilubane
Information and Digital Tools	UNDP	Luqman Patel Bobby Shabangu David Mwayi Ruhlani Lehloka
Report Writing Team	UNDP	Alex Broadbent Monica Trujillo Rita Missal Manasi Nanavati

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REPORT OVERVIEW

Context

South Africa is an upper-middle income country with a population of 59 million, of whom 5.3 million (9%) are 60 or older.¹ High inequality means that about 55% of the population lives below the upper bound poverty line.^{2,3} A report on food security in 2019 found that in 2017, 6.8m people experienced hunger and 10.4 million had inadequate access to food.⁴ In 2018/2019, one-third of children under 5 years of age who died in South African public hospitals had Severe Acute Malnutrition, and a further 27% were underweight for their age.⁵ Notable disease burdens include HIV (7.6m people live with HIV)⁶ and tuberculosis (TB; around 300 000 new cases annually). TB is the leading cause of death (63 000) and HIV is present in around two thirds of TB deaths (42 000).⁷

In the latter part of 2019, the economy slowed across two consecutive quarters to 0.2% growth.^{8,9} Unemployment in the fourth quarter of 2019 was 29%.¹⁰ South Africa's sovereign credit rating was downgraded in late March 2020 which, combined with currency weakness since the crisis began, has further increased the cost of government borrowing. The economy currently faces overlapping aggregate demand and supply shocks, which are occurring sequentially. These domestic shocks are expected to be the most significant drag on growth.

South Africa made considerable progress over the past two decades in poverty reduction and human development. The Human Development Index was 0.705, which placed the country in the high human development category, yet prior to the pandemic unemployment stood at 6.7 million people or 29% of the population, and 4.3 million people did not have access to piped water. The country's vulnerability is marked by 30.9 million people living in poverty, roughly 55% of the population. In addition, over 8 million people live in extreme poverty, which means they live below the food poverty line and cannot meet their minimum nutritional requirement. In 2018 the percentage of households that receiving at least one social grant stood at 44%, and it is estimated that 18.7 million beneficiaries will receive social grants in 2021/22.¹¹ South Africa hosts an estimated 3.9 million migrants (70% from the SADAC region)¹² and around 260 000 refugees and asylum seekers.

According to the National Treasury: “the longer that economic growth remains weak, the greater the risk that there will be a permanent reduction of supply-side capacity with profoundly negative implications for household incomes and welfare”.

COVID-19 in South Africa

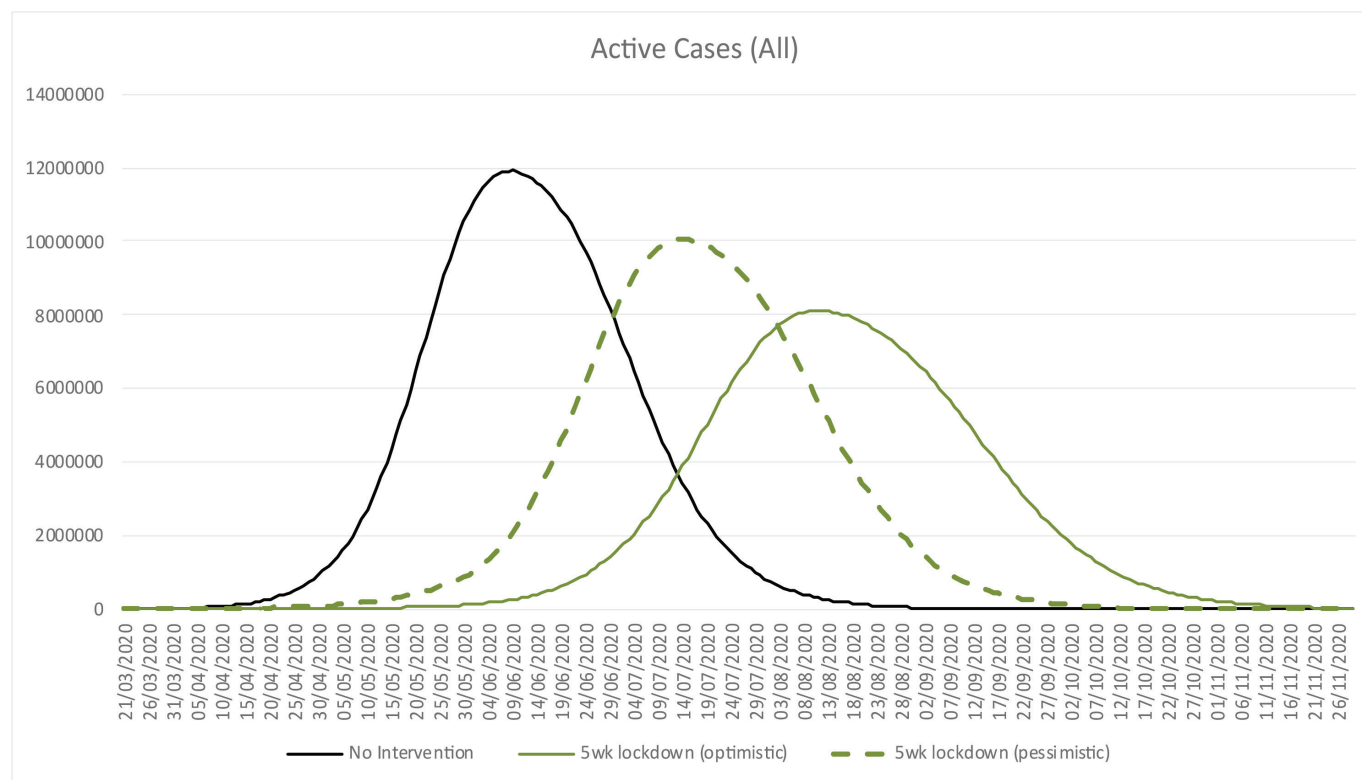
Africa is the least-affected region globally in terms of the number of cases and deaths reported by the WHO. However, the cases have been steadily increasing. Roughly half of the cases in the continent are in South Africa. The country's total cumulative cases of COVID-19 was 70,038, 1,480 deaths and 38,531 recoveries as of 15th June 2020. The majority of the cases are in the provinces of Western Cape with 42,539 (60.7%), Gauteng with 11,164 (15.9%), and Eastern Cape with 10,027 (14.3%). The country has stepped up its testing, and to date a total of 1,121,958 tests have been conducted cumulatively.

The following geographic areas were declared as hotspots for COVID-19 in the country:

1. The metro areas of Tshwane, Johannesburg, Ekurhuleni, Ethekwini, Nelson Mandela Bay, Buffalo City and Cape Town;
2. The districts of West Coast, Overberg and Cape Winelands district municipality, Chris Hani district in the Eastern Cape, and Ilembe district in KwaZulu-Natal.

The South African COVID-19 Modelling Consortium estimated the projected cases of COVID-19 based on two scenarios. The projected epidemic curves are presented in **Figure 1**.

Figure 1. Projected epidemic curves



Key Assumption: Asymptomatic proportion of cases: 75%

Source: South Africa COVID-19 Modelling Consortium

The modelling exercise concluded that:

1. Peak in active cases is likely to be reached between early July in the pessimistic scenario and early August under the optimistic,
2. There will be an estimated 3.4 to 3.7 million cases by 1 November 2020 (laboratory-confirmed), and
3. Between 34 015 and 49 774 deaths, although the projections are subject to considerable uncertainty and variability.

Under almost all scenarios, hospitals and ICU capacity will be exceeded, although the timing and extent is uncertain. According to the Consortium, the provinces of KwaZulu- Natal, Gauteng and Western Cape that had early seeding and growth of the epidemic are all expected to peak quickly. In other provinces the peak is projected to occur later due in part to their population distribution and delayed seeding.

Government Response

South Africa's President Cyril Ramaphosa announced that the National Coronavirus Command Council was introducing a nationwide lockdown on March 26, 2020. On 1 May, the government commenced a risk-adjusted strategy to ease the country's lockdown restrictions over five levels. As of 1 June the government activated Alert Level 3 nationally. In brief the following are the country's five levels of lockdown restrictions:

Level 5 -High virus spread, and/or low health system readiness: involves drastic measures to contain the spread of the virus to save lives.

Level 4 -Moderate to high virus spread, with moderate readiness: includes resumption of some activity subject to extreme precautions to limit community transmission and outbreaks.

Level 3 -Moderate virus spread, with moderate readiness: involves the easing of some restrictions, including on work and social activities, to address a high risk of transmission.

Level 2 -Moderate virus spread, with high readiness: involves further easing of restrictions, but maintaining physical distancing and some restrictions to prevent a resurgence of the virus.

Level 1 -Low virus spread, high health system readiness: includes resumption of most normal activity, with precautions and health guidelines.

In addition, the Government introduced **an impressive R500 billion fiscal support package** totaling about 10% of GDP, the biggest stimulus package in the country's history. The support package is summarized below as presented by the National Treasury.

Table 1. Summary of COVID-19 fiscal response package

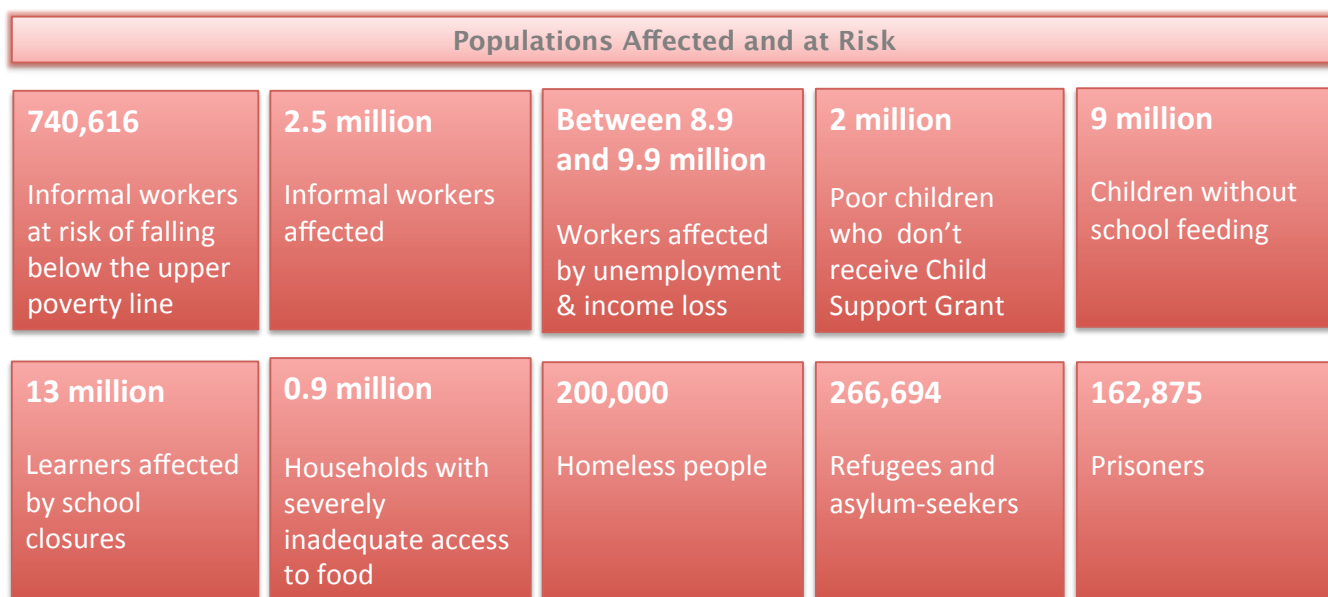
Response Measure	R million
Credit Guarantee Scheme	200 000
Job creation and support for SME and informal business	100 000
Measures for income support (Further tax deferrals, SDL holiday and ETI extension)	70 000
Support to vulnerable households for 6 months	50 000
Wage protection (UIF)	40 000
Health and other frontline services	20 000
Support to municipalities	20 000
Total	500 000

Source: National Treasury

On healthcare in particular, spending was increased by R 20 billion for frontline health services, to support the treatment of those affected by COVID-19, as well as to manage its spread through mass testing and contact tracing, and the procurement of personal protective equipment.

The government also leveraged its existing transfer programmes, making available R50 billion to top-up social grants and introduced a COVID-19 distress grant for 6 months to ensure that low-income households can meet their basic needs.

Figure 2. Populations affected and at risk.



Source: own calculations (chapter Employment and Livelihoods).

The Human Impact

Populations Affected and at Risk

The Figure below presents a summary of the populations affected by the pandemic and lockdown, as identified by the present assessment.

Food insecure households: the food security of 8.2 million people who already lived below the food poverty line before the pandemic is likely to be highly compromised, and food insecurity is likely to be especially dire for the 0.9 million households who had severely inadequate access to food prior to lockdown. In addition, the nutrition status of 9 million children is compromised without access to school feeding, with a risk of acute malnutrition or wasting among these children.

People at risk of poverty: an estimated 740 616 informal workers are at risk of falling below the upper poverty line are especially vulnerable without social assistance. These are the people who were at the edge of poverty but not considered poor before the pandemic. It is likely that the population at risk of falling below the poverty line is higher, and that those at risk of falling into extreme poverty are highly vulnerable.

Out of school children: school closures left 13 million children without access to education.

Poor children: an estimated 2 million poor children did not receive the Child Support Grant prior to COVID-19 due to some exclusion errors or factors, and need to be included in the CSG.

Informal sector workers: an estimated 2.5 million informal workers in micro enterprises (with 0 to 19 employees) were affected by lockdown and are in need of assistance through cash transfers to ensure at a minimum their food security, as well as support to re-start operations as restrictions ease to protect and strengthen their livelihoods.

Small and Micro Medium Enterprises (SMME): approximately 652,12 thousand small, medium and micro enterprises (SMMEs) which employ about 3 million people in the formal sector, and 342,09 thousand SMMEs which support about 0.9 million employees in the informal sector need financial assistance under the “Job Creation and Support to SMME and Informal Businesses” and the “Credit Guarantee Scheme” relief measures proposed by the National Treasury.

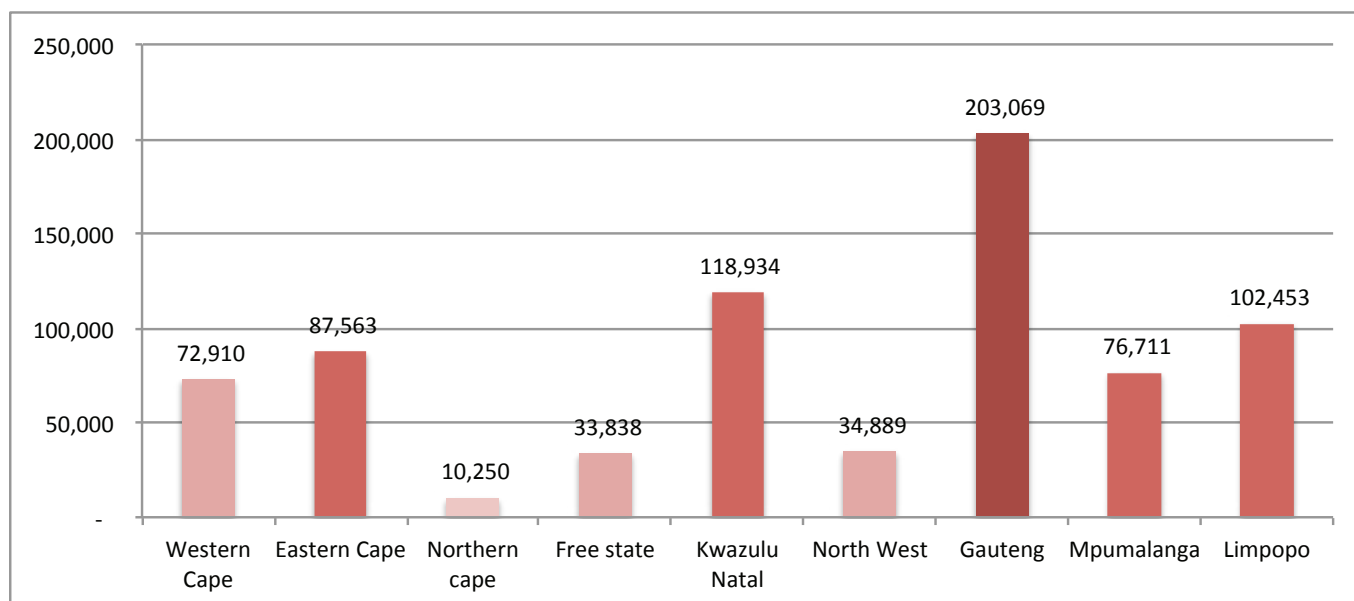
Other vulnerable groups: it is estimated that 266 694 refugees and asylum seekers currently need assistance, as well as 200 000 homeless people and 162 875 prisoners.

In addition to these populations at risk, there are three main findings based on the global analysis of the human impact in South Africa:

1) Food and nutrition security is compromised for vulnerable populations due largely to constraints on people's access to food, including the drop in people's purchasing power due to income loss, and the rising cost of the household food basket. Some households are seeing lower food stocks in local markets and report that they are eating less to cope. The current situation could lead to a spike in hunger and malnutrition. Among the most vulnerable are the 8.2 million South Africans who were already living below the food poverty line before the pandemic and therefore could not purchase or consume enough food to meet their minimum per-capita-per-day energy requirement for adequate health. In the coming weeks and months food and nutrition security will depend largely on food access which is influenced by food inflation, local food stocks, grant allocations, and the measures taken to target the most in need. Food inflation could be further impacted by the exchange rate and oil prices as reported by the government.

2) It is estimated that the poverty headcount indices in South Africa for the upper and lower poverty lines will increase under the current COVID-19 health crisis. Income inequality, measured by the Gini index, is also expected to increase in 2020. The income of the bottom 40% of the population will decline with the contraction of the economy during the current year. In addition, it is estimated that 740,616 informal workers are at risk of falling below the upper poverty line during the extended lockdown.

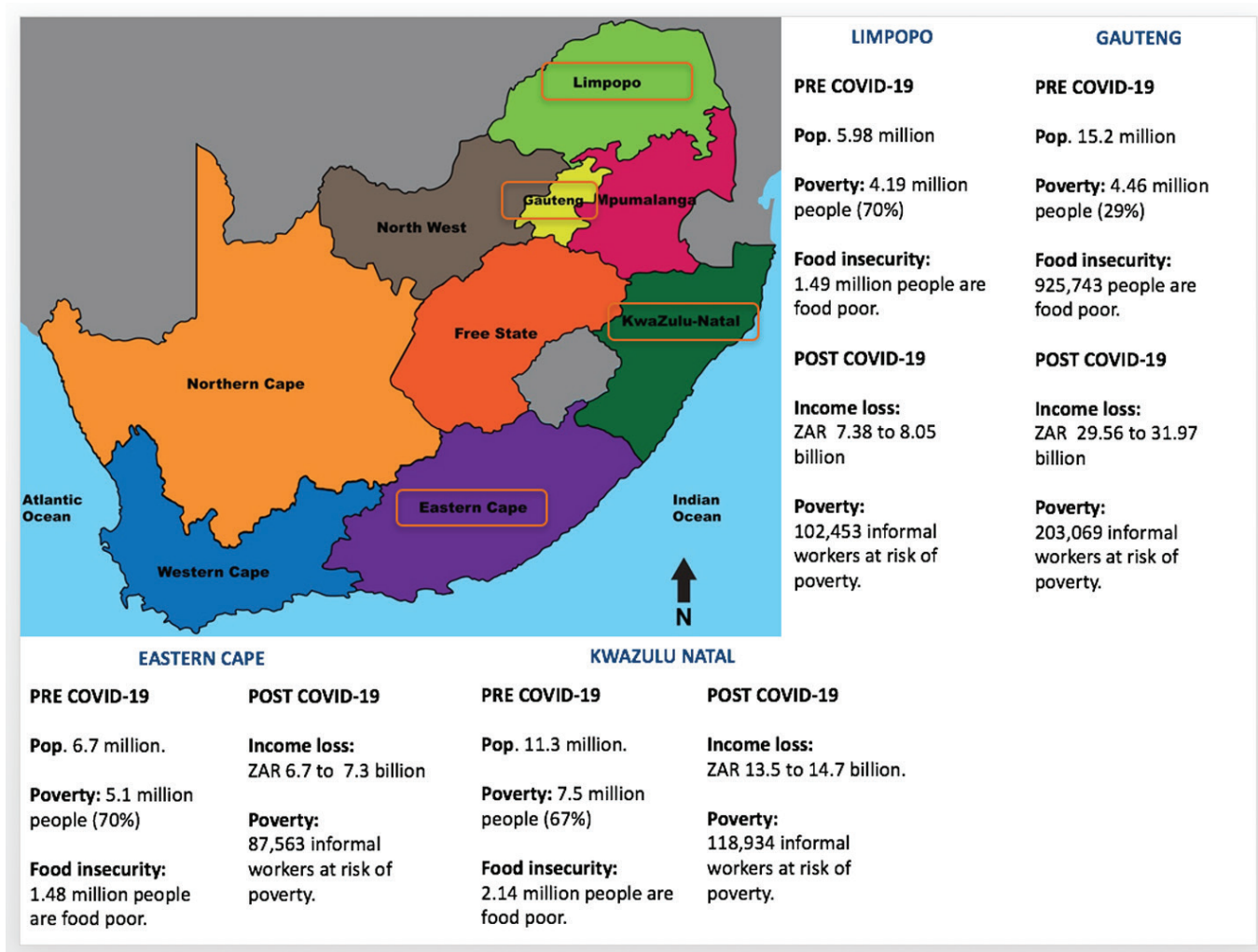
Figure 3. Informal workers at risk of falling below the upper bound poverty line by province



Source: own calculations (chapter Employment and Livelihoods).

3) The provinces of Kwazulu Natal, Gauteng, Limpopo and Eastern Cape need priority assistance given their high level of vulnerability prior to the pandemic and the high impact they sustained due to Covid-19 particularly in relation to income losses. These provinces concentrate 64% of the income losses, they are home to 69% of the country's poor and to 73% of the population that is food poor in South Africa. They are therefore the most vulnerable and at risk of slipping into greater poverty and hunger.

Figure 4. The four provinces affected by income loss, poverty risk and food poverty



Sectoral Findings

Summaries of the substantive chapters of this report follow.

Education

South Africa has just over 13 million learners: 12.4 million in 23 076 public schools (407 000 teachers) and 632 000 learners in independent schools. One half of public schools have no internet, one quarter have no running water, and over 10% have no perimeter fence and no electricity. Access to education is good but achievement is not: over three quarters of Grade 4 learners do not meet international reading benchmarks (i.e. lack basic reading skills at end of Grade 4), compared to 4% globally. COVID-19 precipitated extended school closures. Re-opening has commenced but has not proceeded smoothly and is not expected to be complete before August at the earliest. Some schools and learners have maintained online education but data access and home study spaces present a challenge to many learners. Inequalities between schools and between home environments are thus leading to a widening of existing inequalities in access to good education. Higher education has also been affected by these factors. The school nutrition programme has also been disrupted. Education needs support for online learning provision, health and sanitation support, PPE for teachers, water, and curriculum review to enable as much of the year to be salvaged as possible.

Employment and Livelihoods

The South African economy was slowing down in third and fourth quarter of 2019, with unemployment at 29% in the fourth quarter. In this chapter, income loss to the workforce is estimated at R 89 to R 96 billion during the 65 days of lockdown at levels 5 and 4. An estimated 2.5 million informal workers in micro and small enterprises were impacted in the same period, resulting in estimated income between R 15.7 billion and R 17.0 billion. 25% of informal workers who are just above the Upper Bound Poverty Line are likely to fall into poverty. Formal sector enterprises may need an assistance of up to R 114 000 on average per firm for each quarter.



Out of this R 68 400 would be towards employee cost that could be funded from the National Treasury's budget head Job Creation and Support to SMME and Informal Businesses and the remaining R 45 600 assistance could be to facilitate their working capital needs through a Credit Guarantee Scheme (CGS). Similarly, each informal sector enterprise may need up to R 86 000 on average per firm in each quarter. This need could be wholly met through the Job Creation scheme as they may not qualify for a credit guarantee scheme. In addition the Special COVID-19 Social Relief of Distress Grant (SRDG) for a period of six months to Own Account Workers, those who "Do not know" size of their employers, and discouraged job seekers was estimated to be R 18 billion. The Expanded Public Works Programme (EPWP) can provide relief to impacted construction and eco-restoration workers for a period of 6 months through an outlay of R 10.7 billion comprising R 2.2 billion for the informal sector and R 8.5 billion for the formal sector.

Agriculture and Food Security

South Africa is food secure at the national level, with a robust agricultural system. COVID-19 has disrupted the entire food system at different levels and at different points along the value chain. Export volumes recorded during lockdown are well below levels earlier in the year and Year to date (YTD) exports are below 2019 levels (e.g. apples passing export inspection down 8%, pears down 7%), hampered by substantial delays at regional border posts.

Although many agricultural services and supermarkets were classified as essential services; access to informal food sources which majority of resource poor families relied on were restricted. There is a direct link between income and food security, and household incomes have fallen (see chapter **Employment and Livelihoods**). Food prices have increased, possibly due in part to hoarding by consumers as well as market conditions or supply shortages. The urban food basket rose 4.5% from R 869.94 in November 2019 to R 908.62 in April 2020. The government has responded with the Agriculture Disaster Fund (ADF) offering relief for smallholders, but the timeframe for applications was constrained and eligibility is restricted. The government also delivered food parcels to over a quarter of a million households. There are needs for support for around 15 000 smallholders excluded from current support, and various other kinds of support targeting smallholders.

Health

South Africa has around 7200 critical beds, 3500 intensive care beds, and 2700 high care beds available. COVID-19 was first reported in South Africa on 5 March 2020 and as of 9 June had caused 1162 deaths and 52 991 cumulative cases. As of 8 June, current hospitalization among active COVID-19 patients is estimated at 13%. COVID-19 cases are currently occupying nearly 2000 hospital beds of which about 300 (15%) are intensive care. In addition, there has been a significant negative impact on access to other healthcare services, with 7.8% of a (relatively small) survey of persons with chronic conditions indicating that they had not been able to access normal healthcare due to fear of infection or arrest, lack of travel money, and other factors. Excess TB and HIV mortality (compared to a hypothetical baseline of no COVID-19) at the end of five years may rise 10-20%. New daily cases of COVID-19 are expected to peak during June-July according to the National Modelling Consortium. ICU bed peak requirement is estimated at 25 000 to 35 000. Cumulative deaths in November are estimated between 34 000 and 49 000. Required national budget is estimated between R 26 and 32 billion.

WASH

The onset of COVID-19 has brought to the fore systemic weaknesses in delivery of water, sanitation, and hygiene. Physical distancing is a major challenge in densely populated areas and there is a high transmission risk where access to water is limited and/or shared toilets are used. In such circumstances, COVID-19 prevention measures are crucial to slow the transmission of the virus from person to person and surface-to-person. The Water and Sanitation National Command Centre (WSNCC) has mainly focused on the provision of water through water trucking and sanitation services through mobile chemical toilets as an emergency response. These interventions require frequent maintenance, place a high burden on local authorities and only reach a limited number of the population in need (supply through water tankering is estimated to be 8ML/day at R15million/month whilst the demand is estimated to be 38ML/day at R72million/month).

Immediate needs to be addressed include the provision of detergents and disinfectants to families sharing the same toilets and to families with COVID-19 cases at home; to increase the sanitation service coverage and cleaning in priority locations; the continuity of water supply for hygiene in vulnerable communities and schools, strengthening capacity of water and utility providers and provision of critical WASH supplies including PPE and risk communication to frontline workers. The demobilisation of water tankers and provision of sustainable services are crucial to ensure continuity of services. It is estimated that water trucking is approximately 9 times more expensive than sustainable rudimentary water schemes and sanitation through chemical toilets, 4.5 times more expensive than constructing pit latrines; based on a 25 year life cycle. Formal approval and adoption of the National Norms and Standards for Domestic Water and Sanitation Services is necessary to ensure South Africa meets the universal service obligation.

Waste

Around 50 000 tonnes of healthcare risk waste (HCRW) is generated annually in South Africa, of which around a quarter is typically disposed of at landfills (non-burn technology). Treatment facilities have spare capacity of around 40%. Increases in disposal of HCRW may mean that the waste capacity of treatment facilities is exceeded. Safe handling and disposal at quarantine sites, in household quarantine and in emergency response is crucial to stop further spread of the virus and ensure the health of people and the environment. The addition of hospital beds in facilities not usually used for medical purposes will create an unusual load in locations that do not necessarily have appropriate systems and infrastructure. If local capacities are exceeded, disposal of medical wastes in general waste may be the result, which may lead to cross-contamination, as well as collection and illicit re-use of PPE. An effective emergency response will require the safe handling and final disposal of not only HCRW but also non-infected items of the same nature.

There is a large increase in the amount of single use plastics being produced. Waste pickers are important to the waste economy and this sector has been severely affected by lockdown, with systemic and human impact. Informal settlements (home to 1 in 5 urban dwellers) are also a major concern for transmission of other diseases besides COVID-19, being under-provided for waste collection. The COVID-19 pandemic has brought to the fore challenges and systemic weaknesses in South African municipal waste management systems. Investment is needed in core infrastructure and modern technology to treat mixed/contaminated household and medical waste, and waste pickers/reclaimers need to be integrated into the system to address both occupational health and safety, and safe service delivery.

Governance

Under the State of National Disaster declared on 15 March, various regulations have been issued and amended by the Minister for Cooperative Governance and Traditional Affairs (COGTA). Partial restrictions on travel and economic activity were in place until 26 March. Alert Level 5 then lasted until 30 April, Level 4 until 31 May, and Level 3 through time of writing. Coordination is led by the National Command Council chaired by the President. There is also an Inter-Ministerial Committee chaired by the Minister of Health and an Emergency Operations Centre at the NICD. Local government has a key role to play in responding to COVID-19 and administering relief measures, and a service delivery audit is recommended to identify gaps in access to food parcels and other measures. Communication is central for public health, and the national government has communicated in an ongoing fashion. Refinement of protocols between different government institutions would assist. Law enforcement has been important for achieving compliance with regulations. There is a need to review operational guidance and standard operating procedures and align them with the Constitution in relation to the use of force, and to implement (as per court directive of 15 May) an independent mechanism for prompt, impartial and effective investigations of allegations against law enforcement officers.

Women

Women in South Africa face multiple challenges. These have worsened with COVID-19. Before COVID-19, women faced a greater burden of poverty and hunger, low income, un- and underemployment and economic participation, and gender-based violence. Around a half of female-headed households live in poverty compared to just under a third of male-headed households. Most women are employed in low-paying, insecure, and informal jobs such as domestic work or administrative functions which are not usually a priority for companies accessing the government relief measures or contemplating retrenchments. Domestic workers (1m, or 8% of workforce) have been largely unable to work during lockdown. Women undertake three times the daily care work than men, on average, and care usually undertaken by public institutions (education, care for the frail) has largely fallen on women during lockdown. Access to healthcare for contraception and maternal care as well as routine programmes (HIV, TB) have been disrupted. Gender based violence within the home appears to have increased markedly, although this is difficult to assess. There is a need to support businesses and sectors that impact women (e.g. small-holdings, many SMMEs in the informal sector) and to require recipients of large-scale rescue grants to consider the interests of women employees who may be particularly vulnerable. It is also recommended to increase the Child Support Grant, streamline access to food distribution, further strengthen gender based violence support (hotlines, shelters, support groups), and drive communication campaigns, police training, and legislation.

Children

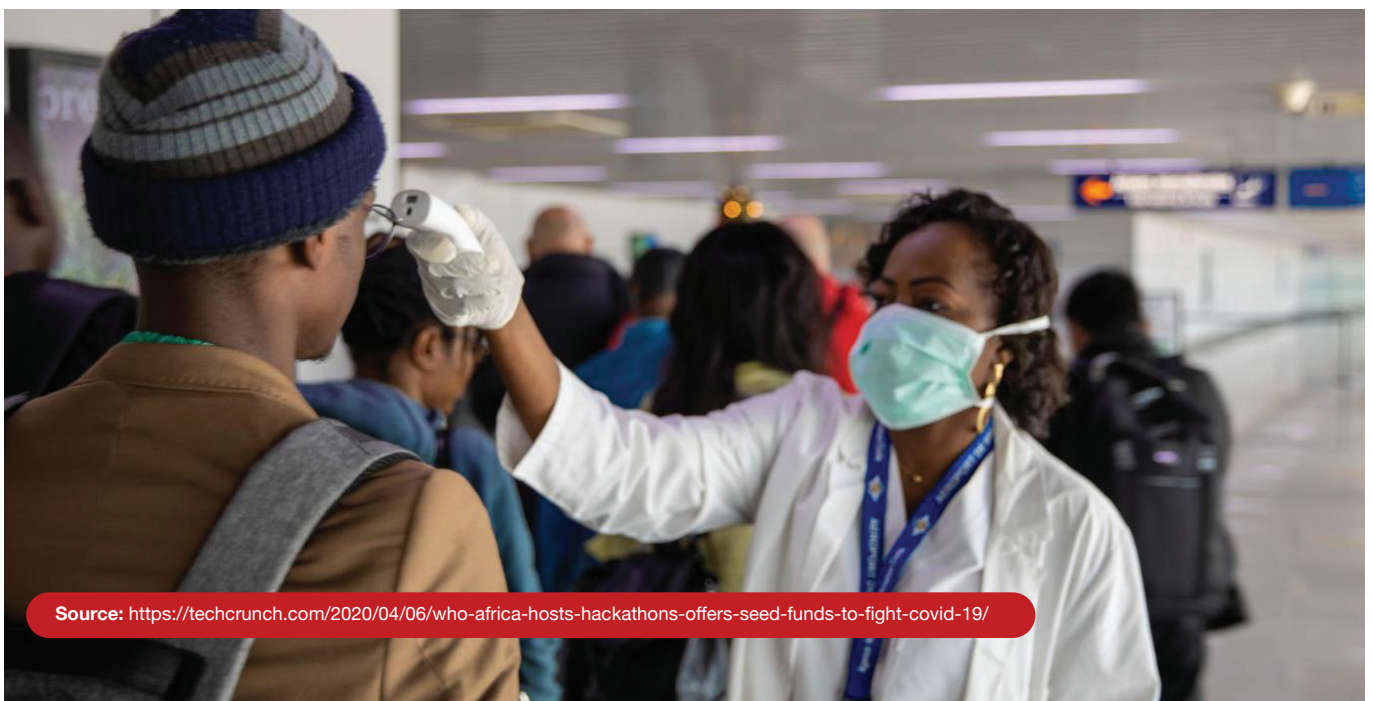
About a third of South Africa's population are children (19.7 million) and about 10% (5.8 million) are under five years old. Child homicide rate is double the global average and just over a third of children live with their parents, although 93% have both parents alive. There are 1.5 million maternal orphans, 150 000 child-headed households and 13 000 children in residential care. Children are thus a highly vulnerable group in South Africa. COVID-19 puts them at risk of malnutrition through household income loss and hiatus in the school nutrition programme, diseases of deprivation, interrupted access to vaccination and routine medical services, abuse from caregivers who are themselves under greater stress, and loss of grandparental care where grandparents are caregivers. Migrant and displaced children are at heightened risk. There is a need to continue to make strenuous and concerted actions to ensure access to basic services including (food, clothing, sanitary items, health care, education and recreational activities).

The implementation of interventions recommended in this report include education, to strengthen families and in particular support women-, as female headed households, and to improve food security and nutrition all have particular importance for children, and continued delivery of vaccination programmes is a high priority as well as to guarantee children's safety at all times.

Older Persons

Older persons are particularly vulnerable to COVID-19. 8.2% of the population are 60 years and older, of whom, 43% of men and 34% of women are illiterate. The old age grant is the primary source of income for the majority of older persons (c. 70%). In rural areas, older persons face challenges accessing healthcare and other assistance due to mobility limitations. The government has increased the old age grant by R 250 per month, but implementation and safe access remain challenging.

There are needs for inclusion in shaping the response to COVID-19 given that this groups is significantly directly affected, effective access to testing and medical facilities, consideration of mobility and safety issues in accessing services, and implement anti-infection measures in residential institutions.



Persons with Disabilities

Depending on the definition used, prevalence of disabilities in South Africa ranges from 7.5% to 17%. The Disability Grant is a key social protection measure for disabled people in South Africa. There is a high correlation between pre-existing health conditions including lung problems, diabetes and heart disease, and obesity that affect many persons with disabilities and make them more susceptible to contracting the virus, experiencing severe symptoms upon infection as well as heightening their risk of death. The government has increased the Disability Grant by R 250, but implementation and safe access remain challenging. There are needs for effective access to testing and medical facilities, consideration of mobility and safety issues in accessing services, and implement anti-infection measures in residential institutions.

Persons Deprived of their Liberty

In the first quarter of 2019 the South African prison population was around 163 000, of whom, about 30% were awaiting sentencing, and over 97% were men.

At this time there were around 44 000 more inmates than beds with some facilities operating close to 200% capacity. As of 20 May, 456 inmates and 219 officials had tested positive for COVID-19, mostly in the Eastern Cape. Overcrowding creates obvious risks of rapid spread and there is not adequate capacity within correctional facilities to deal with a major outbreak. A decision has been made to release prisoners on parole (c. 19 000) to alleviate overcrowding. It is further recommended that minor violations of lockdown regulations be reclassified so as to reduce the use of custodial penalties. Provision is needed for quarantine and overflow of health facilities. Access to legal counsel cannot be interrupted by anti-COVID-19 measures, and prisoners' human rights remain paramount, including the access to medical care.

Migrants, Refugees and Asylum Seekers

South Africa contains an estimated 3.9 million migrants (70% from SADC) and around 266 000 refugees and asylum seekers. Many live in densely populated urban areas and are daily wage workers in the informal sector. The number of undocumented migrants is very difficult to estimate, but this group is especially at risk of exploitation and face challenges accessing health. By law, undocumented migrants can access health services in relation to COVID-19. However, fear of possible arrest and detention prevents many from doing so. They may nonetheless catch and transmit COVID-19, meaning that an effective national response must consider them. Refugees are eligible for social distress grants but asylum seekers and undocumented migrants are not. Migrants (documented and undocumented), refugees and asylum-seekers need a safety net of access to basic services in order to secure their fundamental human rights. Such services include social, food and livelihoods distress relief and shelter, emergency medical treatment and psychosocial support for those affected.

Authorities will need to continue to work closely with service providers and organisations supporting refugees, asylum-seekers and migrants to realise fundamental rights. Access to asylum procedures continues to be critical during these times for persons with international protection claims. A temporary hold on deportation for migrants is necessary to reduce risk of spread during deportation processes. There is a need to produce, translate and disseminate widely risk communication materials on COVID-19 prevention and access to services in a necessary range of accessible languages and formats, in partnership with organisations working with asylum-seekers, refugees and migrants.

Protection and Social Inclusion

South Africa is a higher-middle income country, but over half the population living in poverty (UBPL), making it one of the most unequal countries in the world. Existing social assistance programmes in South Africa are comprehensive and the government has augmented these with a substantial socioeconomic relief package including a COVID-19 Relief Grant of R 350 per month (6 months) and temporary top-ups to the Old Age Pension, Disability Grant, Foster Child Grant, Care Dependency Grant, and Child Support Grant. (Food and nutrition assistance are discussed in chapter Agriculture and Food Security, while support for businesses and unemployment is discussed in chapter **Employment and Livelihoods**.) The major coverage gaps at the moment are undocumented foreigners in all grant categories, 2 million poor children who are South African citizens without birth certificates, and approximately 130 000 babies born during lockdown who have not been able to obtain birth registrations. The Relief Grant which is below the food security line, thus not fully answering the need. The Child Support top-up is allocated per caregiver rather than in line with the CSG itself which is per beneficiary, i.e. per child. Access to all grants is a challenge, with much of the budget initially allocated being unspent due to system and implementation challenges. The needs, therefore, are: effective implementation; consideration of undocumented groups not currently included; alignment of Relief Grant with food security line; and allocation of Child Support Grant per beneficiary (child) rather than per caregiver.

Needs

Exchange rate: USD 1 to ZAR 16.50

Table 2. Summary of costed needs

Sector	Recovery Cost Estimates			
	ZAR	ZAR Million	USD	USD Million
Education	1 592 956 000	1 593	96 543 000	97
Employment and Livelihoods	277 600 000 000	277 600	16 824 242 000	16 824
Agriculture and Food Security	4 692 800 000	4693	284 412 121	284
Health	31 292 000	31	1 896 000	2
WASH	1 292 118 000	1292	78 310 000	78
Waste	462 045 304	462	28 002 746	28
Governance	Costed needs not presented			
Women	79 693 654	80	4 829 918	5
Children	42 900 000	43	2 600 000	3
Older Persons	Subsumed under Protection and Social Inclusion			
Persons with Disabilities	Subsumed under Protection and Social Inclusion			
Persons Deprived of their Liberty	Costed needs not presented			
Migrants, Refugees and Asylum Seekers	101 475 000	101	6 150 000	6
Protection and Social Inclusion	50 229 856 000	50 230	3 044 234 000	3 044
Total	R336 125 135 352	R336 125	\$20 371 220 324	\$20 371



Source: John Wessels/AFP via Getty Images

Recommendations

These high-level policy recommendations are supplemented by the chapter Key Interventions and by the detailed sectoral recommendations made in other chapters.

Prevent hunger

- **Safeguard access** to food and nutrition to avoid hunger among the most vulnerable population groups by 1) expanding the distribution of food parcels for next six months or 2) distributing cash vouchers. Priority should be given to households living below the food poverty line or who face acutely inadequate access to food in the most vulnerable municipalities and provinces.
- **Review eligibility** criteria and barriers to access with a view to securing the basic rights of all in need, regardless of legal status.

Protect People

- **Strengthen** the country's social assistance transfers, which are proven effective measures for social protection and poverty reduction. In particular, strengthen the assistance provided through the COVID-19 Distress Grant by scaling-up the coverage to include the highly vulnerable groups identified by this assessment and that currently do not benefit from financial assistance, and increasing the allocation of the Distress Grant to at least R561 per month in line with the food poverty line. Top up the Child Support Grant to R 500 and redirect it for each child beneficiary rather than per caregiver.
- **Review** the number and delivery of Social Assistance Grants, the transaction costs and complexity of delivering the grants to various groups and consider the option of using a single grant such as Universal Basic Income approach.

Ensure access to basic services

- **Urgently** address the projected shortfall of well over 20 000 intensive care beds projected by the National Modelling Consortium in all modelled scenarios. Increase COVID-19 testing capacity and access and secure supply of PPE for health workers.
- **Invest** in health infrastructure, capacities, supply chain, decentralized service delivery and information systems to redesign the health system to be more resilient to emergencies while pursuing goals of universal health coverage and health security for all hazards.
- **Strengthen** the health security of South Africa through multisectoral coordination using a “whole of government, whole of society” approach in line with the recommendation from the Joint External Evaluation (JEE) of International Health Regulations (2005) core capacities, focusing on vulnerable groups and underserved area.
- **Prepare** for safe reopening of schools with guidelines for physical distancing measures, a and safety of children and teachers. Provide and scale up water, sanitation and hand washing facilities including where necessary PPE for children and teachers. Resume national nutrition programme to all 9 million children.
- **Ensure** continuity of water supply to the most vulnerable communities and schools and strengthen the capacity of water utilities and service providers to ensure provision of critical WASH supplies including PPE and water treatment chemicals to all frontline workers. Provide piped water supply to reach the population (500 000 households) without access to adequate water supply.
- **Integrate** waste pickers/reclaimers and creating enabling conditions for their occupational health and safety to ensure that all citizens have access to proper waste management services.
- **Invest** in core infrastructure and modern technology required to treat mixed/contaminated household and medical waste.

Leave no-one behind

- **Ensure** equal access to services, effective consultation, participation and protection of the rights of vulnerable population groups, including female-headed households, children, people with disabilities, older people, migrants, refugees and asylum seekers, persons deprived of liberty, informal workers and other disadvantaged groups.
- **Provide** all Refugees, Migrants and Asylum Seekers in South Africa with a safety net of access

to basic services in order to respect their fundamental human rights. Such services include social, food and livelihoods distress relief and shelter, emergency medical treatment and psychosocial support.

- **Target** provinces facing the highest risks and vulnerabilities due to the highest loss in employment and income, the highest incidence of poverty and food insecurity in the country, namely the provinces of Gauteng, Kwazulu Natal, Limpopo and Eastern Cape, as well as vulnerable communities in other provinces.

Revive Economy

- **Expand** the existing agricultural support being provided with inputs and other means of production, to all small-scale farmers including subsistence farmers to safeguard food production and food security; adopt measures that protect food supply chains to ensure food supply to local markets where food stocks are limited, and open strategic border ports and posts to ensure trade of essential food.
- **Protect** livelihoods through expansion of unemployment benefits to unemployed informal workers such as waste pickers, domestic workers and other informal workers.

Provide capital credit

- **Support** to micro and small enterprises, in both the formal and informal sectors, including those involved in contact industries still affected by the Level 3 lockdown such as hair and beauty salons, tailoring and other small industries.
- **Expand** the Public Works programme to create livelihoods opportunities for poor, unskilled workers. This will help offset the massive job losses from COVID-19 impact. It is recommended that the public works could include creation of green jobs through ecosystem restoration, particularly thicket (in Eastern Cape) and grasslands and savannas (large parts across the country) in addition to public infrastructure such as roads or sanitation provision in schools, construction of hospitals and health centers.

Empower governance services

- **Ensure** that the National Preventive Mechanism, South African Human Rights Commission, IPID, Military Ombuds and other oversight bodies are classified as essential services and provided with the resources and required permissions to operate fully during lockdown. This should include receiving complaints from the public and carrying out investigations of alleged abuse.
- **Strengthen** and support local governments to play a leading role in COVID -19 response and build its capacity for agility and resilience in the short to medium term to lead multi-sectoral planning, coordination, programmatic and implementation support, including data/analytics for early warning and crisis management.

Communicate

- **Communicate** coordinated, clear and targeted messages through multiple platforms, including television, radio, social media and billboards, among others to reach out to the public with information on the pandemic and social and economic measures for the communities.

Recovery Strategy

For the next 18 months the government indicated that it will introduce a set of economic and social interventions that follow a 3-phase approach.

Phase 1: Preserve. Focused on immediate interventions to ensure health preparedness, as well as support with basic incomes and cash flow to vulnerable households and firms to survive the impact of restrictions on economic activity.

Phase 2: Recover. The focus will shift toward supporting households and businesses to resume economic activity, with measures that support employment and investment. Structural reforms will also be introduced with measures that help to lower the cost of living and of doing business.

Phase 3: Pivot. Focused on rebuilding the country's post-pandemic economy, supporting rapid and sustained economic growth to reverse the steep decline associated with the pandemic and to break from a decade of weak growth. This includes addressing South Africa's structural problems such as high levels of inequality, spatial disparities, the uneven quality of public services and inadequate state capacity.

Conclusion

The assessment has estimated the needs only till the end of June 2021. While the worst of the pandemic may be over within the next 6 months, there is also the possibility of resurgence, and the economic and social costs of are likely to continue for a considerable period of time. Despite lockdown efforts, infection rates continue to rise as the country relaxes restrictions.

The country will need to prepare for the long haul. In doing so, conducting similar assessments intervals will be helpful to estimate the needs going into year 2021. It is also advisable to set up a monitoring framework to check the progress on implementation of the various packages of assistance by the various ministries and department. This function should be embedded with the National Coronavirus Command Council and Ministries (NCCCM). Simple parameters to measure progress with a monthly reporting will be useful. A stronger accountability framework will build confidence of the people on the Government and will establish trust between the state and people. Additionally, a review of the current institutional mechanisms will be useful to assess the capacity gaps. Capacities may change over time as caseloads taper off but social and economic impacts still last. The focus may move from Health to the economy requiring a different skill set at the command center. The uncertainty of pandemic means that the Government response and recovery strategy will continuously evolve as the situation unfolds.



Source: Getty Images

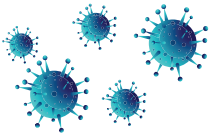
BACKGROUND

COVID -19 in South Africa

COVID-19

Rapid Emergency Needs Assessment





COVID-19 in South Africa

Characteristics

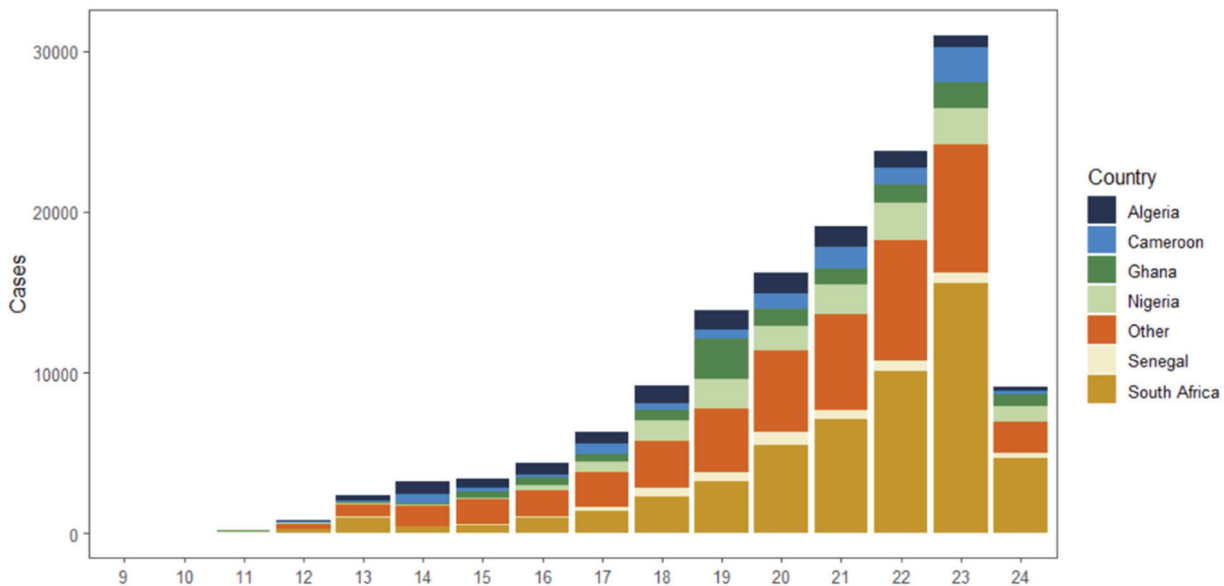


COVID-19 is a viral disease caused by the coronavirus SARS-CoV-2. It spreads primarily through droplets from the mouth and nose of infected persons, which are then either inhaled or transferred by contact with surfaces. It originated zoonotically in Wuhan, China in late 2019 and quickly spread to nearly every country in the world, claiming roughly 410 000 lives globally to date.

Africa is the least-affected region globally in terms of the number of cases and deaths reported by the WHO. As of June 9, the cumulative number of confirmed cases in the African continent was 201,157 and 5,486 deaths.

Roughly half of the cases in the continent are in South Africa. The country's total cumulative cases of COVID-19 is 70,038, 1,480 deaths and 38,531 recoveries as of 15th June 2020, with a cumulative total of 1,121,958 tests.

Figure 6. Weekly number of confirmed COVID-19 cases in Africa by country, 25 February – 9 June 2020



Source: WHO Africa.

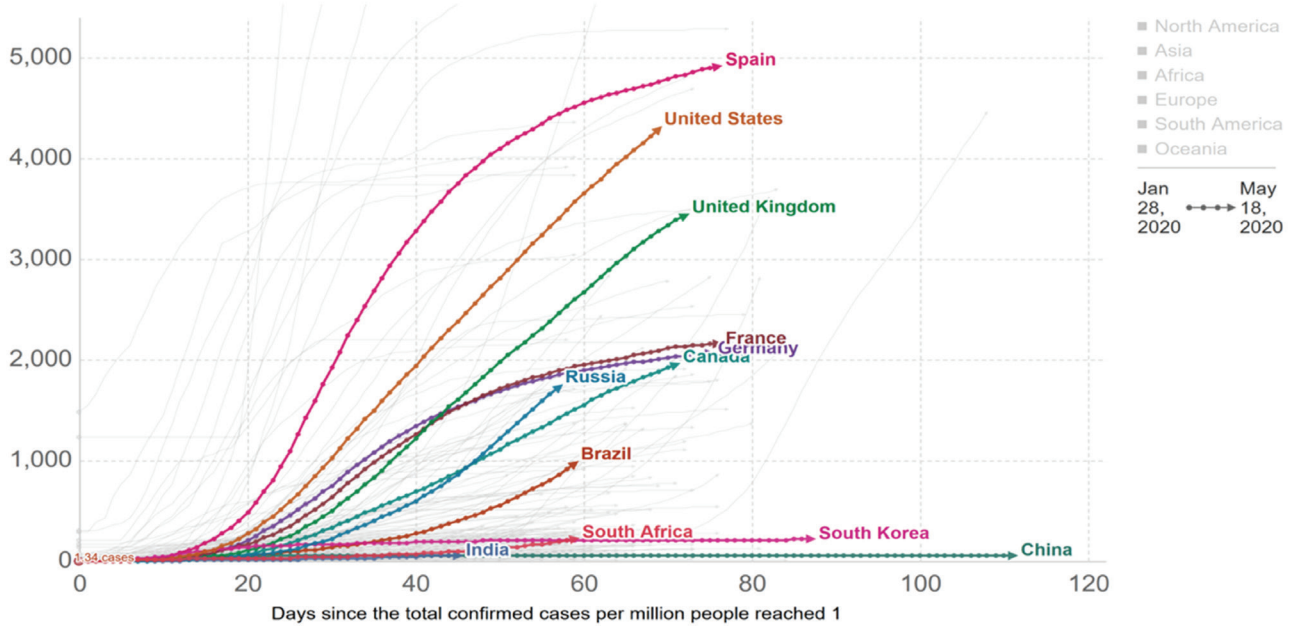
Median age of infection is 38 years (population median age is 27.6) and most of the deaths are in the age group 60-69 (older groups have increased risk but the denominator is smaller; life expectancy at birth lies in the 60-69 band for both males and females). Unlike in some other settings, where male deaths predominate, mortality is currently fairly even between male and female (52 male / 48 female). Current doubling time for cases is around 11 days, comparing favourably to doubling time of around 3 during the growth phase in Europe. Figure 7 reflects this, showing relatively slow progress of the disease in South Africa from the 1 case per million mark, in comparison with major world economies.



Figure 7. South Africa's disease progression against major economies

Total confirmed COVID-19 cases per million people

Shown is the rolling 7-day average. The number of confirmed cases is lower than the number of actual cases; the main reason for that is limited testing.



Source: European CDC – Situation Update Worldwide - Data last updated 18th May, 21:00 (GMT+02:00), European CDC – Situation Update Worldwide CC BY

Source: European CDC - Situation Update Worldwide

Distribution

The majority of cases are in the provinces of Western Cape with 42,539 (60.7%), Gauteng with 11,164 (15.9%), and Eastern Cape with 10,027 (14.3%).

The following geographic areas were declared as hotspots for COVID-19 in the country:

- 1) The metro areas of Tshwane, Johannesburg, Ekurhuleni, EtheKwini, Nelson Mandela Bay, Buffalo City and Cape Town; and
- 2) the districts of West Coast, Overberg and Cape Winelands district municipality, Chris Hani district in the Eastern Cape, and Ilembe district in KwaZulu-Natal.

Figure 8. Total number of cases by province



Source: Ministry of Health

Projections

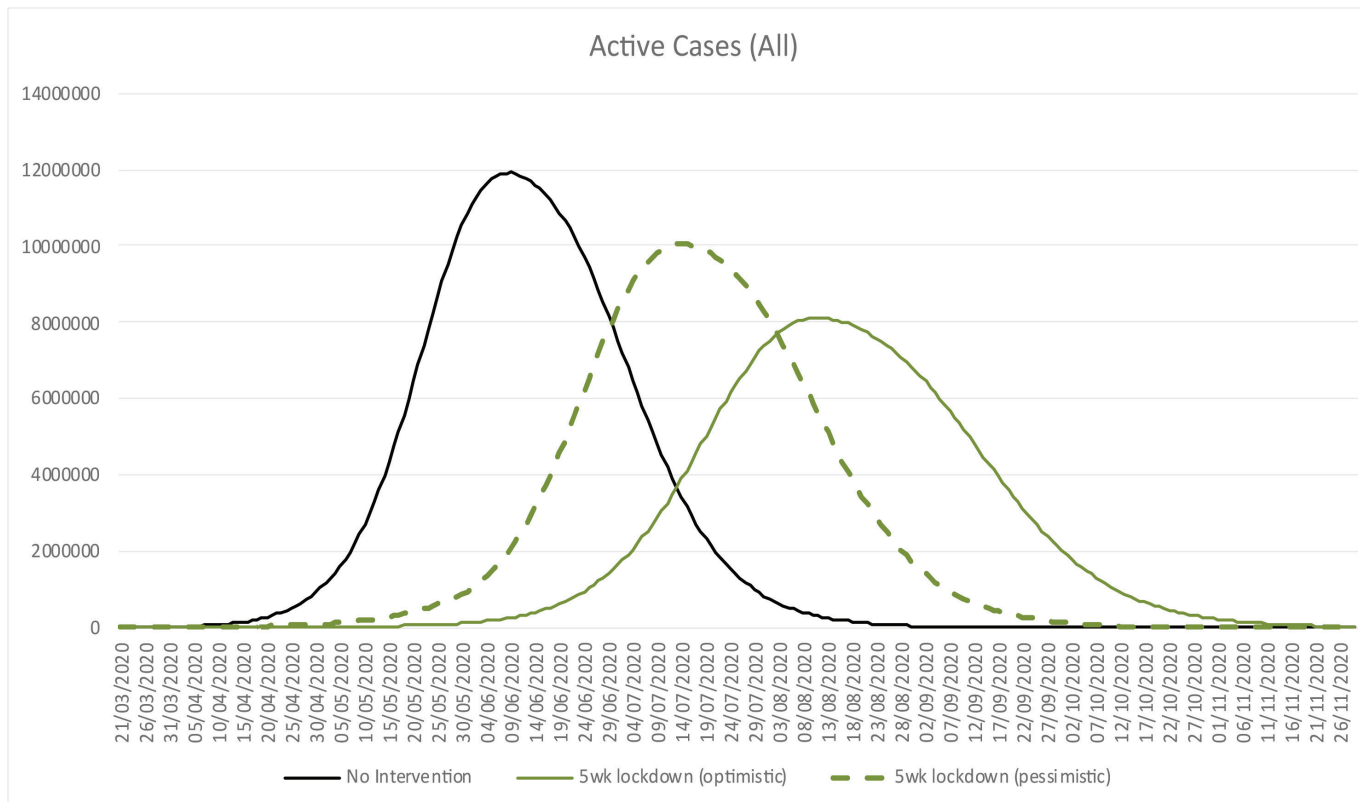
The South African COVID-19 Modelling Consortium estimated the projected cases for COVID-19 over the long term based on two scenarios which assumed that Level 4 lockdown would continue until 31 May followed by social distancing measures. The Modelling Consortium, the main modeling group used by the country's Department of Health, is represented by researchers from several top universities and institutes under the coordination of the National Institute for Communicable Diseases (NICD).

Figure 9. Modeled scenarios of intervention effectiveness

Scenario	Description
Optimistic Effectiveness	- Lockdown reduces transmissibility until 30 April ($0.4 \times R_0$; 60% reduction in transmission relative to baseline)
	- Level four restrictions reduce transmissibility from 1 May to 31 May ($0.65 \times R_0$; 35% reduction in transmission relative to baseline)
	- Social distancing (school closures, limited public gathering) reduces transmissibility implemented after 31 May ($0.8 \times R_0$; 20% reduction in transmission relative to baseline)
Pessimistic Effectiveness	- Lockdown reduces transmissibility until 30 April ($0.6 \times R_0$; 40% reduction in transmission relative to baseline)
	- Level four restrictions reduce transmissibility from 1 May to 31 May ($0.75 \times R_0$; 25% reduction in transmission relative to baseline)
	- Social distancing (school closures, limited public gathering) reduces transmissibility - implemented after 31 May ($0.9 \times R_0$; 10% reduction in transmission relative to baseline)

The peak in active cases is likely to be reached between early July in the pessimistic scenario and early August under the optimistic scenario. This will be affected by post-lockdown measures. There will be an estimated 3.4 to 3.7 million cases by 1 November 2020 (laboratory-confirmed) and between roughly 34 000 and 50 000 deaths, although the projections are subject to considerable uncertainty and variability. Under almost all scenarios hospital and ICU capacity will be exceeded, although the timing and extent is uncertain. This requires a flexible approach to resource acquisition with initial purchases made now and additional orders later as more information becomes available.

Figure 10. Projected epidemic curves (total active infections)



Key Assumption: Asymptomatic proportion of cases: 75%

Note: assumption that asymptomatic proportion of cases is 75%.

Source: COVID-19 Health Media Briefing Presentation 28th April 2020

According to the Consortium, the epidemics in the provinces that had early seeding and growth of the epidemic (KwaZulu- Natal, Gauteng and Western Cape) are all expected to peak quickly. The peaks of other provinces are projected to occur later due in part to their population distribution and delayed seeding. Once public sector testing has increased substantially, the models will be re- calibrated to better inform exact timing of each provincial peak and at which dates the hospital resources are expected to be exceeded.

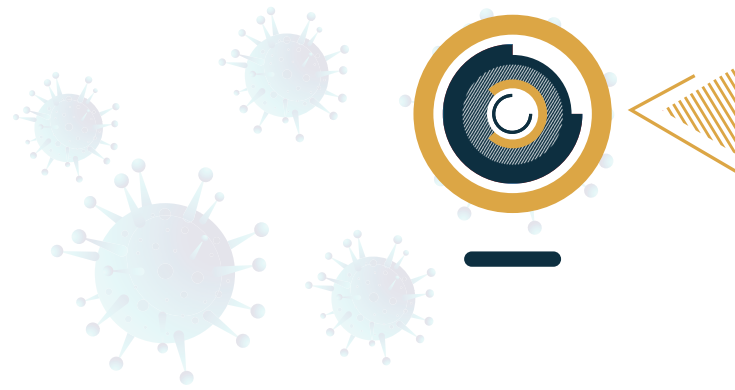
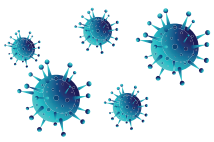
GOVERNMENT

RESPONSE

COVID-19

Rapid Emergency Needs Assessment





Government Response

On 15 March, ten days after the first case in South Africa, the government declared a State of National Disaster. Regulations restricting gatherings and some economic activities were introduced on 17 March and “lockdown” began at midnight 26 March and lasted through 31 May (35 days at Level 5 and 31 at Level 4). Specific responses followed from a number of government departments, detailed in the chapters that follow.

Lockdown Exit Strategy

The government is implementing a risk-adjusted strategy to ease the country’s lockdown restrictions over five “Alert Levels”, with 5 being the highest. Alert Level 4 began on 1st May and Level 3 began on 1st June.

Median age of infection is 38 years (population median age is 27.6) and most of the deaths are in the age group 60-69 (older groups have increased risk but the denominator is smaller; life expectancy at birth lies in the 60-69 band for both males and females). Unlike in some other settings, where male deaths predominate, mortality is currently fairly even between male and female (52 male / 48 female). Current doubling time for cases is around 11 days, comparing favourably to doubling time of around 3 during the growth phase in Europe. Figure 7 reflects this, showing relatively slow progress of the disease in South Africa from the 1 case per million mark, in comparison with major world economies.

Table 3. The five levels of lockdown restrictions in South Africa

Sectors permitted	Transport restrictions	Movement restrictions
Level 5: High virus spread, and/or low health system readiness: Drastic measures are required to contain the spread of the virus to save lives.		
Only essential services	Bus services, taxi services, e-hailing and private motor vehicles may operate at restricted times, with limitations on vehicle capacity and stringent hygiene requirements	No inter-provincial movement of people, except for transportation of goods and exceptional circumstances
Level 4 -Moderate to high virus spread, with moderate readiness: Some activity can be allowed to resume subject to extreme precautions required to limit community transmission and outbreaks.		
All essential services, plus: Food retail stores may sell full line of products All agriculture; Forestry, pulp and paper Mining; All financial and professional services; Global business services for export markets; Postal and telecommunications; Fiber optic and IT services; Formal waste recycling	Bus services, taxi services, ehailing and private motor vehicles may operate at all times of the day, with limitations on vehicle capacity and stringent hygiene requirements	No inter-provincial movement of people, except for transportation of goods and exceptional circumstances

Level 3: Moderate virus spread, with moderate readiness: involves the easing of some restrictions, including on work and social activities, to address a high risk of transmission.

Licensing and permitting services, deeds offices and other government services;
 Take-away restaurants and online food delivery;
 Liquor retail within restricted hours;
 Clothing retail;
 Hardware stores;
 Stationery, personal electronics and office;
 Equipment production and retail;
 Books and educational products;
 E-commerce and delivery services;
 Clothing and textiles manufacturing (at 50% capacity);
 Automotive manufacturing;
 Chemicals;
 Bottling;
 Cement and steel;
 Machinery and equipment;
 Global Business Services;
 SANRAL construction and maintenance;
 Transnet at 100%

Bus services, taxi services, e-hailing and private motor vehicles may operate at all times of the day, with limitations on vehicle capacity and stringent hygiene requirements

Limited passenger rail restored, with stringent hygiene conditions in place

Limited domestic air travel, with a restriction on the number of flights per day and authorization based on the reason for travel

No inter-provincial movement of people, except for transportation of goods and exceptional circumstances (e.g. funerals.)

Level 2: Moderate virus spread, with high readiness: involves the further easing of restrictions, but the maintenance of physical distancing and restrictions on some leisure and social activities to prevent a resurgence of the virus.

Construction;
 All other retail;
 All other manufacturing Mining;
 All government services Installation, repairs and maintenance;
 Domestic work and cleaning;
 Informal waste-pickers

Domestic air travel restored.

Car rental services restored.

Movement between provinces at Level 1 and 2 restrictions.

Level 1: Low virus spread, high health system readiness: Most normal activity can resume, with precautions and health guidelines followed at all times.

All sectors

All modes of transport, with stringent hygiene conditions in place

Interprovincial movement allowed, with restrictions on international travel

Fiscal Response Package

The Government introduced an impressive R500 billion fiscal support package totaling about 10% of GDP, the biggest stimulus package in the country's history.

Table 4. Summary of COVID-19 fiscal response package

Response Measure	R million
Credit Guarantee Scheme	200 000
Job creation and support for SME and informal business	100 000
Measures for income support (Further tax deferrals, SDL holiday and ETI extension)	70 000
Support to vulnerable households for 6 months	50 000
Wage protection (UIF)	40 000
Health and other frontline services	20 000
Support to municipalities	20 000
Total	500 000

Source: National Treasury

1. The Credit Guarantee Scheme allocates R200 billion to help banks and smaller businesses (with an annual turnover of less than R300 million) survive the economic impact of the pandemic. This guarantee scheme will allow banks to extend facilities to distressed businesses.
2. R100 billion is allocated to job creation and to support Small, Medium and Micro-sized Enterprises, as well as informal businesses.
3. Tax relief measures amount to R70 billion as cash flow relief or direct payments to individuals and businesses, including the COVID-19 Temporary Employer/ Employee Relief Scheme, the Tourism Relief Fund and other support to small businesses and employees.
4. The government leveraged its existing transfer programmes, making available R 50 billion top-up for social grants and introduced a COVID-19 distress grant for 6 months to ensure that low-income households can meet their basic needs.
5. 40 billion was allocated to the unemployed in anticipation of a rise in unemployment
6. R 20 billion was allocated for frontline health services, to support the treatment of those affected by COVID-19, as well as to manage its spread through mass testing and contact tracing, and the procurement of personal protective equipment.
7. Municipalities Municipalities will receive R 20 billion for emergency water supplies, disinfection of public transport and facilities, and food and shelter for the homeless.



Source: Felix Dlangamandla/Beeld/Gallo Images via Getty Images

National Budget Implications

While this package will provide substantial support to the economy and livelihoods, it will increase the budget deficit and contingent liabilities. The government announced that additional funding will be secured by shifting resources from non-priority programmes and drawing down surplus funds in institutions such as the Unemployment Insurance Fund. The National Treasury has also approached international financial institutions for loans at preferential lending rates.

The government also announced that it is committed to returning public finances to a sustainable position and stabilizing debt as a percentage of GDP, through economic reforms and fiscal measures supported by a broad social compact forged by business, government, labor and communities.

In addition, the South African Reserve Bank introduced a monetary and financial regulatory policy package, which will complement the fiscal stimulus, in line with measures taken in other countries. The monetary policy and financial regulatory measures, introduced by the Reserve Bank, financial sector regulators and private-sector banks include, reducing interest rates, relaxing regulatory requirements to support the flow of credit to households and businesses, and introducing temporary payment holidays and other measures to support debtors.

Phases

The government's economic interventions over the next 18 months follow a 3-phase approach:

Phase 1: Preserve. This phase focuses on immediate interventions to ensure health preparedness, as outlined by health authorities. Restrictions on economic activity will be gradually phased out to support businesses and workers. This is complemented with support to vulnerable households and firms to survive the impact of restrictions on economic activity. The proposed measures to support basic incomes and cash flow are temporary, they leverage existing mechanisms without legislative changes.

Phase 2: Recover. The focus will shift toward supporting households and businesses to resume economic activity, which includes measures to support employment and investment. Far-reaching structural reforms will also be necessary, focused on measures that help to lower the cost of living and of doing business.

Phase 3: Pivot. The aim is to rebuild South Africa's post-pandemic economy so that it can thrive. This requires rapid and sustained economic growth, both to reverse the steep decline associated with the coronavirus pandemic, and to break from a decade of weak growth. South Africa's structural problems are well understood and are identified in the National Development Plan. These include high levels of inequality, spatial disparities, the uneven quality of public services and inadequate state capacity.

THE HUMAN

IMPACT

COVID-19

Rapid Emergency Needs Assessment



NO
POVERTY



1

The Human Impact Context

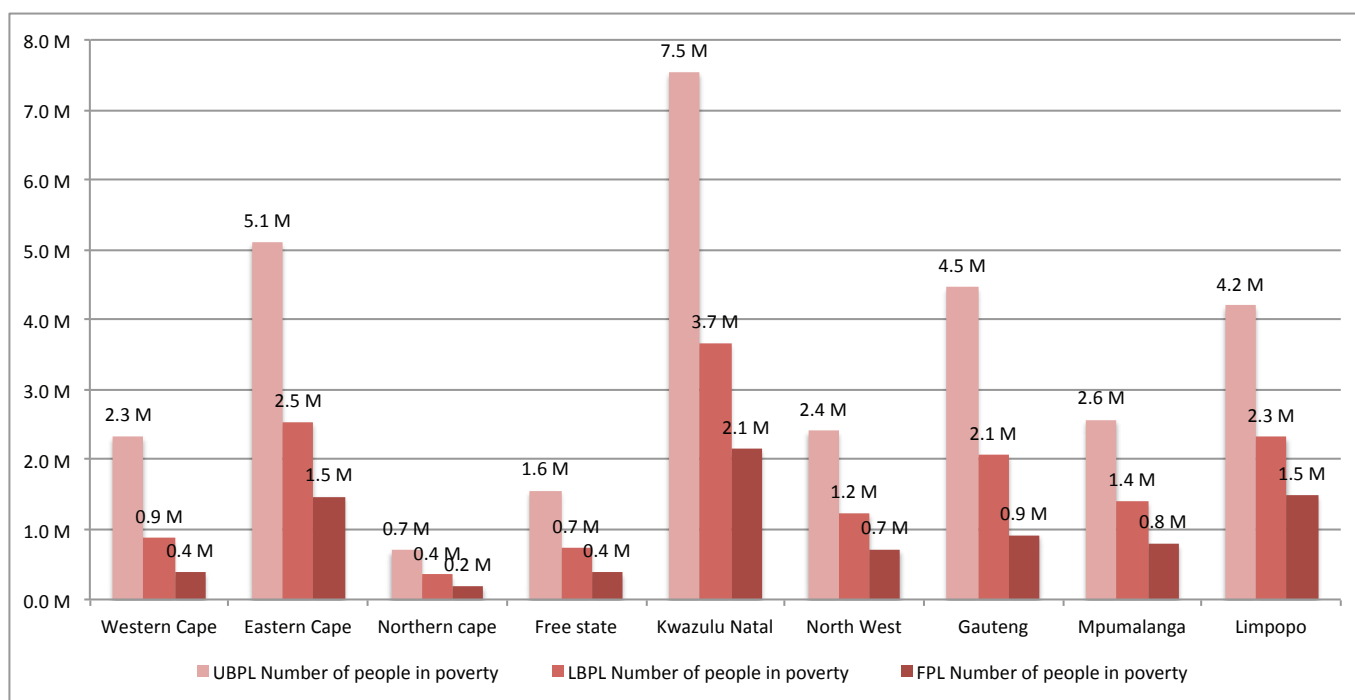


In order to understand the human impact of COVID-19 and the lockdown measures adopted, it is important to consider the country's profile in relation to key poverty and human development indicators.

Prior to the COVID-19 pandemic, the value of the Human Development Index in South Africa was 0.705, which placed the country in the high human development category and positioned the country at 113 out of 189 countries. The country has made considerable progress over the past two decades in poverty reduction and human development, through a number of strategic measures that include improvements in access to basic services (electricity, water, and sanitation), the provision of houses through state programs, and the expansion of social assistance which have improved living standards for millions of South Africans.

Progress slowed due to structural challenges and weak growth since the global financial crisis of 2008. Before the pandemic, unemployment stood at 6.7 million people or 29% of the population, and 4.3 million people did not have access to piped water. There are 30.9 million South Africans living in poverty (UBPL), roughly 55% of the population. Four provinces concentrate the country's poor: Kwazulu Natal with 7.5 million, Eastern Cape with 5.1 million, Gauteng, and Limpopo with 4.2 million. There are also 8.2 million people living in extreme poverty in South Africa, concentrated primarily in Kwazulu Natal, Eastern Cape and Limpopo. Those in extreme poverty live below the food poverty line, which means they cannot meet the minimum nutritional requirement of 2100 kilocalories per person per day.

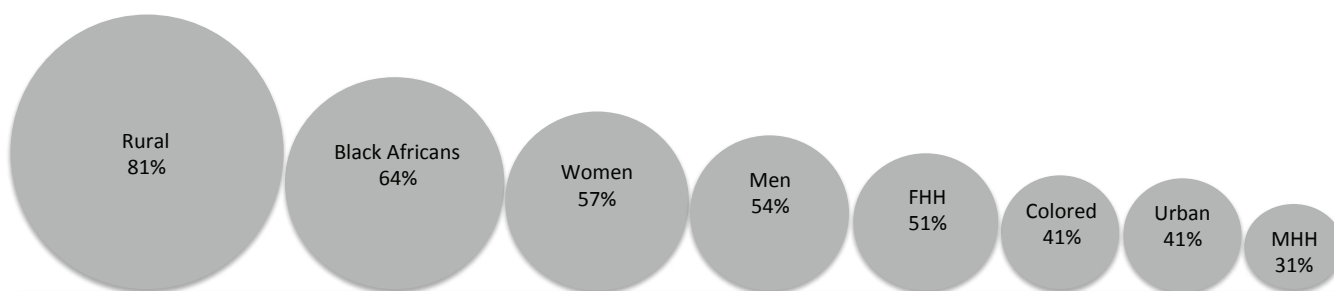
Figure 11. Poverty in SA by province



Source: Stats SA.

South Africa has one of the highest inequality rates in the world, in which the bottom 60% held 7% of the net wealth. As illustrated in Figure 12, poverty is to a large extent predicted by gender, race and location. Poverty in South Africa is significantly higher in rural areas where 81% of the population is poor, compared to 41% in urban areas. Rural poverty is also deeper and more unequal in rural areas. Black Africans have the highest poverty rate among ethnic population groups (64%), and poverty is higher among female-headed households (51%) compared to male-headed Households (31%), and higher among women (57%) than men (54%). Children up to age 5 register a poverty rate of 52.6% and children aged 6–14 have a poverty rate of about 50.5%. The more children a household has, the higher the chances of being poor. A profile of the poor therefore shows a typical poor household as being characterized by being rural and headed by a single black female.

Figure 12. Who are the poor? Poverty rate by population group



Source: Stats SA

The Impact of COVID-19: Poverty

The Impact on Poverty and Inequality

The United Nations, under the leadership of UNDP, commissioned a study with the University of Pretoria to assess the potential impact of the pandemic on poverty and inequality in South Africa.²⁰ The study applied a dynamic model of poverty analysis to estimate the impact on households. Using the CGE model the study estimates how supply and demand shocks in South Africa, output contractions, and changes in trade and production factors feed through to poverty.

The model simulated three scenarios (optimistic, pessimistic and Business as Usual –BaU–). The BaU tracks the projected average growth of the economy using the 2019 growth rates from the IMF’s world economic outlook data. The COVID-19 scenarios are based on the assumptions that there is first a period of the pandemic in most of the world before it reaches South Africa.

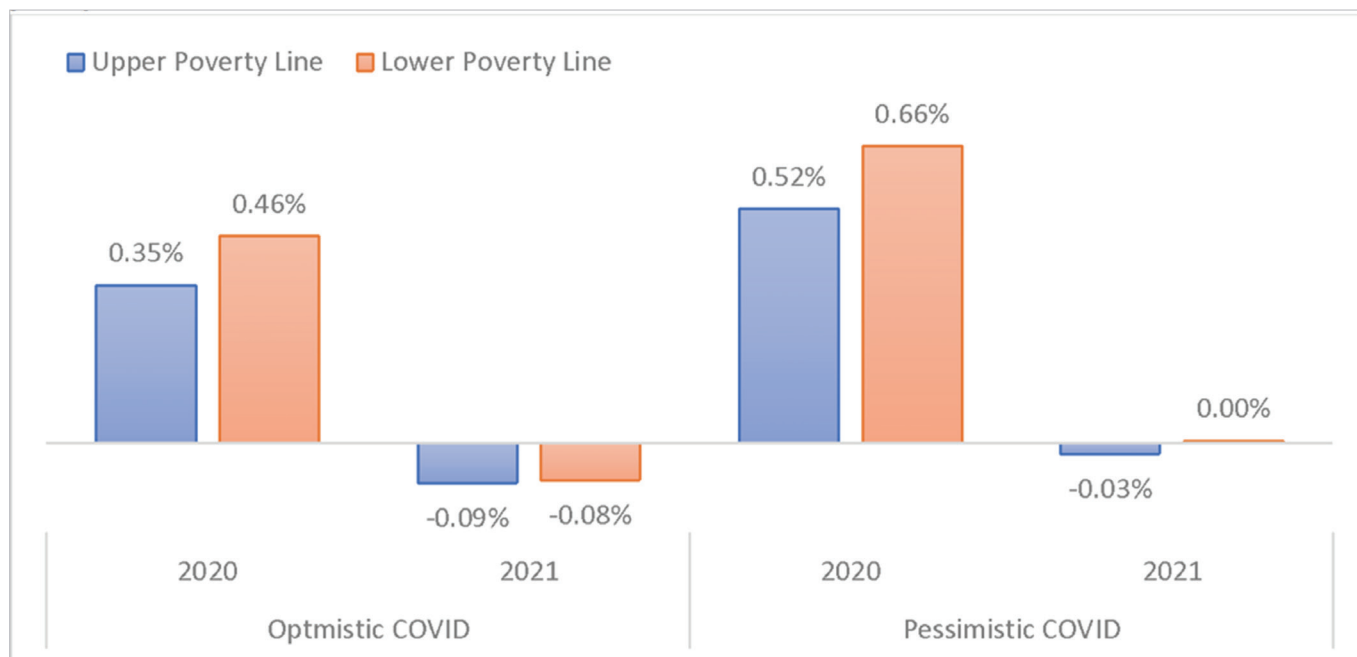
This is followed by a period of suppressed economic activities, in which only essential sectors and commodities are traded internally. After such a period, the economy is then allowed to get back to normal slowly. The optimistic scenario considers a one month the lockdown.

The results indicate that the poverty headcount indices for the upper and lower poverty lines will increase in South Africa under the health crisis when compared to BaU. Income inequality, measured by the Gini index, is also expected to increase in 2020, while the income of the bottom 40% of the population declines with the contraction of the economy in 2020.



Source: John Wessels/AFP via Getty Images

Figure 13. Change in poverty headcount indices, COVID-19 compared to BaU Scenario (Percentage point)



Source: UN/UNDP.

The study also considered the factors that influence change in poverty status. It found that female-headed households are more likely to fall into poverty than male-headed households, and that Black Africans and households with many dependents have a higher likelihood of being poor.

The effect of the pandemic on households in South Africa was evaluated based on the labour market and household characteristics, to show how the likelihood of falling into poverty changes as these characteristics change due to COVID-19. The following three scenarios indicate the results of the analysis (further scenarios can be found in the study).

Scenario 1: one member of the household is unemployed because of COVID-19 and the head of household is female. The model prediction shows that 3 in 10 of these households will become vulnerable and fall out of the middle class (with a 34% predicted probability of falling into poverty). This household will have a predicted per capita expenditure of R1439. While these households are not poor, the risk of falling into poverty triples compared to the middle-class household.

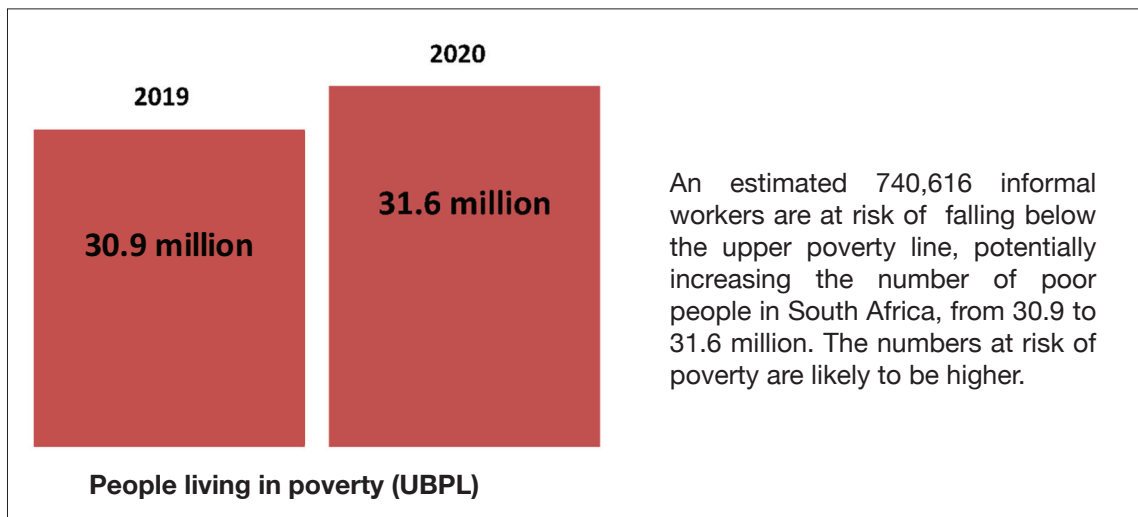
Scenario 2: one working household member lost their job due to COVID-19, the only employed member of the household is female, but the work is not permanent, and she does not belong to a union. To the extent that businesses restructure employment to non-permanent contracts to cope with COVID-19, this scenario shows the impact on households in the middle class if employment type changes. This household, compared to the baseline, has a 44% chance of falling into poverty with a predicted average expenditure of R986. This same household in the traditional area will have a 54% chance of falling into poverty.

Scenario 3: The head of the household is female, but the only work she can do is casual (informal) because of COVID-19, and they have two kids: this household has a 54% chance of becoming transient poor within two years with a predicted per capita expenditure of R791. If this household is in the traditional area in Gauteng instead of the urban area, the probability of entry into poverty shoots to 73%, and the household will be chronic poor within two years.

The Impact on Poverty Among Informal Workers

An attempt was made to determine the impact of COVID-19 on poverty among informal workers in South Africa. The results suggest that 740,616 informal workers are at risk of falling below the upper poverty line during the extended lockdown due to COVID-19. These are people who were at the edge of poverty but not considered poor before the pandemic.

Figure 14. Informal workers at risk of falling into poverty

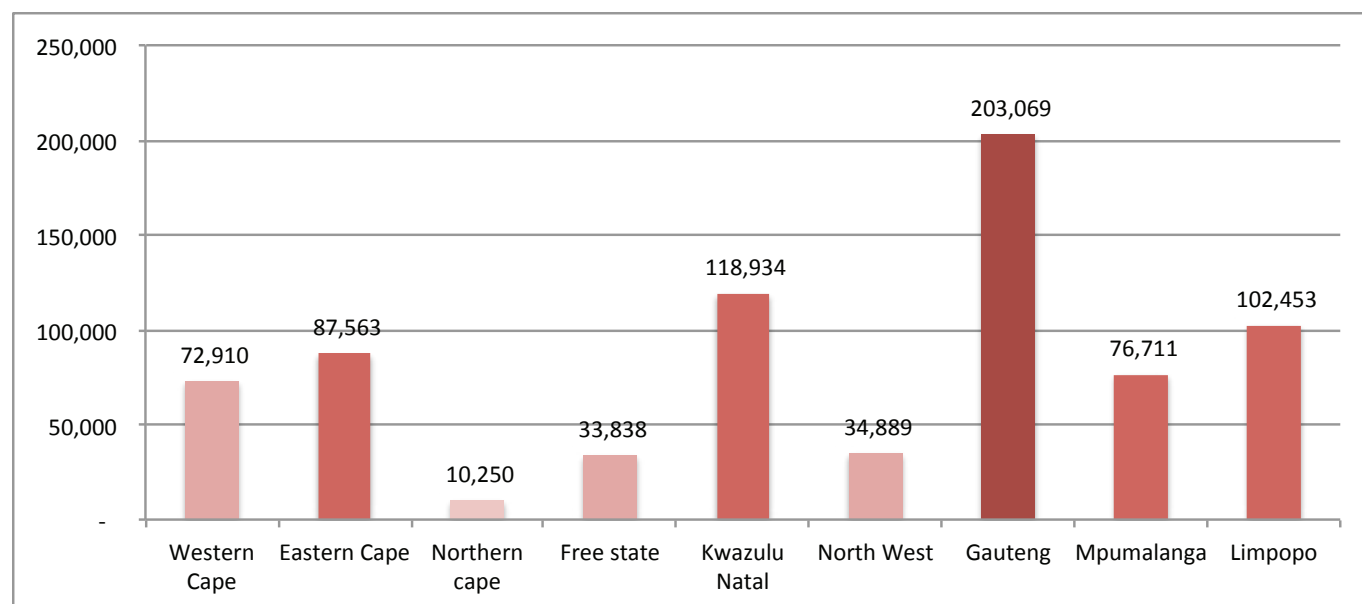


Source: chapter Employment and Livelihoods.

The highest number of informal workers at risk of poverty are in the provinces of Gauteng with 203,069, Kwazulu Natal with 118 934 and Limpopo with 102 453, as indicated in Figure 15. The actual number of people at risk of falling into poverty is likely to be considerably higher.



Figure 15. Informal workers at risk of falling below the upper bound poverty line by province



Source: chapter Employment and Livelihoods.

Main Income Sources and Drivers of Inequality

In South Africa, income from the labor market is the leading source of household income, accounting for over 70% of total income. Conversely, labor market income stands as the main driver of income inequality in the country, contributing 74% towards overall income inequality. However, social grants and remittances are important sources of income for the poor, and play a crucial role in reducing the income inequality gap between the bottom and top deciles.

Employment and income loss: Between 8.97 million and 9.9 million employees in the formal and informal sectors were affected by lockdown levels 4 and 5 in South Africa, which generated an income loss between 89 billion and 96 billion ZAR.

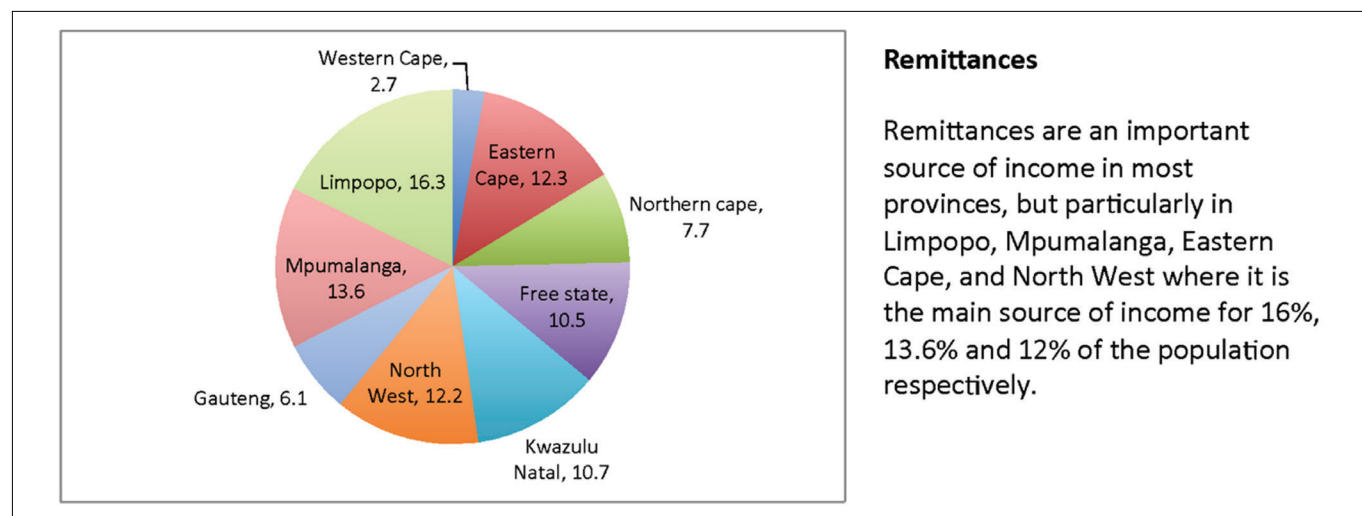
Within the informal economy alone, an estimated 2.5 million workers in micro enterprises (with 0 to 19 employees) were affected by lockdown levels 4 and 5, which represents 93% of the total of 2.69 million informal workers in these businesses. Their income loss is estimated to be between ZAR 15.7 and 16.9 million, a large loss for South Africa's street vendors, food traders, home-based micro businesses, and other informal workers and businesses.

Beyond lockdown levels 4 and 5, for which the above estimates were made, the livelihoods of informal and formal workers will continue to face hardship over the coming weeks and months as the economy shifts towards eventual full recovery. Some formal and informal jobs and businesses will likely take time to recover, while others may not recover. Their well being will depend on the evolution of the COVID-19 pandemic in the country and future government policies, particularly the extension of social protection measures to protect their livelihoods.

Remittances: In South Africa, remittances are an important lifeline for vulnerable households. In absolute terms, the transient poor receive an average income of R1,458 from remittances. Overall, personal remittances paid in 2018 were equal to US\$ 929 million. About 16.6% of households receive remittances, and 1.57 million households depend on remittances as their main source of income. As indicated in Figure 7, some provinces are highly dependent on remittances, namely in Limpopo where remittances are the principal income source for 16.3% of households, and in Mpumalanga 13.6%, Eastern Cape 12.3% and in North West with 12.2%.

A decrease in remittances would be an additional second income shock to vulnerable households after employment income loss. Conversely, remittances (and social grants) have played a crucial role in reducing income inequality between the bottom and top deciles over the years in South Africa.

Figure 16. Percent of households where remittances are the primary source of income, by province



Remittances

Remittances are an important source of income in most provinces, but particularly in Limpopo, Mpumalanga, Eastern Cape, and North West where it is the main source of income for 16%, 13.6% and 12% of the population respectively.

Source: Stats SA, General Household Survey, 2018.

Although no data was available for this report on remittances in the country during the months of the pandemic, the World Bank projects that remittances in Sub-Saharan Africa will decline by about 23% in 2020, due to the economic crisis induced by the pandemic and shutdown, although the outlook for remittances remains as uncertain as the impact of COVID-19. According to the WB, remittances typically increase in times of crisis when workers send more money to ease hardship, but the pandemic has affected developed countries as well where African migrants reside including in the European Union, the United States, the Middle East, and China; these countries host a large share of Sub-Saharan African migrants, and combined, are a source of nearly one quarter of total remittances sent to the region.

THE IMPACT OF COVID-19: HUNGER

Prior to the outbreak of COVID-19, 8.2 million South Africans lived below the food poverty line and therefore cannot purchase or consume enough food to meet their minimum per-capita-per-day energy requirement for adequate health, also commonly referred to as the “extreme” poverty line.

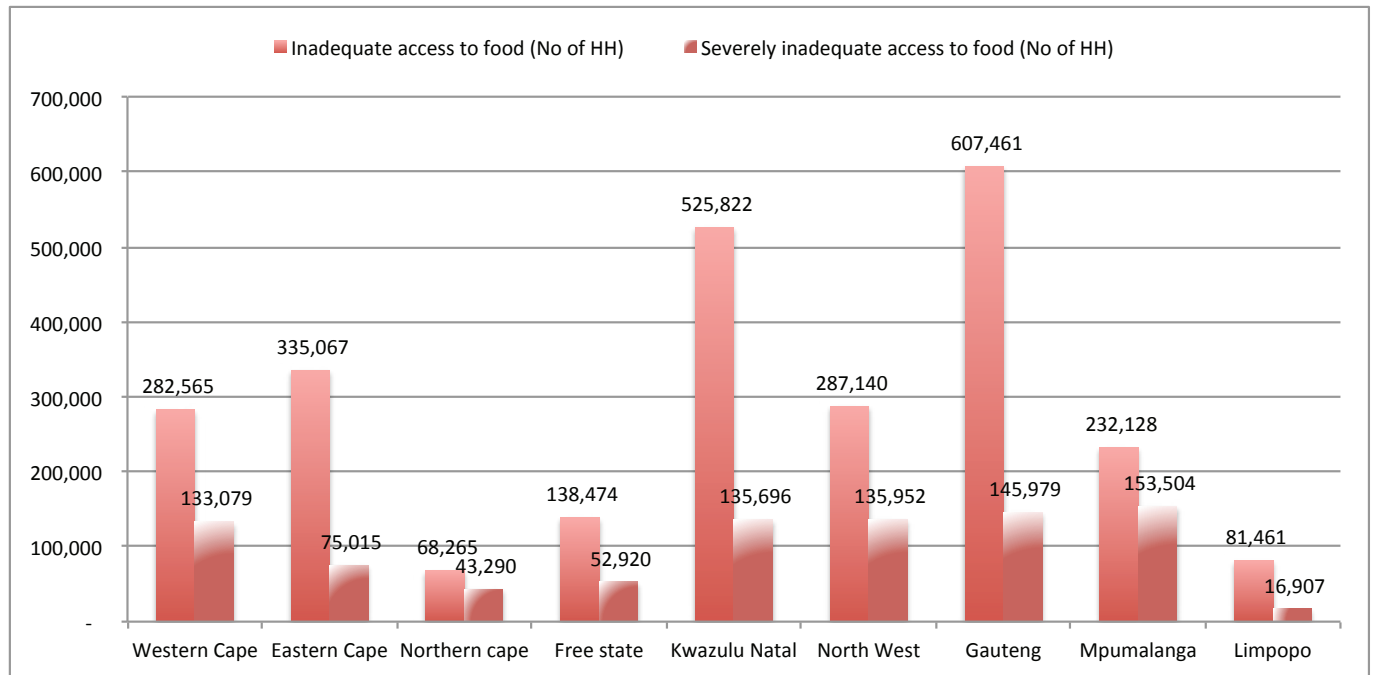
Despite being food secure at national level, almost 20% of South African households have inadequate or severely inadequate access to food. According to the Household Food Insecurity Access Scale, out of 16.2 million households in South Africa, about 2.56 million households (15.8%) had inadequate access to food, and almost 0.9 million households (5.5 %) had severely inadequate access to food. Households headed by females and those headed by black Africans are more likely to experience hunger and inadequate or severely inadequate access to food, as well as households with a higher number of young children and those that are bigger in size.

Kwazulu Natal and Gauteng have the highest number of households facing inadequate access to food, followed by Eastern Cape. However, severely inadequate access to food is most prevalent in these provinces but also equally in Mpumalanga, North West and Western Cape.



Source: Photo by Marco Longari/AFP via Getty Images

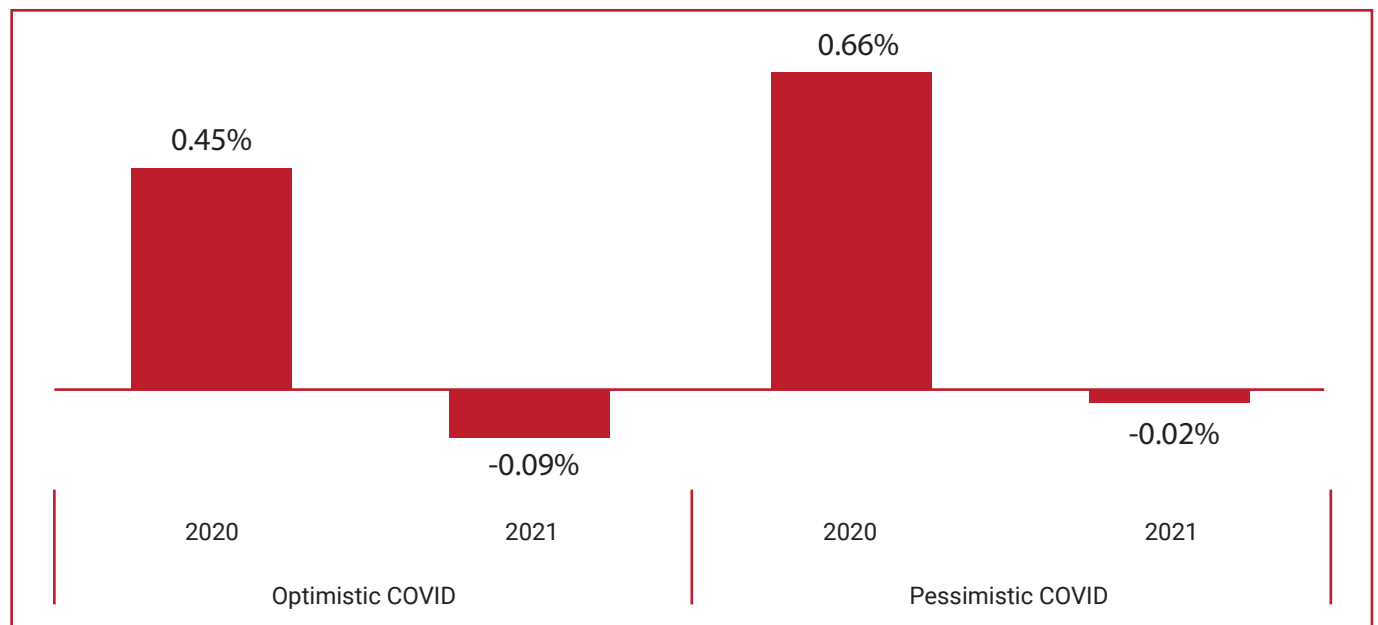
Figure 17. Number of households with inadequate and severely inadequate access to food



Source: Stats SA

Based on the results of the above-mentioned UN study on poverty, which is based on a CGE model that simulated three scenarios (optimistic, pessimistic and Business as Usual –BaU-), extreme poverty and hunger are expected to increase in 2020 with the COVID-19 pandemic compared to BaU, as shown in Figure 18.

Figure 18. Change in poverty headcount indices and the food poverty line, COVID-19 compared to BaU Scenario (Percentage point)



Source: UN/UNDP.

The exposure of households to high levels of food insecurity and hunger and the severity depends on a host of factors. The sector assessment on food security considered two important factors to assess the potential impact of the lockdown on people’s food security, namely the availability of food and people’s access to food.

Food Availability and Food Access

According to the government, South Africa will have food available during 2020 as summarized below:

1. The country will have a sufficient supply of staple grains in the 2020/21 marketing year, and the country is assured of having a sufficient food supply.
2. This year's summer grains harvest could be 17.5 million tons, a 31% increase from 2019.
3. The agricultural trade balance is still positive, although some imports like rice and wheat are affected by countries that have imposed temporary trade measures.

In response to COVID-19 and the lockdown, the Department of Social Development (DSD) shifted its food provision from centre based feeding using the country's existing network of Community Nutrition and Development Centres (CNDCs) to food parcels distribution as a short-term relief measure. The Department partnered with the Solidarity Fund and SASSA to distribute additional food parcels in partnership with other National Food Relief Organisations. As of May 20th, a total of 788 283 food parcels had been distributed to 3.15 million people across all provinces.

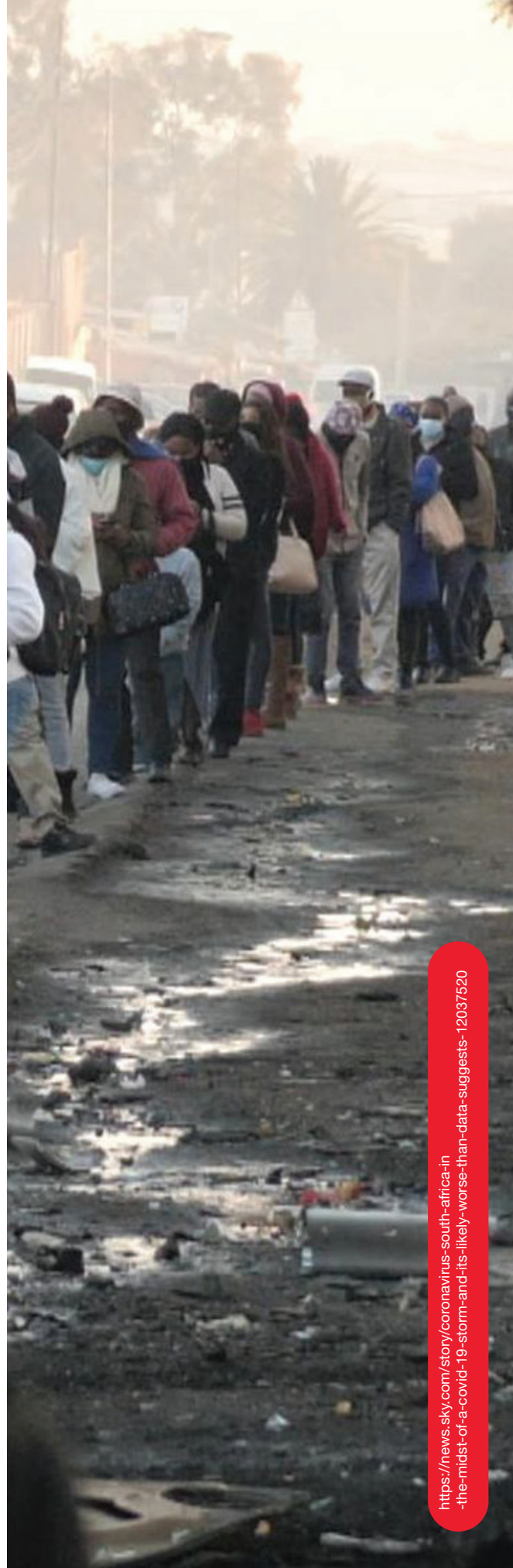
While there seems to be a sufficient food supply in South Africa and the government has provided much needed food parcels, there are indications that access to food is a challenge. In addition to the drop in people's purchasing power due to unemployment and income loss, food access is constrained further by the following factors:

Inflation for food and non-alcoholic beverages was 4.2% during March 2020 year-on-year. Fruits, sugary food products and bread & cereals are the main food categories in the NAMC's 28-item food basket that are experiencing high annual inflation.²³ When comparing April 2020 vs. April 2019 retail prices, higher price increases (6% or more) were observed for nine products within the NAMC's food basket including sunflower oil, eggs, potatoes, bananas, super maize meal, among other. The foods with high inflation could have negative implications in terms of basic food security i.e. staple food inflation, as well as on dietary diversity.

The household food basket increased by 7.8% (R250) between March and May 2020. Families living on low incomes may be spending 30% (R974) more on food in May 2020 than they did two months ago, and are having to take on higher levels of debt, primarily through loan sharks (at interest rates of 40%), to absorb the shortfalls.

Local food stocks: households are experiencing lower food stocks in local markets, especially in Western Cape (38.6%), Gauteng (24.6%) and Eastern Cape (11.4%), and they are reporting an increase in food prices compared to normal circumstances, according to the UNDP survey.

Coping mechanisms: in order to cope with local food shortages and food price increases, 33% of respondents reported that they are eating less, 30% said they are skipping meals, and 18% reported that they are reducing meal portions.



<https://news.sky.com/story/coronavirus-south-africa-in-the-midst-of-a-covid-19-storm-and-its-likely-worse-than-data-suggests-12037520>

The Risk of Food Insecurity and Malnutrition

Given these constraints to food access, food security is compromised for particular vulnerable populations. Of special concern are the following groups:

1. 2.5 million households that already had inadequate access to food;
2. 0.9 million of households that had severely inadequate access to food;
3. 9 million children who do not benefit from school feeding under the National School Nutrition Programme due to school closures;
4. 2.5 million informal workers affected by lockdowns and who do not currently receive assistance through the Distress Grant.

Considering the cost of the food basket, even at the food inflation rate of 4%, access to food by households affected by unemployment and income loss will be significantly constrained, including those who receive the Distress Grant of R350 which the government introduced to support those affected by lockdown. The Distress Grant is below the country's food poverty line of R561 and considerably lower than the cost of the food basket, as illustrated in Figure 20.

Although school closures are understandably a necessary measure to prevent the spread of the virus, the lost school meals is compromising the nutrition status of 9 million children who no longer benefit from the National School Nutrition Programme. For many, school meals are the primary source of reliable and nutritious food, and the lack of school meals risks rapidly increasing acute malnutrition or wasting among these children.

In South Africa, 27% of children under 5 are stunted and 10% are severely stunted (height-for-age), a condition reflecting the cumulative effect of chronic malnutrition. In addition, 3% of children are wasted (weight-for-height), a condition reflecting acute or recent nutritional deficits, and 6% of all children are underweight (weight-for-age), considered to be an overall indicator of a population's nutritional health. About 1.4 million children are underweight in the country, of which 56% live in Gauteng, Kwazulu Natal and Eastern Cape.

In order to estimate the actual cost of healthy eating over the coming months, the Bureau for Food and Agricultural Policy (BFAP) considered three inflationary scenarios to calculate the change in the cost of the BFAP Thrifty Healthy Food basket, which was R 2,496 per month for the reference family of four.

Scenario 1: Food inflation rate of 4% was applied, which is in line with the inflation rate on food in February and March 2020.

Scenario 2: Assumed a food inflation rate of 6%.

Scenario 3: Assumed a food inflation rate of 10%.

The results indicate that:

Scenario 1: It could result in a Thrifty Healthy Food Basket that costs R 2,596 per month.

Scenario 2: It would increase to R 2,646.

Scenario 3: It could result in R 2,746, which is R 250 more expensive than in January/February 2020.

Figure 20 below shows the three inflationary scenarios compared to the poverty lines in the country.

The food security of vulnerable population groups in the coming weeks and months will depend largely on food access and availability. These are influenced by a host of factors including food inflation, local food stocks, grant allocations, and the measures taken by the government to target the most in need. As noted by the country's National Agricultural Marketing Council (NAMC), in terms of the outlook over the coming months "the only certainty is seemingly the ever-increasing uncertainty". Food inflation could be impacted by the exchange rate and oil prices, and cost pressures are still expected to be visible in food value chains. The extent to which these factors can drive prices up are dependent on the consumer's ability to absorb it which, seems limited for the foreseeable near future.

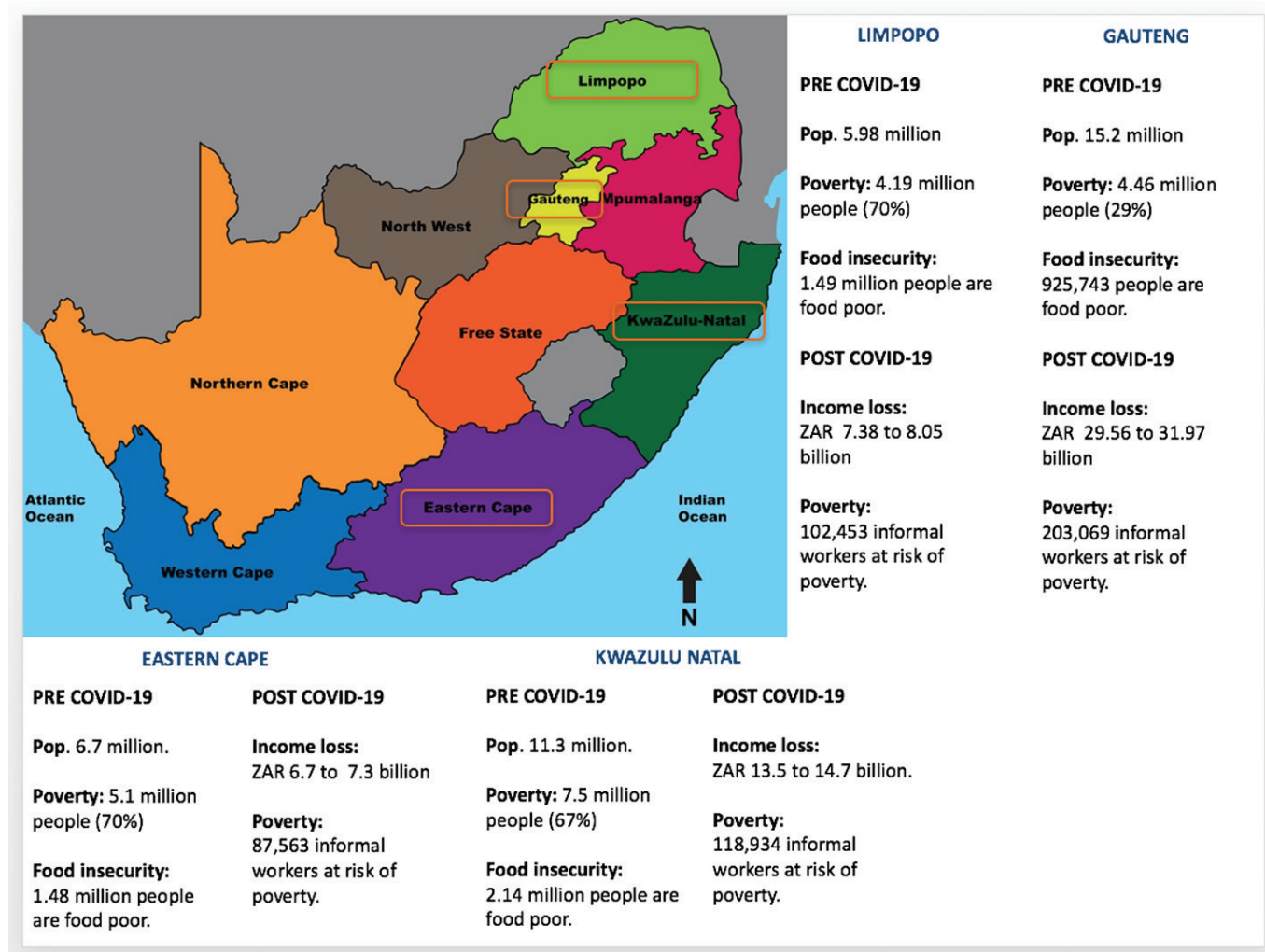
THE GEOGRAPHIC DISTRIBUTION OF VULNERABILITY AND RISK

There is a strong correlation between provinces that 1) had a high poverty rate and some of the highest number of people who were food poor prior to the COVID-19 pandemic, and 2) experienced the highest unemployment and income loss as a result of the pandemic, and have the highest number of informal workers at risk of falling below the poverty line. In other words, the most vulnerable provinces have been the most affected.

About 64% of the income loss caused by the pandemic is concentrated in four provinces: Gauteng with 33%, Kwazulu Natal with 15%, Eastern Cape with 8% and Limpopo with 8%. Also, 67% of the informal workers at risk of falling into poverty live in these 4 provinces.

In addition, 73% of the population that live below the food poverty line in South Africa live in Kwazulu-Natal with 2.14 million, Limpopo with 1.49 million, Eastern Cape with 1.48 million, and Gauteng with 0.9 million. Also 69% of the country's poor live in these provinces. These provinces should receive priority assistance given their high level of vulnerability and the high impact they have sustained due to COVID-19.

Figure 19. The four provinces affected by income loss, poverty risk and food poverty



Source: SA Coronavirus and own calculations (Chapter Employment and Livelihoods).

SUMMARY OF THE HUMAN IMPACT AND LEAVING NO ONE BEHIND

Social Protection and the Response to COVID-19

South Africa has an extensive social support system, its social assistance grants represent the largest poverty-prevention and poverty-reduction programme in the country. Social transfers reduced the poverty headcount rate in South Africa by 8% and the poverty gap by about 30% in 2015.

Grants are the second most important source of income (45%) for households after salaries (64.8%), and they are the main source of income for almost one-fifth (20%) of households nationally. A larger percentage of households receive grants compared to salaries as a source of income in Eastern Cape (60% versus 52,6%) and Limpopo (58% versus 51%). Grants are particularly important as a main source of income for households in Eastern Cape (35%), Limpopo (30.4%) and Northern Cape (30%). Therefore, the increase in grant allocation and the introduction of the COVID-19 Distress Grant are critical measures adopted by the government to help those most in need.

Social assistance, which is administered by the Department of Social Development under the South African Social Security Agency (SASSA), currently distributes more than 18 million social grants, distributed through seven grants: Old Age Pension (OAP), Disability Grant (DG), Child Support Grant (CSG), Foster Child Grant, Care Dependency Grant (CDG), Grant in Aid, and War Veterans' Grant.

In response to the pandemic, the government has effectively leveraged its social protection system by introducing the following key measures:

1. Increasing the Child Support Grant by R300 as of May, and by R500 from June to October per month.
2. Increasing the grant allocation for all other grant beneficiaries by R250 per month for the next six months.
3. Introducing a special COVID-19 Social Relief of Distress grant of R350 a month for individuals who are currently unemployed and do not receive any other form of social grant or UIF payment. The Distress Grant targets 8 million people over the next six months (May to October 2020).

These important measures will go a long way into providing much needed assistance to South Africans in need.

Summary of Populations Affected and at Risk -Leaving No One Behind

In order to support the government, the present socio-economic assessment identified population groups that have been affected by the pandemic and lockdown measures across several key sectors, and assessed the gaps in social assistance in order to improve targeting, to ensure that no one is left behind, and importantly to mitigate the potential risks.

Food insecure households: The food security of 8.2 million people who already lived below the food poverty line before the pandemic is likely to be highly compromised, and food insecurity is likely to be especially dire for the 0.9 million households who had severely inadequate access to food prior to lockdown. The distribution of food parcels by the government has brought much needed relief but will need to be continued over the coming months or replaced with vouchers or cash transfers. In addition, the lost school meals due to school closure is compromising the nutrition status of 9 million children who no longer benefit from the National School Nutrition Programme. For many, school meals are the primary source of reliable and nutritious food, and the lack of school meals risks rapidly increasing acute malnutrition or wasting among these children.

People at risk of poverty: The poverty headcount indices for the upper and lower poverty lines will increase in 2020, as will income inequality measured by the Gini index, while the income of the bottom 40% of the population is expected to decline with the contraction of the economy in 2020. An estimated 740,616 informal workers are at risk of falling below the upper poverty line and are especially vulnerable. It is likely that the population at risk of falling below the poverty line is higher, and that those at risk of falling into extreme poverty are highly vulnerable.

Out of school children: School closures left 13 million children without access to education. The safe re-opening of schools will require a plan that ensures social distancing and hand washing facilities in schools that currently do not have these. Remote learning, if deemed necessary by the further spread of COVID-19 and extended lockdown will require measures to address the population groups without access to electricity (15% of HH do not have electricity) and internet services (only 10% have access).

Poor children: It is estimated that 2 million poor children did not receive the CSG prior to COVID-19. These children did not benefit from the CSG due to some exclusion errors or factors, such as the lack of required documents, the need for proof of school enrolment or school attendance, and practicalities such as the cost of transport to administrative offices, illiteracy (particularly in rural areas).

Informal sector workers: An estimated 2.5 million informal workers in micro enterprises that were affected by lockdown are in need of assistance through cash transfers to ensure at a minimum their food security. In addition, they have lost considerable income from the lockdown and cannot access credit from formal channels, and therefore will need compensation for their loss and to re-start operations as restrictions ease, to protect and strengthen their livelihoods.

Small and Micro Medium Enterprises (SMME): There are 652,12 thousand SMMEs which employ approximately 3 million people in the formal sector, and an additional 342,09 thousand SMMEs which support approximately 0.9 million employees in the informal sector. These SMMEs are running out of reserves and need financial assistance under the “Job Creation and Support to SMME and Informal Businesses” and the “Credit Guarantee Scheme” relief measures proposed by the National Treasury.

Other vulnerable groups: It is estimated that 266,694 refugees and asylum seekers currently need assistance, as well as 200,000 homeless people and 162,875 prisoners.

Grant Allocations and the National Poverty Lines

South Africa has three national poverty lines which are based on the cost-of-basic-needs linking welfare to the consumption of goods and services. The lines contain both food and non-food components of household consumption expenditure. The following are the country’s inflation-adjusted national poverty lines for 2019:

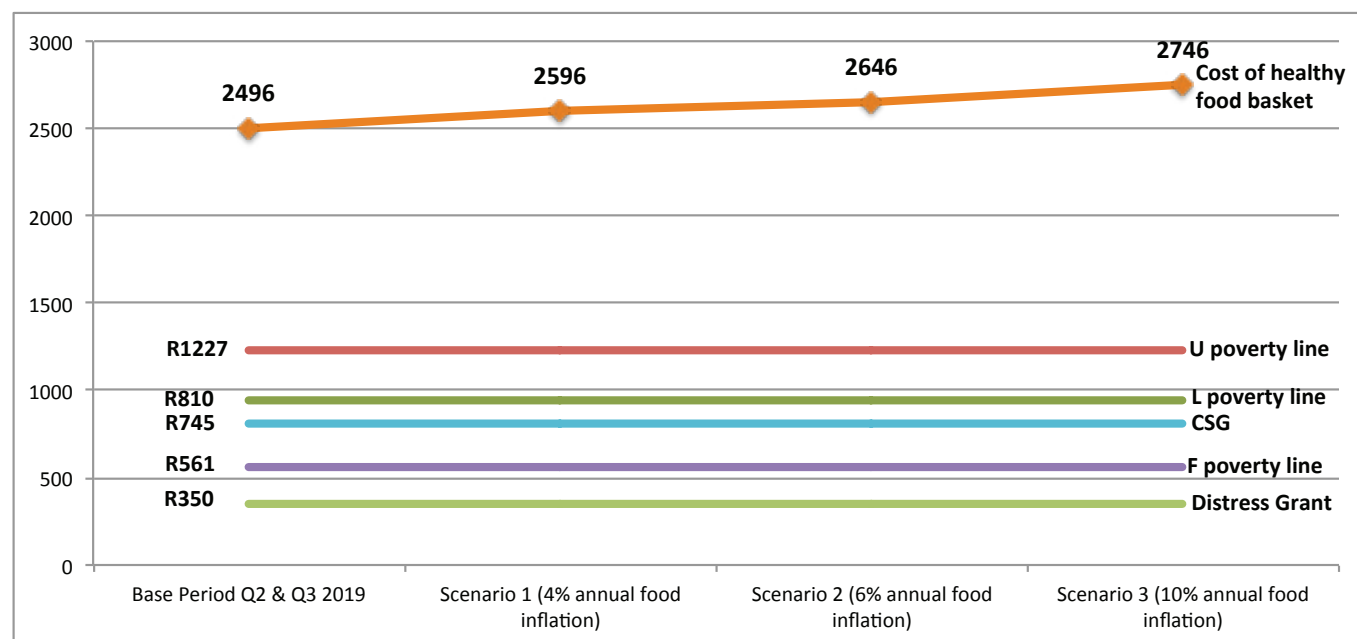
Food poverty line (FPL) R 561 per person per month -refers to the rand value below which individuals are not in a position to purchase or consume enough food to meet their minimum per-capita-per-day energy requirement for adequate health, also commonly referred to as the “extreme” poverty line;

Lower-bound poverty line (LBPL) R 810 per person per month -the line where an individual does not have enough resources to acquire both food and non-food items and is therefore forced to choose between the two;

Upper-bound poverty line (UBPL) R 1,227 per person per month -the line below which individuals can afford to purchase both adequate food and essential non-food items.

Comparing the country’s poverty lines with the current grant allocations shows important gaps that need to be addressed in order to avert serious risks to food security and nutrition, to ensure a safety net for the most vulnerable, and to prevent an increase in poverty. Of particular significance is the R350 Distress Grant, which is the main form of assistance introduced by the government to support those affected by the pandemic and lockdowns. However, the grant is below all three poverty lines, including the food poverty line of R561.

Figure 20. Potential change in cost of a healthy food basket based on three inflationary scenarios, compared to poverty lines, the CSG and Distress Grant



Note: cost of a healthy food basket is for a reference household consisting of an adult male, an adult female and two children, based on the Bureau for Food and Agricultural Policy

Concluding Remarks and Recommendations

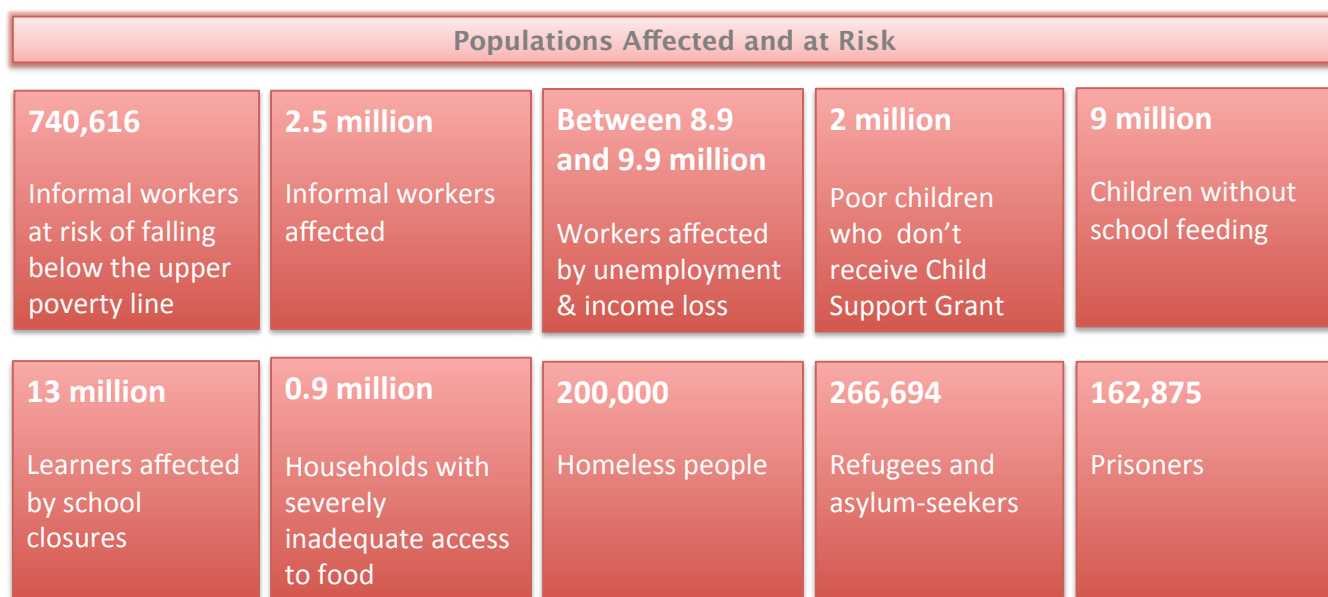
Concluding Remarks

The findings from the sector assessments and from the overall human impact suggests that lives and livelihoods are at risk, which is the result of the pandemic in a context of existing structural vulnerabilities. The main findings include:

1. Food and nutrition security is compromised for vulnerable populations due largely to constraints on people's access to food, including the drop in people's purchasing power due to income loss, and the rising cost of the household food basket. Some households are seeing lower food stocks in local markets and report that they are eating less to cope. The current situation could lead to a spike in hunger and malnutrition. Among the most vulnerable are the 8.2 million South Africans who were already living below the food poverty line before the pandemic and therefore could not purchase or consume enough food to meet their minimum per-capita-per-day energy requirement for adequate health. In the coming weeks and months food and nutrition security will depend largely on food access which is influenced by food inflation, local food stocks, grant allocations, and the measures taken to target the most in need. Food inflation could be further impacted by the exchange rate and oil prices as reported by the government.
2. The poverty headcount indices in South Africa for the upper and lower poverty lines is expected to increase under the current COVID-19 health crisis. Income inequality, measured by the Gini index, is also expected to increase in 2020. The income of the bottom 40% of the population will decline with the contraction of the economy during the current year. In addition, it is estimated that 740,616 informal workers are at risk of falling below the upper poverty line during the extended lockdown.
3. The provinces of Kwazulu-Natal, Gauteng, Limpopo and Eastern Cape need priority assistance given their high level of vulnerability prior to the pandemic and the high impact they sustained due to COVID-19 particularly in relation to income losses. These provinces concentrate 64% of the income losses, they are home to 69% of the country's poor and to 73% of the population that is food poor in South Africa. They are therefore the most vulnerable and at risk of slipping into greater poverty and hunger.

- The sector assessments and human impact analysis has identified the following population groups as being among the most affected and at risk.

Figure 21. Populations affected and at risk.

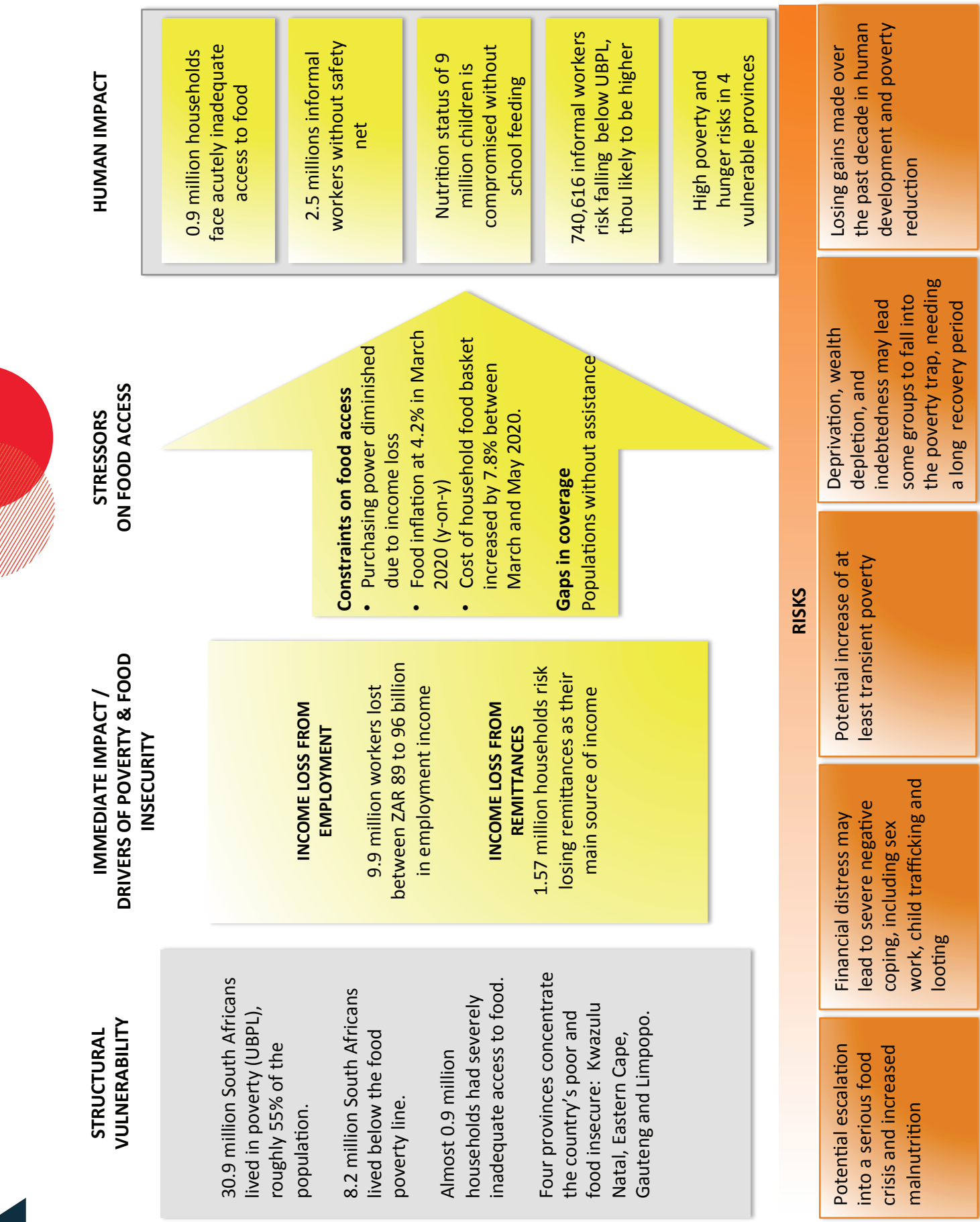


Source: own calculations

Ensuring that assistance reaches all households affected by the pandemic to leave no one behind is critical to avert future risks associated with COVID-19, especially in the worst-case scenario that the pandemic extends over 12 months worldwide:

- Prevent the potential escalation into a serious food crisis and increased malnutrition;
- Prevent over-indebtedness and protect productive assets;
- Avoid a deterioration into severe negative coping, such as sex work, child trafficking and looting
- Reduce the further increase in poverty and extreme poverty, including that some groups may fall into the poverty trap over the medium to long term as a result of deprivation, wealth depletion and indebtedness;
- Reduce the potential for social disaffection with its possible implications for peace and security;
- Safeguard the important gains made over the past decade in human development and poverty reduction.

Figure 22. Populations affected and at risk.



Recommendations –Protecting Food and Nutrition Security and Livelihoods

The needs identified in this chapter and costs are reflected in the corresponding sector chapters such as on **social protection**, food security or livelihoods, as well as in the overall needs table presented in the final report. Below are the main policy recommendations:

Further strengthen the country's social assistance transfers, which are effective safety net measures for reducing poverty, in particular by:

- 1) Scaling-up the coverage to include the highly vulnerable groups identified by the assessment and that currently do not benefit from financial assistance.
- 2) Increasing the allocation of the COVID-19 Distress Grant to the LBPL of R810 or at least to the FPL of R561.

Safeguard access to food and nutrition for the most vulnerable groups, especially households with acutely inadequate access to food, children without school feeding, and pregnant and breast-feeding women.

Leave no one behind and give priority to vulnerable population groups, including female-headed households, people with disabilities, older people, refugees and asylum seekers, and other disadvantaged groups.

Target provinces where risks are most acute, particularly the provinces of Gauteng, Kwazulu Natal, Limpopo and Eastern Cape, as well as vulnerable communities in other provinces.

Prevent losing years of development gains by protecting the livelihoods of the poor and near poor. South Africa's social protection system has been especially effective in reducing poverty, and if further harnessed to extend its coverage and allocations it can help build resilience, protect the gains achieved and prevent another lost decade in development.

Ensure that mechanisms are in place to closely monitor household welfare and food security in the rapidly evolving pandemic over the coming weeks and months, to ensure that assistance is responsive to evolving needs and priorities, ensuring flexible and adaptable policies and measures.



Source: <https://www.ft.com/content/e9cf5ed0-a590-4bd6-8c00-b41d0c4ae6e0>

EDUCATION

CONTEXT

COVID-19

Rapid Emergency Needs Assessment



QUALITY
EDUCATION





The Education sector in South Africa is structured in four distinct areas: Early Learning, Primary Education, Secondary Education, and Higher Education. Of a total 24 998 schools, the vast majority are “public” schools, run by the government (23 076). There are about just over 13 million learners, of whom 12.4 million are in public schools and 632 000 in independent schools. Table 5 shows learners and educators in public schools per province.

Table 5. Number of learners, in public schools per province

Province	Learners	Educators	Public schools
Eastern Cape	1 770 289	60 462	5205
Free State	697 334	22 978	1085
Gauteng	2 151 095	70 344	2071
KwaZulu-Natal	2 784 917	93 648	5821
Limpopo	1 687 376	50 916	3773
Mpumalanga	1 067 583	35 316	1679
Northern Cape	293 315	10 185	546
North West	829 336	26 564	1451
Western Cape	1 127 510	36 588	1445
South Africa	12 408 755	407 001	23076

Source: Department of Basic Education Schools Realities 2019

Education provision in the country is characterised by inequalities. Government schools are categorised into five quintiles, with Quintiles 1-3 being the poorer non fee-paying schools, and Quintiles 4-5 the fee-paying schools (government schools are permitted to charge a fee). Categorisation by quintile is linked to the economic conditions around the school location which mainly determine the status of parents. The majority of schools (those in Quintiles 1-3) are non-fee-paying, and the majority of learners attend these schools.

There are provincial differences in basic education provision. Class sizes range from 32.6 (Free State) to 40.3 (Limpopo) learners per class, with the national mean being 35.6. Details in Table 6.

Table 6. Average size for public schools, per province:

Province	Learner Educator Ratio (LER)	Average number of learners per school (LSR)	Average number of educator per school (ESR)	Average class size
Eastern Cape	29.3	340	11.6	35.1
Free State	30.3	643	21.2	32.6
Gauteng	30.6	1039	34.0	35.4
KwaZulu-Natal	30.4	489	16.1	39.5
Limpopo	33.1	447	13.5	40.3
Mpumalanga	30.2	636	21.0	38.2
Northern Cape	28.8	537	18.7	32.2
North West	31.2	572	18.3	36.5
Western Cape	30.8	823	25.3	34.3
South Africa	30.8	543	17.6	35.6

Source: Department of Basic Education Schools Realities 2019

Access to basic facilities is a challenge for poorer schools in SA, which again are concentrated in certain provinces with a larger rural population. Only three quarters of South African schools have running water, and less than 80% have adequate toilets, both crucial for disease prevention (both for COVID-19 and other potential disease outbreaks). In addition, a little over half of schools have access to the internet, suggesting that the sector's ability to provide online education is limited. Breakdown of facilities by province is provided in Table 7. The significant variation by province is apparent, with schools in Gauteng and the Western Cape being much better provisioned than those in other provinces, which include the majority of rural schools.

Table 7. School facilities by province (primary and secondary schools combined)

Province	Running Water	Perimeter Fence	Electricity	Internet	Adequate Toilets
Eastern Cape	74.2	81.8	79.6	43.9	69.9
Free State	78.4	78.4	96.3	77.4	71.9
Gauteng	95.9	97.6	95	88.7	97.8
KwaZulu-Natal	54.9	89.9	86.9	28.8	77.2
Limpopo	87.4	86.2	98.2	55.5	76.8
Mpumalanga	80.2	78.5	94.2	66	91.7
Northern Cape	91	92.7	99.4	76.5	89.1
North West	77	93.5	87.3	71.7	81.5
Western Cape	94.3	92.7	98.8	98.4	96.3
South Africa	75.9	87.2	89.9	55.3	79.9

Source: Department of Basic Education School Monitoring Survey 2017/2018

While access to primary education is near universal, literacy remains a challenge. “Around 78% of South African Grade 4 learners do not reach the international benchmarks and therefore do not have basic reading skills by the end of the Grade 4 school year, in contrast to only 4% of learners internationally”²⁹ (PIRLS; 2016). South Africa is trialling several interventions aimed at improving reading particularly in the foundation phase grades (R-1). Due to COVID-19 and ensuing school closure, there is likelihood that the plans and gains are negatively affected during lockdown.

Higher education may face a distinct challenge in being more fee-dependent than the basic education sector. Many students who are not covered by the National Student Financial Aid Scheme may be affected by loss of income and family support, and may become unable to pay fees. Universities are exposed to non-payment on existing debts and non-payment of fees still owing for 2020, as well as fees in early 2021.

Impact

As outlined in the UNICEF Framework for Re-Opening of Schools (2020) “Global school closures in response to the COVID-19 pandemic present an unprecedented risk to children’s education, protection and wellbeing”.³⁰ Furthermore the Framework alludes to possible implications for learners suggesting that school closure is likely to contribute to school drop-out suggesting that the “longer the marginalized children are out of school, the less likely they are to return... Being out of school also increases the risk of teenage pregnancy, sexual exploitation, child marriage, violence and other threats. Further, prolonged closures disrupt essential school-based services such as immunization, school feeding, and mental health and psychosocial support, and can cause stress and anxiety due to the loss of peer interaction and disrupted routines.”

School closure affects instructional time (teaching and learning) and has implications for the completion of the curriculum for 2020 given the number of instructional days lost. Depending on the date of school re-opening, the DBE will determine the number of days ‘lost’ and reorganise the teaching plan according. This might mean that the Department with its partners will have to review and trim to curriculum in line with the remaining number of days in 2020. This might have implications for provision in 2021, in that the curriculum areas trimmed in 2020 might have to be delivered in 2021.

In response to lockdown, some schools have moved to online provision. This has emphasised existing inequalities, especially given that just over half of schools have no internet access, and given the relatively greater expense of data for poorer learners. COVID-19 has thus had a greater impact on the education of poorer children and/or children living in poorer areas.

Schools in higher quintiles may face additional challenges recovering fees, which are not charged at lower quintiles. This may create a complex challenge in which, on the one hand, these schools require support to continue, and on the other, the government cannot provide this support without behaving unfairly towards schools in the lower quintiles.

Similar remarks apply to higher education. Universities and Colleges are generally “online” to a much greater extent than schools are, and better able to provide and host online learning. However, these capacities are not equally distributed between universities. Moreover staff may lack skills, and students may lack suitable devices, and have difficulties affording data (although there may be some offset against reduced travel costs). A challenge for many students, as for school learners, will be finding a conducive context in which to study, given the possibility of turmoil in families and communities, loss of income, and other major stressors that may together make home-study impossible.

Given the actual impact of COVID-19 on employment and income loss, there is a likelihood that children who already lived in poverty are affected even more as their parents or caregivers lose jobs. While government is providing COVID-19 social and unemployment grants, these are short term. The impact on poorer schools and learners is likely to last beyond the provision of temporary relief measures and may be reflected in increased dropouts. By 2018, SA matric throughput rate was 53,8% (DBE, 2020). Little is known regarding the implications of lockdown on the drop-out rate, but this is an obvious area of concern, as families may be unable to support children’s studies, and children may be expected to contribute to household income or to caregiving, or may find themselves needing to fend for themselves.

Government response

Schools and higher education institutions were closed 18 March 2020. Phased reopening is scheduled to begin on 8 June 2020 but has been subject to last-minute moves and remains subject to considerable uncertainty.

Needs

While the needs assessment is for the remainder of 2020, in the Education sector the recovery time might be longer. Needs include:

1. Development and provision of education messages to learners through youth friendly media.
2. Development and broadcasting of learners support programmes across subjects in all relevant platforms.
3. Provision of School Health and Sanitation package for schools and schooling community.
4. Providing technical assistance to enhance capacity and system strengthening in identified areas.
5. Supporting school to work transition through leveraging the NEET for existing opportunities

June – August

While schools remain closed:

1. Online learning provisioning
2. Many parents are expressing the lack of capacity/knowledge to help their children with the school work. Current TV broadcasts and downloads have restricted interaction, with no feedback mechanism. There is a need to help the learner with clarification and answering questions in real-time
3. Nutrition for learners for whom the school meal was important

In preparation for and during reopening:

1. Health and sanitation support.
2. Teacher support: training, psycho/social support
3. Curriculum review.
4. Material development and strategic operations support.
5. Emergency water supply.
6. Provision of safe and adequate sanitation.

September – December

1. Curriculum Trimming/Reorganisation for 2021.
2. Health and sanitation support.
3. Engagement with Principals to understand challenges they face, including needs for financial support (running through 2021).
4. Engagement with Universities and Colleges to understand the challenges they face and needs for financial support in the face of potentially reduced fee income (including in 2021).
5. Continuation of water supply.
6. Continuation of providing safe and adequate sanitation.

Recommendations

Strategy

The date at which schools re-open is critically important. Until that date, the majority of the learner population of South Africa is not learning, and the Education sector is effectively closed. UNICEF's Framework is especially helpful in guiding the re-opening process.

The objective during school closure is to support the continuation of learning and prepare for reopening. During school reopening, the objective is to ensure curriculum catch up and ensuring the provision of a conducive learning environment averting the possibility of infections for the school community.

Table 8. Education recommendations

Intervention	Rationale
i. On-Line Learning provisioning in schools	<p>Given the schools closure, there are millions of learners with no access to learning resources. Online platforms are critical however reach is limited. There is thus a need to ensure continuation of learning through:</p> <p>Online learning platforms: This can be achieved by ensuring that the Department of Basic Education (DBE) website has links to study materials, multimedia and reading materials is updated and that online platforms have relevant material accessible to those who have the device and internet access.</p> <p>Broadcast of material on TV and Radio: while online platform is a good option, many learners do not have access to the device and internet. However these learners are most likely to have access to TV and radio. For that group of learners broadcasted learning becomes a good platform.</p> <p>Establish a network of vetted online tutors and counsellors that can interact with the learner and parent, and provide the support where they need</p>
ii. Broadcast of Lessons on Television and Radio	<p>Broadcast of material on TV and Radio: while online platform is a good option, many learners do not have access to the device and internet. However these learners are most likely to have access to TV and radio. For that group of learners broadcasted learning becomes a good platform.</p> <p>Establish a network of vetted online tutors and counsellors that can interact with the learner and parent, and provide the support where they need</p>
iii. Nutrition	<p>The DBE does not provide nutrition during lockdown. Social development leads food protection for all through different packages in line with the Governance framework between DSD, DBE, DoH and DPME. (See Food security.)</p>
iv. Health and Sanitation Support	<p>Basic and Essential Sanitation and Hygiene Package for Each School</p> <ul style="list-style-type: none"> • For each classroom/office • For each toilet/bathroom • For food preparation areas • Protective gear for cleaning
v. Material Develop and strategic operations support	<ul style="list-style-type: none"> • Development of Broadcast materials for online platforms and broadcast in data-efficient formats • Build repository of previously broadcast materials in data-efficient formats • System and institutional recovery (financial and other) • Monitoring and evaluation
vi. Teacher Support	<ul style="list-style-type: none"> • Upskilling of Subject Advisers, Teachers and School Management Teams with curriculum reorganisation implications and protocols • Training teachers for proficiency in measures for prevention of COVID 19 • Psychosocial support for teachers
vii. Curriculum Review	<ul style="list-style-type: none"> • Review and trimming the curriculum in line with the number of days available for post lockdown recovery.

Recommendations are not made for the Higher Education sector, whose needs are likely to relate primarily to fee payment issues, and will need to be determined through consultation with Vice Chancellors and Principals as outlined in the needs analysis above.

Costs

Exchange rate: USD 1 to ZAR 16.50

Table 9. Costed needs for education.

	Needs	Cost (ZAR)
1	Additional costs for equipment and teaching materials for online teaching	R 15 263 000
2	Accelerated training of teachers (440,000) for online class	R 1 733 000
3	Preparation of schools for reopening (SOPs on COVID-19 and Hygiene; 2 masks (total R 60) per child for the total 124,08,755 children)	R 744 525 000
4	The Read to Lead Campaign and the National Reading Coalition aimed at heightening awareness about the importance of reading for enjoyment among school children	R 660 000
	Emergency Needs (0-3 months)	
5	Water supply in schools	R 190 003 000
6	Sanitation and Handwashing (renting mobile toilets and handwashing stations)	R 18 708 000
7	Providing hygiene supplies (disinfectants, detergents, soaps, and other cleaning supplies) in schools	R 34 800 000
	Early Recovery (3-6 months)	
8	Continued provision of water through water tankering for three months	R 23 750 000
9	Sanitation and Hygiene (low flush toilets with septic tank connection and handwashing facilities)	R 563 514 000
	Total	R 1 592 956 000



Source: <https://www.voanews.com/covid-19-pandemic/covid-19-spread-speeding-africa-who-says>



EMPLOYMENT AND LIVELIHOODS

COVID-19

Rapid Emergency Needs Assessment



DECENT WORK AND
ECONOMIC GROWTH



3 Employment and Livelihoods CONTEXT



The South African economy was slowing down before the outbreak of COVID-19 pandemic. The economy contracted for two successive quarters: by 0.8% in Q3 2019 and 1.4% in Q4 2019. The labour market was sluggish with the formal sector employment decreasing by 28 000 in Q3 of 2019 (September 2019) and showing an uptick in Q4 of 2019 (December 2019) by adding 16 000 jobs. It is important to understand the profile of South African workforce to provide a background to the impact assessment of COVID-19. Key indicators of the labour market are summarized in Table 10 and Table 11.

Table 10. Profile of the workforce

	In Million		
	Male	Female	Total (Male + Female)
Population above 15 years of age	20.43	21.76	42.18
Labour Force	12.76	10.61	23.38
Employed	9.33	7.31	16.64
Unemployed	3.44	3.30	6.74
Not economically active	7.66	11.14	18.81
Discouraged work-seekers	1.35	1.51	2.87
Other (not economically active)	6.31	9.63	15.94
Rates (%)			
Unemployment rate	26.92%	31.11%	28.82%
Labour Force Participation Rate	62.49%	48.78%	55.42%
Work Force Participation Rate	73.08%	68.89%	71.18%

Source: Statistics South Africa.



Source: Dwayne Senior/Bloomberg

Table 11. Provincial composition of the employed workforce

Province	In Million		
	Male	Female	Total (Male + Female)
Western Cape	1.41	1.14	2.55
Eastern Cape	0.72	0.69	1.41
Northern Cape	0.20	0.14	0.34
Free State	0.44	0.36	0.80
KwaZulu-Natal	1.43	1.26	2.70
North West	0.59	0.41	1.00
Gauteng	2.99	2.18	5.17
Mpumalanga	0.73	0.53	1.26
Limpopo	0.81	0.61	1.42
Total employed	9.33	7.31	16.64

Source: Statistics South Africa.

Impact

However, the impacts of national lockdown were a drastic reduction of aggregate demand in the economy, absence of labour from production sites (with the exception of essential services and digital economy workers), and near total stoppage of transportation services, leading to severe disruptions on the supply side. The lockdown and enforcement of social distancing measures disrupted production cycles, market access and trade flows. All these measures collectively reduced employment (in some cases leading to layoffs), abruptly stopping income generation for much of the labour force and thus causing significant earnings loss to national workforces engaged in formal and informal sectors of the economy.

Income loss assessment

In South Africa, as in many other countries, lockdown has impacted each economic sector differently. For example, under Lockdown level 5 and 4, the agricultural activities were allowed to operate except for the production of alcoholic beverages, while the manufacturing sector was closed except for the production of masks, sanitizers, and other essential products to combat the spread of COVID-19. Hence, the impact on the workforce in each of economic sectors / sub-sectors (following Standard Industrial Classification (SIC) 2-digit level) was different. The duration of lockdowns level 5 and level 4 has been taken as 35 days and 30 days respectively, and its impact has been estimated for each sub-sector with a range of 5% between the lower and upper bounds of the impact (Table 12). The income loss for the workforce is then assessed by sectors (Table 13) and provinces (Table 14). The methodology adopted for income loss assessment is detailed in the section “sector assessment methodology” at the end of this chapter.

The income loss for the workforce (both in the formal and Informal economies) across the sectors due to lockdown level 5 is estimated to be between R 48 billion and R 52 billion, and that for lockdown level 4 between R 40 billion and R 44 billion. This means a potential income loss to workers of between R 89 billion and R 96 billion in just two months. While some of this could have been absorbed by employers and UIF, the impact is nonetheless devastating.

As the shock propagates through the economy, further contraction in demand and disruption of supply chains are expected, implying further fall in income and job loss across sectors that are relatively less affected in the first-round effects (such as agriculture). This is likely to increase incidence of poverty, with the low-income groups being the worst affected. Recovery from this shock may take years and still the workers may not attain the previous equilibrium (Hysteresis Effect).

Though Lockdown level 5 was imposed from the midnight of 26 March till 30 April 2020, there was a slowdown of economic activity after the lockdown was announced on 23 March, as well as there was a transition lag for about a week between lockdown level 5 and level 4 before the permitted activities in lockdown level 4 could get properly activated. This may have impacted the labour market with an additional 10 days i.e. 45 days in total. Similar lags could be there as the economy transitions through successive levels of lockdown and restrictions are gradually eased.

The resultant impact of 45 days from lockdown level 5 can be estimated between R 62 billion and R 67 billion, which means an additional income loss of workers between R 13.77 billion and R 14.96 billion just for 10 days, over and above the income loss estimated for 35 days of lockdown level 5. (Hence impacts calculated for 45 days, not just 35.) As the lockdown prolongs and the pandemic spread delays reactivation of the economy, the additional income loss to workers can severely damage their ability to recover from this trauma.

Occupational Analysis of Labour Markets.

Lockdowns impact occupations differently. Job roles like sales assistant cannot be performed remotely. Moreover, even if some job roles are plausible to be done remotely, not all employers (especially Micro and Small enterprises) may be able to invest in digitalizing their processes and value chains at a short notice and providing their employees the necessary tools to operate remotely.

The impact on occupations of the 16.64 million (approx.) workforce of South Africa was analysed according to the 1 digit level of Standard Classification of Occupation (SCO) and presented in Table 12. About 9.905 million of this workforce (formal and informal) was estimated to be impacted in lockdown level 5. The person-days loss for 35 days of lockdown level 5 to the occupations was assessed between 346.69 million person-days (upper bound) and 317.57 million person-days (lower bound). Similarly, it was estimated that 9.806 million of the total workforce was impacted at lockdown level 4; the person-days loss to the occupations for 30 days of lockdown level 4 was assessed anywhere 294.18 million person-days (upper bound) and 269.22 million person-days (lower bound). Further break-up of this impact by formal and informal employment types within each of these main occupational groups is also provided in Table 12.

The agricultural sector was also hit by the pandemic but at a lower level. From primary surveys it has been seen that about 12% of agricultural farms were closed for COVID-19 and 88% continued their operations. This closure could have impacted about 15.600 informal agricultural workers with an estimated income loss between R 30 to 51 million at lockdown level 5 and between R 26 to 44 million at lockdown level 4. The agriculture workers income loss is presented in Table 17. However, a larger impact on agriculture can be expected in the coming months.



Source: UNDP photo archives

Employment in Micro and Small Enterprises

The total number of workforce (formal and informal) employed in the micro and small enterprises is around 7.95 million which includes those working without pay for household businesses. In this workforce, 4.33 million are males and 3.62 million are females.

Within the overall 7.95 million strong workforce, the formal sector (non-agriculture) employs 3.69 million (46.44%) and the informal sector (non-agriculture) employs 2.68 million (33.75%). The remaining portion of the workforce is employed in two segments: 1.27 million (16.05%) in the private households and 0.29 million (3.76%) in agriculture.

From an economic sector perspective, the largest number of workers (formal and informal) are employed in the wholesale and retail trade industry (2.06 million) followed by community, social and personal services (1.48 million). About 1 million are employed in Financial intermediation, Insurance, Real estate and Business Services, 0.79 million in Construction, 0.50 million in Transport, Storage and Communication, and 0.477 million in Manufacturing. As stated earlier, 0.29 million are employed in the Agriculture and 1.27 million in private households. The lowest numbers are employed in utilities such as Electricity, Gas and Water supply (0.025 million) and capital intensive sectors of mining and quarrying (0.024 million).

Informal Workers

The COVID-19 pandemic is expected to have significant impact the unemployment and underemployment of informal workers. From a base level of 188 million unemployed in 2019, the International Labour Organization (ILO) estimates an increase in unemployment of 5.3 million (“low” scenario) and 24.7 million (“high” scenario) because of the current crisis.

For example, the informal “multi” market is estimated to be worth between R 3 – 6 billion, while there are about 120 000 Spaza shops contributing between R 100 – 200 billion annually to the economy, and the township fast-food markets could be worth an estimated R 80 billion annually. Such micro and small businesses in the informal economy are vulnerable to COVID-19 shocks. Although the government has launched a Spaza relief fund for stock purchases, it comes with strict formalisation requirements. Stores are required to register with the CIPC, SARS and UIF, and will only qualify for bulk-buying discounts from pre-approved suppliers. They are also required to submit financial records, which many of these enterprises may not be able to provide.

Another example is the situation of informal workers in the waste management and valorisation chains. South Africa generates 59 million tonnes of general waste a year. As only 10.8% of urban households separate their waste, reclaimers (“waste pickers”) are an essential component of the country’s recycling chain. Since the country went on lockdown at midnight on March 26, 2020, the reclaimers have been locked out of landfills and cannot work in the streets. They have also been excluded from all forms of government support.

Subsistence workers in the informal economy have been the part of the labour force most affected by the month-long lockdown, and inadequate social protection has worsened the situation. Sectors where women predominate, such as domestic work, hospitality, clothing, retail and informal employment have been hard hit by income and job losses. High levels of poverty, inequality and significant levels of HIV and Tuberculosis, with associated poor living conditions, poor people are particularly vulnerable. Women face increased unpaid care work, caring for children who are not at school, caring for the elderly, and facing increased housework, and providing emotional support to family members during the pandemic.

Most informal workers are employed in enterprises having 0-19 employees. Considering the significance of these enterprises as employers of the informal workforce, we have analysed the income loss impact of lockdowns on these enterprises. The data is presented in Table 18.

Poverty Impact, Vulnerability Assessment

This assessment may be found in the Human Impact chapter under The Impact of COVID-19: Poverty.

Table 12. Estimated impact of lockdowns on economic sectors (SIC two digits)

SIC 2 digit	Sector / Sub-sector	*Lockdown Level 5 Impact % on the workforce *Lockdown Level 4 (lower bound, upper bound)	*Lockdown Level 4 Impact % on the workforce (lower bound, upper bound)
11	Agriculture, hunting and related services	(7 , 12)	(7 , 12)
12	Forestry, logging and related services	(7 , 12)	(7 , 12)
13	Fishing, operation of fish hatcheries and fish farms	(7 , 12)	(7 , 12)
21	Mining of coal and lignite	(85 , 90)	(85 , 90)
23	Mining of gold and uranium ore	(85 , 90)	(85 , 90)
24	Mining of metal ores, except gold and uranium	(85 , 90)	(85 , 90)
25	Other mining and quarrying	(85 , 90)	(85 , 90)
30	Manufacture of food products, beverages and tobacco products	(55 , 60)	(45 , 50)
31	Manufacture of textiles, clothing and leather goods	(55 , 60)	(45 , 50)
32	Manufacture of wood and of products of wood and cork, except furniture; manufacture of articles of straw and plaiting materials; manufacture of paper and paper products; publishing, printing and reproduction of recorded media	(55 , 60)	(45 , 50)
33	Manufacture of coke, refined petroleum products and nuclear fuel; manufacture of chemicals and chemical products; manufacture of rubber and plastic products	(85 , 90)	(85 , 90)
34	Manufacture of other non-metallic mineral products	(85 , 90)	(85 , 90)
35	Manufacture of basic metals, fabricated metal products, machinery and equipment and of office, accounting and computing machinery	(85 , 90)	(85 , 90)
36	Manufacture of electrical machinery and apparatus n.e.c.	(85 , 90)	(85 , 90)
37	Manufacture of radio, television and communication equipment and apparatus and of medical, precision and optical instruments, watches and clocks	(75 , 80)	(75 , 80)
38	Manufacture of transport equipment	(85 , 90)	(85 , 90)
39	Manufacture of furniture; manufacturing n.e.c.; recycling	(85 , 90)	(85 , 90)

41	Electricity, gas, steam and hot water supply	(15 , 20)	(15 , 20)
SIC 2 digit	Sector / Sub-sector	*Lockdown Level 5	*Lockdown Level 4
42	Collection; purification and distribution of water	(15 , 20)	(15 , 20)
50	Construction (building and other public works)	(75 , 80)	(75 , 80)
61	Wholesale and commission trade, except of motor vehicles and motor cycles	(50 , 55)	(50 , 55)
62	Retail trade, except of motor vehicles and motor cycles; repair of personal and household goods	(70 , 75)	(70 , 75)
63	Sale, maintenance and repair of motor vehicles and motor cycles; retail trade in automotive fuel	(70 , 75)	(70 , 75)
64	Hotels and restaurants	(85 , 90)	(85 , 90)
71	Land transport; transport via pipelines	(85 , 90)	(85 , 90)
72	Water transport	(85 , 90)	(85 , 90)
73	Air transport	(85 , 90)	(85 , 90)
74	Supporting and auxiliary transport activities; activities of travel agencies	(85 , 90)	(85 , 90)
75	Post and telecommunication	(15 , 20)	(15 , 20)
81	Financial intermediation, except insurance and pension funding	(50 , 55)	(50 , 55)
82	Insurance and pension funding, except compulsory social security	(50 , 55)	(50 , 55)
83	Activities auxiliary to financial intermediation	(50 , 55)	(50 , 55)
84	Real estate activities	(85 , 90)	(85 , 90)
85	Renting of machinery and equipment, without operator and of personal and household goods	(85 , 90)	(85 , 90)
86	Computer and related activities	(75 , 80)	(65 , 70)
87	Research and development	(85 , 90)	(85 , 90)
88	Other business activities	(85 , 90)	(85 , 90)
91	Public administration and defence activities	(15 , 20)	(15 , 20)
92	Education	(15 , 20)	(15 , 20)
93	Health and social work	(15 , 20)	(15 , 20)
94	Other community, social and personal service activities	(85 , 90)	(85 , 90)
95	Activities of membership organisations n.e.c.	(85 , 90)	(85 , 90)
96	Recreational, cultural and sporting activities	(85 , 90)	(85 , 90)
99	Other service activities	(85 , 90)	(85 , 90)

*Note: lockdown level impact has been estimated based on consultations and other COVID-19 impact studies released

Table 13. Estimated income loss to formal and informal enterprises, by economic sectors

SIC 1 digit	Sector	Estimated income loss in level 5 lockdown - 35 days (Million Rand)		Estimated income loss in level 4 lockdown - 30 days (Million Rand)	
		lower bound	upper bound	lower bound	upper bound
1	Agriculture, Forestry and Fishing	208.36	357.19	178.60	306.16
2	Mining and quarrying industry	3644.15	3858.52	3123.56	3307.30
3	Manufacturing industry	5764.82	6169.87	4624.00	4971.18
4	Electricity, gas and water supply industry	209.50	279.33	179.57	239.42
5	Construction industry	4160.53	4 437.90	3566.17	3803.92
6	Wholesale and retail trade; repair of motor vehicles, motor cycles, and personal and household goods; hotels restaurants industry	9966.22	10 662.35	8542.47	9139.16
7	Transport, storage and communication industry	3600.25	3837.83	3085.93	3289.57
8	Financial intermediation, insurance, real estate and business services industry	11 992.95	12 758.70	10 207.56	10 863.91
9	Community, social and personal services industry	8676.26	10 015.33	7436.80	8584.56
Total income loss		48 223.04	52 377.01	40 944.64	44 505.19

Source: Statistics South Africa, ILO Stats wage rate, inputs from Table 3, own calculations.



Source: NurPhoto/NurPhoto via Getty Images

Table 14. Estimated income loss to formal and informal sectors, by provinces

#	Province	Estimated income loss in level 5 lockdown - 35 days (Million Rand)		Estimated income loss in level 4 lockdown - 30 days (Million Rand)	
		lower bound	upper bound	lower bound	upper bound
1	Western Cape	6996.60	7622.70	5901.19	6437.84
2	Eastern Cape	3624.67	3964.14	3080.88	3371.85
3	Northern Cape	1062.72	1155.13	909.10	988.31
4	Free State	1997.54	2185.21	1698.25	1859.11
5	KwaZulu-Natal	7301.07	7948.91	6182.60	6737.89
6	North West	3512.76	3793.48	2996.35	3236.97
7	Gauteng	15 988.43	17287.29	13 575.08	14 688.40
8	Mpumalanga	3752.01	4075.16	3200.14	3477.12
9	Limpopo	3987.24	4344.99	3401.05	3707.69
	Total income loss	48 223.04	52 377.01	40 944.64	44 505.19

Source: Statistics South Africa, ILO Stats wage rate, inputs from Table 3, own calculations.

Table 15. Estimated income loss, by economic sectors

SIC 1 digit	Sector	Predicted average income loss in level 5 lockdown (Million Rand) - 45 days*	
		lower bound	upper bound
1	Agriculture, Forestry and Fishing	267.89	459.24
2	Mining and quarrying industry	4685.34	4960.95
3	Manufacturing industry	7411.91	7932.69
4	Electricity, gas and water supply industry	269.35	359.14
5	Construction industry	5349.26	5705.87
6	Wholesale and retail trade; repair of motor vehicles, motor cycles, and personal and household goods; hotels and restaurants industry	12 813.71	13 708.74
7	Transport, storage and communication industry	4628.89	4934.35
8	Financial intermediation, insurance, real estate and business services industry	15 419.50	16 404.04
9	Community, social and personal services industry	11 155.20	12 876.85
	Total income loss	62 001.05	67 341.87

Source: Statistics South Africa, ILO Stats wage rate, inputs from Table 3, own calculations.

* NB although level 5 lockdown was 35 days, a further 10 days are added for delayed effects of lifting, as per text

Table 16. Person days lost by occupation in the formal and informal sector

Main occupation group	Employment Type	Total no. of workers Impacted @ Lockdown Level 5 (35 days) Upper Bound	Total no. of workers Impacted @ Lockdown Level 5 (35 days) Lower Bound	Persons days lost @ Lockdown level 5 (35 days) Upper Bound	Persons days lost @ Lockdown level 5 (35 days) Lower Bound	Total no. of workers Impacted @ Lockdown Level 4 (30 days) Upper Bound	Total no. of workers Impacted @ Lockdown Level 4 (30 days) Lower Bound	Persons days lost @ Lockdown level 4 (30 days) Upper Bound	Persons days lost @ Lockdown level 4 (30 days) Lower Bound
Legislators, senior officials and managers	Formal sector (non-agricultural)	251 418	188 564	8 799 647	6 599 735	251 418	188 564	7 542 554	5 656 916
	Informal sector (non-agricultural)	37 467	28 100	1 311 343	983 507	37 467	28 100	1 124 008	843 006
	Agriculture	4598	2682	160 913	93 866	4598	2682	137 925	80 456
	Private households	-	-	-	-	-	-	-	-
Professionals									
	Formal sector (non-agricultural)	189 673	142 254	6 638 543	4 978 907	189 673	142 254	5 690 180	4 267 635
	Informal sector (non-agricultural)	8169	6126	285 902	214 427	8169	6126	245 059	183 794
	Agriculture	157	92	5505	3211	157	92	4718	2752
	Private households	-	-	-	-	-	-	-	-
Technical and associate professionals									

	Formal sector (non-agricultural)	636 136	572 523	22 264 775	20 038 297	636 136	572 523	19 084 093	17 175 683
	Informal sector (non-agricultural)	96 648	89 745	3 382 689	3 141 069	96 648	89 745	2 899 448	2 692 345
	Agriculture	1359	793	47 574	27 751	1359	793	40 778	23 787
	Private households	-	-	-	-	-	-	-	-
Clerks									
	Formal sector (non-agricultural)	831 850	748 665	29 114 755	26 203 279	831 850	748 665	24 955 504	22 459 954
	Informal sector (non-agricultural)	48 458	44 997	1 696 046	1 574 900	48 458	44 997	1 453 754	1 349 914
	Agriculture	1463	853	51201	29 867	1463	853	43886	25600
	Private households								
	Service workers and shop and market sales workers								
	Formal sector (non-agricultural)	1 650 979	1 547 793	57 784 278	54 172 761	1 650 979	1 547 793	49 529 381	46 433 795
	Informal sector (non-agricultural)	533 980	500 606	18 689 287	17 521 207	533 980	500 606	16 019 389	15 018 177
	Agriculture	1226	715	42 895	25 022	1226	715	36 767	21 447
	Private households	14 986	14 049	524 513	491 731	14 986	14 049	449 582	421 483



Elementary Occupation																			
	Formal sector (non-agricultural)	1 618 555	1 517 395	56 649 412	53 108 824	1 618 555	1 517 395	48 556 639	45 521 849										
	Informal sector (non-agricultural)	676 281	634 013	23 669 823	22 190 459	676 281	634 013	20 288 420	1 902 0393										
	Agriculture	80 117	46 735	2 804 094	1 635 721	80 117	46 735	2 403 509	1 402 047										
	Private households	206 792	193 867	7 237 707	6 785 350	206 792	193 867	6 203 748	5 816 014										
Domestic workers																			
	Formal sector (non-agricultural)		-	-	-		-	-	-										
	Informal sector (non-agricultural)		-	-	-		-	-	-										
	Agriculture		-	-	-		-	-	-										
Other	Formal sector (non-agricultural)	566	425	19 814	14 861	566	425	16 984	12 738										
Total	9 905 608	9 073 568	346 696 268	317 574 878	9 806 071	8 974 031	294 182 134	269 220 942											

Source: Statistics South Africa, own calculations.



Table 17. Income loss impact on Informal workers in Agricultural Sector by Firm Size

Firm Size	Informal Workforce	LOCKDOWN LEVEL 5	LOCKDOWN LEVEL 4	Average monthly wages (Rand)	Income loss Lower Bound (Million Rand)	Income loss Upper Bound (Million Rand)	Income loss Lower Bound (Million Rand)	Income loss Upper Bound (Million Rand)
		Affected %	Total Affected Employees					
Small and Micro	112 532	12	13 504	2829	26.00	44.57	22.28	38.20
Medium	-	12	-	2829	-	-	-	-
Large	1903	12	228	2829	0.44	0.75	0.38	0.65
Don't know	15 565	12	1868	2829	3.60	6.16	3.08	5.28
Total	130 000		15 600	11 316	30	51	26	44

Source: Statistics South Africa, inputs from Table 3, own calculations.

Table 18. Income loss impact on Informal workers in Small and Micro enterprises (0-19 employee)

SIC 1 digit	Sector	Informal Workforce in firm sizes of 0-19 employees	LOCKDOWN LEVEL 5	LOCKDOWN LEVEL 4	Average monthly wages (Rand)	Income loss Lower Bound (Million Rand)	Income loss Upper Bound (Million Rand)	Income loss Lower Bound (Million Rand)	Income loss Upper Bound (Million Rand)
			Affected %	Total Affected Employees					
2	Mining and quarrying industry	1952	90	1757	8500	16	17	14	15
3	Manufacturing industry	217 762	76	165 852	4000	723	774	580	624
4	Electricity, gas and water supply industry	2854	20	571	10 000	5	7	4	6
5	Construction industry	411 972	80	329 578	3500	1262	1346	1081	1154
6	Wholesale and retail trade; repair of motor vehicles, motor cycles, and personal and household goods; hotels and restaurants	1 077 246	77	824 981	3665	3297	3528	2826	3024
7	Transport, storage and communication	296 336	81	239 347	4000	1048	1117	898	957
8	Financial intermediation, insurance, real estate and business services industry	251 113	83	209 199	5053	1159	1233	987	1050
9	Community, social and personal services	427 078	37	159 714	5996	968	1117	830	958
	TOTAL	2 686 313				8479	9139	7221	7787

Source: Statistics South Africa, ILO Stats wage rate, inputs from Table 3, own calculations.

Table 19. Impact on vulnerable informal workers who could fall into poverty

Province	Informal Workers with SMME (0-19 employees)	Informal Workers who 'Do not know' their employer size	Total impact on informal workers with SMME (0-19 employees) + who 'Do not know' their employer size
	Number of workers		
	Number of workers impacted*	Number of workers	
	Number of workers impacted*		
Western Cape	250 622	41 017	10 254
Eastern Cape	307 606	42 646	10 662
Northern Cape	34 879	6121	1530
Free State	130 333	5018	1255
KwaZulu-Natal	448 546	27 191	6798
North West	127 681	11 875	2969
Gauteng	723 684	88 590	22 148
Mpumalanga	260 993	45 850	11 463
Limpopo	401 969	7842	1961
Total	2 686 313	276 150	69 038

***25% workers were assumed to be vulnerable**

Source: Statistics South Africa, inputs from SALDRU-NIDS paper, own calculations.



Government Response

Initial response from the Government

The most vulnerable families are receiving temporarily higher social grant amounts for six months. A new 6-month COVID-19 grant was also created to cover unemployed workers that do not receive grants or Unemployment Insurance Fund (UIF) benefits and the numbers of food parcels for distribution was increased. Funds are available to assist SMEs under stress, mainly in the tourism and hospitality sectors, and small-scale farmers operating in the poultry, livestock, and vegetables sectors. A new loan guarantee scheme is helping companies with turnover below a certain threshold to get bank financing for the payment of operating expenses as of 12 May 2020. Allocations are also being made to a solidarity fund to help combat the spread of the virus, with assistance of private contributions, and support municipal provision of emergency water supply, increased sanitation in public transport, and food and shelter for the homeless. The revenue administration is accelerating reimbursements and tax credits, allowing SMEs to defer certain tax liabilities, and has issued a list of essential goods for a full rebate of customs duty and import VAT exemption. A 4-month skills development levy tax holiday is also being implemented.

The National Treasury has announced a plan to provide R 500 billion assistance to support the economy in this hour of crisis. The recovery measures suggested below are aligned to the following heads in the assistance plan.

Table 20. Impact on vulnerable informal workers who could fall into poverty

Response Measure	R million
Credit Guarantee Scheme	200 000
Job creation and support for SME and informal business	100 000
Measures for income support (Further tax deferrals, SDL holiday and ETI extension)	70 000
Support to vulnerable households for 6 months	50 000
Wage protection (UIF)	40 000
Health and other frontline services	20 000
Support to municipalities	20 000
Total	500 000

Source: National Treasury

Migrants

Across the world, migrants have high expectations that may not be fulfilled at destination. Hence, disappointments and frustrations ensue. In general, the first expectation of a migrant is to secure a meaningful job for immediate sustenance while they seek more sustainable opportunities. Employment provides refugees and asylum seekers means of livelihood and substance to support themselves and their families as well as gives them access to other opportunities such as prestige, upward mobility and social status. Gainful employment makes refugees and asylum seekers less dependent on NGOs or government for assistance and enables them contribute to national economy and in poverty alleviation.

There were 4.2 million of international migrants (mid-year 2019) into South Africa. Besides economic migrants, this group includes refugees, asylum-seekers, victims of trafficking including women and children. South Africa's Refugee Act allows refugees and asylum seekers the right to seek employment in both private and public establishments in the country. As of 2019, the share of young migrants (age 15-24) was 13.2%; the share of working age migrants (age 20-64) was 75.6%; and the share of older migrants was at 6.7%. Approximately 70% of the migrants were from the Southern African Development Community (SADC) and the three largest groups were from Zimbabwe (376 700), Mozambique (716 100) and Lesotho (331 300). The migrants are integrated into the labour market and are estimated to make a significant 9 percent contribution to the GDP.

However, the employers often do not recognise refugee and asylum seekers' permits. Many employers are also unaware of the rights of refugees and asylum seekers to seek employment in South Africa. This is why most refugees and asylum seekers are found in informal and casual employment and are sometimes subjected to exploitation and harassed by the police and the city council officials. Many of the refugees and asylum seekers also face difficulties to get assistance from the government; in this case if any migrant has lost his/her job then it could have been difficulties in availing the Special COVID-19 Social Relief of Distress Grant for the unemployed.

Fundamental Rights at Work

Fundamental labour rights in fragile situations are a necessity and a matter of re-establishing good governance and avoidance. Situations of post COVID-19 reactivation (especially in the informal economy) may witness increased use of child labour, gender abuse, discrimination, and exploitation of informal workers. Though it is the Government's imperative to protect vulnerable workers, persons with disabilities, children and women from work abuse and discrimination at all times, adherence to these norms and compliance to labour regulations are to be specially monitored during the reactivation phases. As and when the lockdown levels ease and the momentum of economic activity picks up, key issues may be expected to emerge around ensuring social distancing measures at workplaces, ensuring occupational safety and health (OSH), use of PPEs and sanitization measures wherever needed, appropriate working conditions, timely payment of wages and ensuring social protection, as well as issues with migrant workers.

Needs

Small and Micro Medium enterprises (1-19 employees)

The Recovery Plan for Small and Micro Medium Enterprises (SMME) has been estimated based on the working capital needs in the formal and informal sector. The estimated working capital needs can be supported by the financial assistance under the "Job Creation and support to SMME and informal businesses" and "Credit Guarantee Scheme" relief measures proposed by the National Treasury. (The method of estimating financial assistance is included in the Sector Assessment Methodology section below.)

There are 652 000 SMMEs which employ approximately 3 million people in the formal sector. And 342 000 SMMEs which supports approximately 0.9 million employees in the informal sector. Thus, for reactivating their businesses, SMMEs in the formal sector may approach the government for the aid, which plausibly can be based on the "credit guarantee scheme" to finance their revenue expenditure and "Job Creation and support to SMME and informal businesses" to finance their employee cost (approximately, 60% of the working capital expenditure). Each SMME in the formal sector may need (on an average) up to R 114 000 each quarter to finance their working capital, out of which R 68 400 each quarter (i.e. employee cost) could be the grant based on job creation criteria under the head of "Job Creation and support to SMME and informal businesses" package. And support to SMMEs in the informal sector can be provided through the funds under "Job Creation and support to SMME and informal businesses" package. Each SMME in the informal sector may need (on an average) up to R 86 000 in each quarter.

Overall, the formal sector SMMEs need financial assistance of R 74.52 billion in Quarter 3 of 2020, out of which 29.91 billion, which is their revenue expenditure, may be backed through "credit guarantee scheme" and 44.61 billion, which is their employee cost, may be funded through "Job Creation and support to SMME and informal businesses" package. A similar amount for Q4 of 2020 is required. The informal sector SMMEs need R 29.29 billion in Q3 of 2020 and a similar amount for Q4 of 2020 to finance both revenue and employee expenditure. This could be financed through the "Job Creation and support to SMME and informal businesses" package. Detailed analysis of the financial need at a sectoral level is given in Table 14. Detail of cost structure under each head of the package is given in the section "Cost" below. The highest amount of assistance may be needed to support the Wholesale and Retail Trade, as it employs most of the formal and informal workforce in the SMME sector.

It may be noted that these are budgetary estimates and providing financial assistance to the SMME units would follow appropriate disbursement procedures and due diligence, as may be needed. Also, a part of this assistance to the formal SMME sector could be through the credit guarantee scheme.

Table 21. Estimated Financial Assistance for Formal and Informal SMME, by economic sectors

Sectors	Formal Sector SMMEs		Informal Sector SMMEs		Assist-ance per SME per Quarter (R 000)	Revenue Expend-iture Assist-ance per Quarter (R 000 000)	Empl-o-yee Cost Assist-ance per Quarter (R 000 000)	Assist-ance for 2020 Q3 (R 000 000)	Assist-ance for 2020 Q4 (R 000 000)	No SMEs (000)	No Empl-o-yees in SMEs (000)	Assist-ance per SME per Quarter (R 000)	Assist-ance for 2020 Q3 (R 000 000)	Assist-ance for 2020 Q4 (R 000 000)
	No SMEs (000)	No Empl-o-yees in SMEs (000)	No SMEs (000)	No Empl-o-yees in SMEs (000)										
Mining and quarrying	2.23	20.13	235.05	10.79	513.41	524.20	524.20	0	524.20	0	1.10	0	0	0
Manufacturing	59.66	199.21	100.66	3614.94	2390.48	6005.43	6005.43	35.11	6005.43	45.44	76.12	2672.31	2672.31	2672.31
Electricity, gas and water supply	2.20	20.85	287.58	5.86	625.48	631.34	631.34	0	631.34	2.85	0	0	0	0
Construction	85.34	297.55	47.89	962.60	3124.26	4086.85	4086.85	123.50	4086.85	166.20	25.41	3138.02	3138.02	3138.02
Transport, storage and communication	59.89	147.48	47.62	1230.40	1621.57	2851.97	2851.97	19.79	2851.97	187.30	124.59	2466.05	2466.05	2466.05
Financial intermediation, insurance, real estate and business services	185.16	567.75	71.51	6428.03	6812.94	13 240.97	13 240.97	23.57	13 240.97	85.83	78.42	1848.11	1848.11	1848.11
Wholesale and retail trade	138.98	837.24	212.91	16 898.32	12 691.54	29 589.86	29 589.86	98.58	29 589.86	224.74	156.15	15 392.58	15 392.58	15 392.58
Community, social and personal services	118.65	935.92	148.27	756.76	16 835.76	17 592.52	17 592.52	41.56	17 592.52	194.81	90.71	3769.41	3769.41	3769.41
Total (non-agricultural sectors)	652.12	3026.12	114.26*	29 907.70	44 615.44	74 523.14	74 523.14	342.09	74 523.14	903.27	85.61*	29 286.48	29 286.48	29 286.48

Source: Statistics South Africa, inputs from SMME Quarterly Update 1st Quarter 2019, own calculations.

Own Account Workers and workers who ‘Do not know’ the size of their employers

The Special COVID-19 Social Relief of Distress Grant’ announced provides for R 350 per month to the each unemployed person in the economy. This amount is considered for computation of COVID-19 Relief Assistance for Own Account Workers and the workers who ‘Do Not Know’ their employer sizes in the informal sector. Another set of computation was done for the same set of workers taking R 1227 as Upper Bound Poverty Line 2019,3 and assuming that these workers are sole earners for their households. Since the R 350 grant is even below the FPL and does not provide enough to cover even the basic needs, it has been recommended that the grant be raised to R 561 per month (FPL) and the set of computation has been done for the same set of workers at R 561 i.e. the Food Poverty Line. Basis this, the detailed assistance estimates by sector is given in Table 15. The assistance, estimated for a period of 6 months, is estimated to be R 3.559 billion (using R 350 per person per month), 5.704 billion (using R 561 per person per month) and R 12.476 billion (using R 1 227per person per month).

Table 22. Estimated assistance for Informal Own Account Workers and Informal Workers who ‘Do not know’ their employer size, by Economic Sectors, for a period of six Months.

Economic Sectors	Own Account workers (Informal)	Workers who ‘Do Not Know’ their employer sizes (Informal)	Total Workers	Total Estimated Unemployment Assistance @ 350 Rand p/m for 6 months (R million)	Total Estimated Unemployment Assistance @ 561 Rand p/m for 6 months (R million)	Total Estimated Unemployment Assistance @ 1227 Rand (UBPL) p/m for 6 months (R million)
Mining and quarrying	852	3523	4374	9	15	32
Manufacturing	133 558	24943	158501	333	534	1167
Electricity, gas and water supply	0	5060	5060	11	17	37
Construction	120227	45360	165587	348	557	1219
Transport, storage and communication	89245	74640	163885	344	552	1207
Financial intermediation, insurance, real estate and business services	141069	35486	176555	371	594	1300
Wholesale and retail trade	742765	40681	783446	1645	2637	5768
Community, social, personal services	190711	46464	237175	498	798	1746
Total	1.418.428	276.156	1.694.584	3.559	5.704	12.476

Source: Statistics South Africa QLFS Q4 2019 Survey, Own Calculations

Discouraged job seekers

The relief package for discouraged job seekers (to help them overcome the crisis and encourage them to become economically active) is estimated at the rate of R 350 per person per month, i.e. in line with the Special COVID-19 Social Relief of Distress Grant for a period of six months making the total assistance around R 6 billion.

Table 23. Estimated assistance for the Discouraged Job Seekers

Province	Discouraged Job Seekers	Unemployment Assistance @350 Rand p/m for a period of 6 months (R Million)
Western Cape	67 476	142
Eastern Cape	295 945	621
Northern Cape	66 792	140
Free State	114 468	240
KwaZulu-Natal	827 215	1737
North West	270 652	568
Gauteng	417 008	876
Mpumalanga	251 772	529
Limpopo	556 055	1168
Total	2 867 383	6022

Source: Statistics South Africa, 10 Own Calculations

Formal sector employees

The government is assisting companies and workers facing distress through the Unemployment Insurance Fund (UIF) and special programs from the Industrial Development Corporation. Additional funds are available for workers with an income below a certain threshold are receiving a small tax subsidy for four months. The Temporary Employee/Employer Relief Scheme (TERS) is a financial support measure that the government has put in place to support workers and employers during the COVID-19 lockdown. An employee's daily income, as well as the income replacement rate, needs to be calculated according to the requirements on the website. Salaries that are taken into account for TERS benefits are capped at R17.712 per month per employee. The income replacement rate sliding scale from 38% to 60% then determines the benefit the employee will receive. The UIF has paid out over R11 billion since its launch 16 April 2020 (status as of 11 May). This includes benefits to more than 2 million workers and over 161,000 companies that launched claims on their behalf.

Expanded Public Works Programme (EPWP)

The Department of Public Works and Infrastructure (DPWI) Government of South Africa resolved that during the COVID-19 lockdown period all EPWP beneficiaries under contract should remain as beneficiaries. Further, these beneficiaries would be eligible to draw from the UIF once their contracts expire. Once the lockdown eases and public works activities pick up, the EPWP could be expanded. Such EPWP assistance is estimated considering affected construction workers (75% impacted at Lockdown Level 5). The wage rate in EPWP is assumed R 92.31 per person per day,35 totalling to R 2 400 (approx.) for 26 days. The total relief package over a period of 6 months was thus is estimated at R 10.757 billion comprising R 2.267 billion for the informal sector and R 8.490 billion for the formal sector.

Table 24. Estimated relief package for the affected construction workers under EPWP

Provinces	Affected workers formal	Affected workers Informal	Total Affected	EPWP wages per month (26 days) @ 92,31 per day. (Rand)	Estimated Assistance for Informal affected workers for 6 months (R million)	Estimated Assistance for formal affected workers for 6 months (R million)	Total Assistance (R million)
Western Cape	106 638	22 317	128 955	2400	321	1536	1857
Eastern Cape	64 244	29 422	93 667	2400	424	925	1349
Northern Cape	11 021	1837	12 857	2400	26	159	185
Free State	30 635	9024	39 659	2400	130	441	571
KwaZulu-Natal	107 043	14 551	121 594	2400	210	1541	1751
North West	26 845	8357	35 202	2400	120	387	507
Gauteng	165 676	30 252	195 928	2400	436	2386	2821
Mpumalanga	38 831	17 186	56 017	2400	247	559	807
Limpopo	38 607	24 503	63 110	2400	353	556	909
Total	589 541	157 448	746 989	2.00	2267	8490	10 757

Source: Statistics South Africa QLFS Q4 2019, inputs from Table 3, and Own calculations

Recommendations

The over-arching recommendation is to meet the needs above by allocating resources as indicated in the costings (see Costs below). In addition the following specific steps should be considered.

1. Public works programmes to provide temporary employment while meeting urgent infrastructure or other needs (e.g. sanitation provision in schools; hospital construction).
2. Public works programmes for longer-term infrastructure needs to counteract longer term recession (e.g. roads).

Costs

Exchange rate: USD 1 to ZAR 16.50

Resource requirement head		Cost
		(R million)
1	Credit Guarantee Scheme	59 850*
	• Formal SME – R 59,85 billion for six months	
2	Job Creation, support to SME and informal businesses	149 000*
	• Formal SME – R 89 billion for six months	
	• Informal SME – R 60 billion for six months	
3	Support to vulnerable households for 6 months	28 750**
	• Own Account Workers and those who ‘Do not know’ size of employers – R 12 billion for six months	
	• Expanded Public Works Programme – R 10.75 billion	
	• Discouraged job seekers – R 6 billion	
4	Wage protection (UIF) – R 11 billion disbursed April 2020	40 000***
Total		277600

*It may be noted that these are budgetary estimates. Providing financial assistance to the SMME units would follow appropriate disbursement procedures and due diligence, as may be needed. Also, a part of this assistance to the formal SMME sector could be through the credit guarantee scheme.

**Only three items proposed under this head in the employment and livelihood chapter. Other items may be proposed in rest of the ENA chapters, and by other institutions and government agencies.

***Considering easing of lockdowns, and consequent picking up on the economic activity, the projected UIF estimates have been kept unchanged.



Source: <https://www.dw.com/en/coronavirus-south-africa-social-divide-and-economic-woes-exposed/a-53739914>



Lagos State Motherless And Abandoned Children

2 Makoko Road, Adekunle

Tel: 01-7226915, 01-7226916

E-mail: redcrosslagosstate@gmail.com

www.nigerianredcross.org

Source: NurPhoto/NurPhoto via Getty Images

AGRICULTURE & FOOD SECURITY

COVID-19

Rapid Emergency Needs Assessment



ZERO
HUNGER



4 Agriculture and Food Security CONTEXT



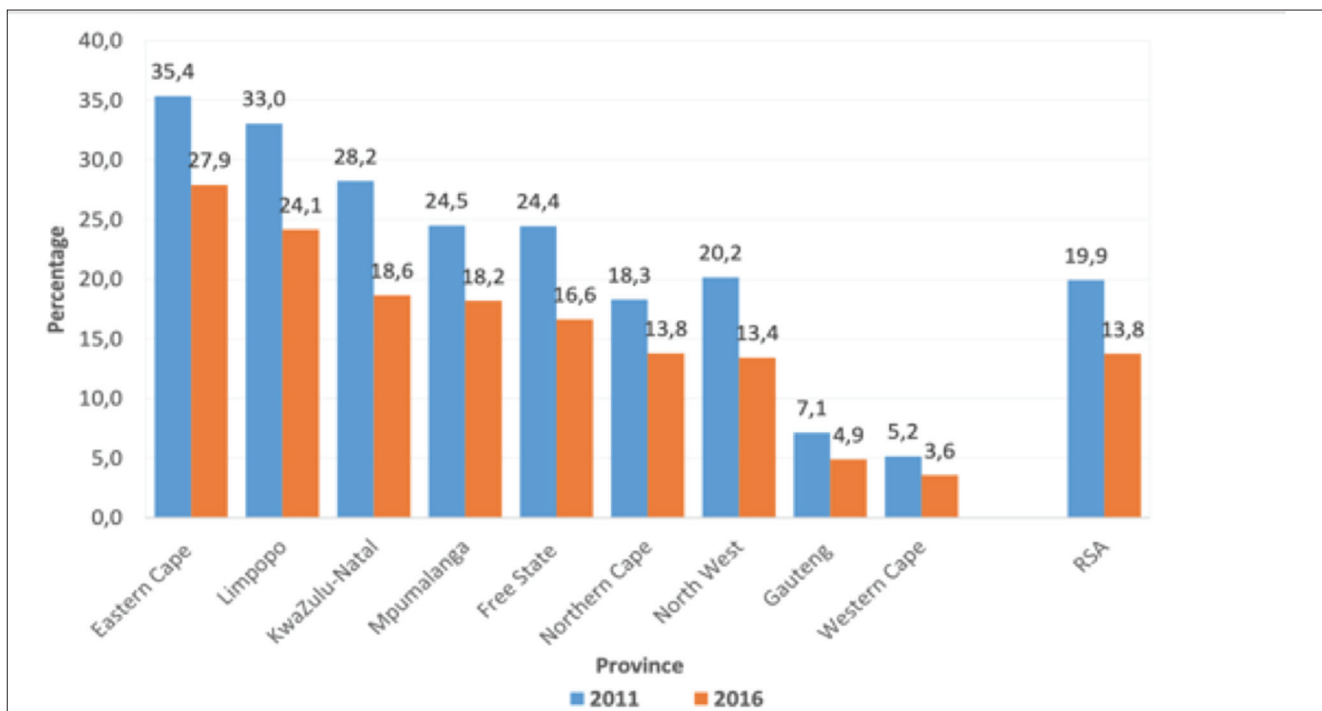
The role of Agriculture as a tool to end extreme poverty and food security and economic development is uncontested. Globally, agriculture is already battling with the challenges relating to climate change that is heavily impacting on productivity and sustainability. Food losses along the agricultural value chain are also increasingly becoming a global concern. Both climate change and food losses compel understanding of agriculture beyond primary production, instead looking at the food system and the entire value chain.

Evidence continues to signal an increase in the number of people that are hungry in the world. The absolute number of people in the world affected by undernourishment, or chronic food deprivation, was estimated to have increased from around 804 million in 2016 to nearly 821 million in 2017. The numbers are reported to be higher in Africa and Asia. Whilst South Africa is food secure at national level, the country is still food insecure at household level as not all households have access to adequate food. Almost 20% of South African households had inadequate or severe inadequate access to food in 2017. COVID-19 adds another layer of complexity and has direct impact on agricultural productivity and food security and nutrition. Therefore, the nexus between agriculture, food and nutrition security cannot be ignored.

Context: Agriculture

Despite the importance of Agriculture, the last decade has seen an overall decline in the number of people involved in agriculture in South Africa. Based on data collected from the Census 2011 and Community Survey (CS) 2016 Stats (2019) attest that the proportion of households reported to be involved in agricultural production activities declined from 2.9 million in 2011 to 2.3 million in 2016.

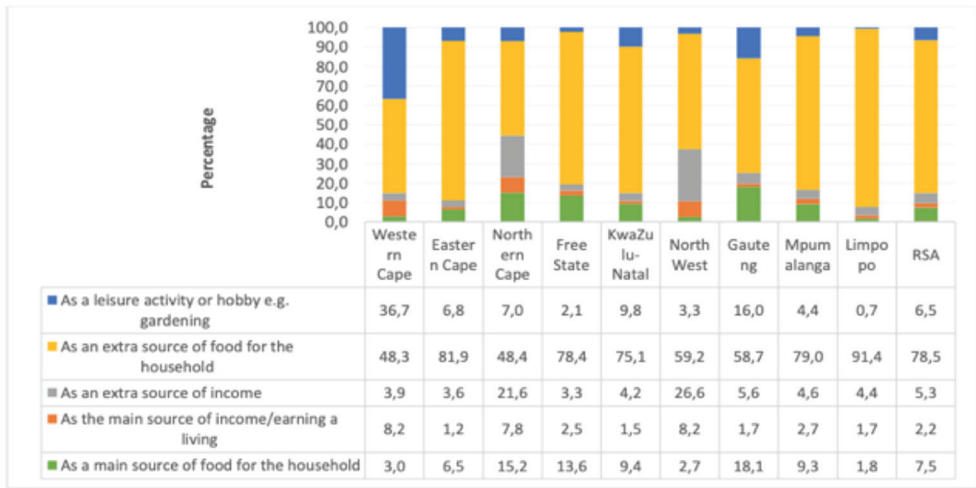
Figure 23. Proportion of households involved in agricultural production activities by province (2011 and 2016)



Source: Statistics South Africa, Census 2011 and Community Survey 2016 cited in StatsSA, 2019

Provinces that are predominantly rural and with high levels of poverty such as Eastern Cape, Limpopo and KwaZulu-Natal show the highest proportions of households involved in agricultural activities. In fact, 88.7% of households in Limpopo, and 78.8% of households in Mpumalanga were engaged in agricultural activities as a way to augment their existing sources of food.

Figure 24. Percentage distribution of households involved in agricultural activities by province and reason for involvement

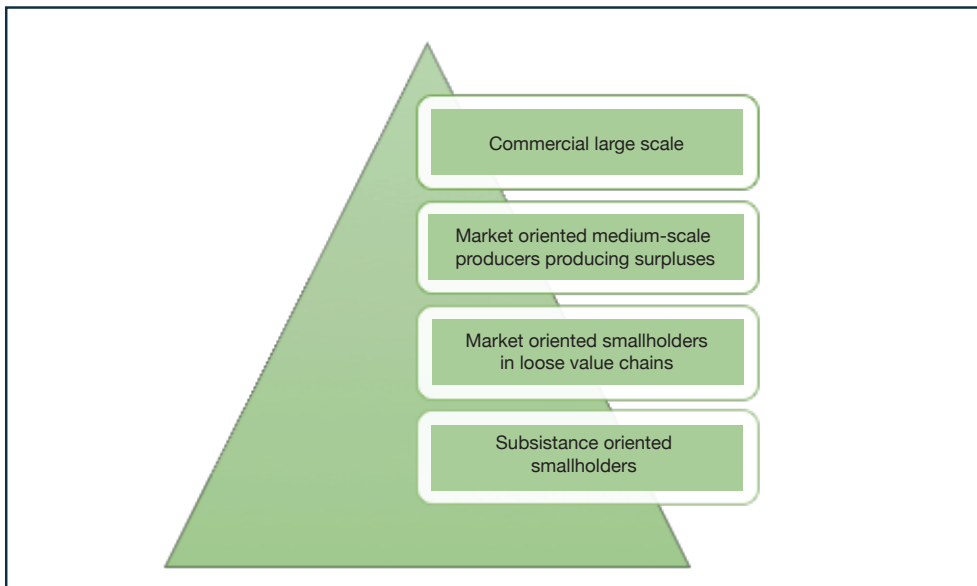


Source: Statistics South Africa

Characterization of farmers

Although South Africa has a resilient and robust agricultural system, COVID-19 has exposed some fault lines and vulnerabilities in certain value chains that need to be addressed. Reflecting the inequalities in the country, the agriculture sector is equally skewed. Historically, the sector has been seen as dualistic with large commercial farmers alongside smallholder farmers. However, in their baseline Agriculture Outlook 2018-2027, the Bureau for Food and Agricultural Policy (BFAP) identified four broad categories of farmer on South Africa (see figure below).

Figure 25. Four categories of South African farmer.



Source: BFAP

Commercial Agriculture in South Africa

Numbers: According to StatSA’s Census of commercial agriculture (CoCA) report (2017)⁴ the total number of farms/farming units involved in the commercial agriculture industry in 2017 was 40 122. The largest proportion of farms was in farming of animals (13 639 farms or 33.9% of the total), followed by mixed farming (12 458 or 31.1%) and growing of cereals and other crops (8 559 or 21.3%). The Free State was the leading province (7 951 farms or 19.8% of the national total), followed by Western Cape (6 937 or 17.3%), North West (4 920 or 12.3%) and Northern Cape (4 829 or 12.0%). The provinces with the lowest number of farms in 2017 were Gauteng (2 291 or 5.7%), Mpumalanga (2 823 or 7.0%) and Limpopo (3 054 or 7.6%).

Employment: In 2018 the commercial agriculture industry employed 757 628 people with major activities recorded in horticulture (268 740 employees or 35.5% of the total), followed by mixed farming (185 863 or 24.5%) and farming of animals (162 116 or 21.4%). STATSA (2020) suggests that during the fourth quarter of 2019, the provincial employment status in the South African Agricultural sector was 885 000 jobs. The Western Cape province contributed 27% (236 000 jobs), followed by KwaZulu Natal and Limpopo provinces with 162 000 and 140 000 jobs, respectively. The Northern Cape and Gauteng provinces had the lowest contribution to Agricultural employment with 4% (36 000 jobs) and 3% (30 000 jobs), respectively.

Land use: The total land used for commercial agriculture was 46.4 million hectares, representing 37.9% of the total land area of South Africa (122.5 million hectares). Commercial agricultural land comprised mainly of grazing land (36.5 million hectares) and arable land (7.6 million hectares). Grazing land is used for livestock and game farming, and arable land is used for crop production. The Northern Cape province accounted for the largest share of the country's commercial agricultural land (37.1%), followed by Free State (16.4%), Eastern Cape (12.3%) and North West (11.5%). Gauteng (0.8%) and Limpopo (3.7%) recorded the smallest shares.

Income: The total income generated by the commercial agriculture industry increase from R 85.9 billion recorded on 2007 to R 332.8 billion. In the same period, 2017 the major contributor to total income was livestock farming (R 120.8 billion or 36.2%), followed by mixed farming (R 95 billion or 28.6%) and horticulture (R 65.7 billion or 19.8%). The province contributing the most to total income in 2017 was Western Cape (R 64.3 billion or 19.3%), followed by Free State (R 46.9 billion or 14.1%), North West (R 39.7 billion or 11.9%), Mpumalanga (R 38.4 billion or 11.6%) and KwaZulu-Natal (R 34 billion or 10.2%).

Agriculture trade (Exports and Import)

Export and import products: In the period 2018/2019 the most important agricultural export products in South Africa were citrus fruit (R 19 969 million), wine (R 9 263 million), apples, pears and quinces (R 7 451 million), nuts (R 5 685 million) and cane or beet sugar (R 4 353 million), were the most important. Meat (R 6 616 million), rice (R 6 436 million), wheat (R 4 978 million), undenatured ethyl alcohol (R 4 284 million) and palm oil (R 3 948 million) accounted for the highest imports in terms of value.

Import and export Trading partners: During 2018/19, the South Africa's five largest export trading partners and destination for agriculture products were the Netherlands, with exports to the value of R 11 927 million, the UK (R 10 784 million), Mozambique (R 7 448 million), China (R 6 931 million) and United States (R 5 233 million). About 21% of the total value of agricultural exports from South Africa for the period July 2018 to June 2019 went to the Netherlands and the UK combined. The five largest trading partners for South Africa's imported agricultural products during 2018/19 were Thailand (R 5 328 million), Brazil (R 5 251 million), Argentina (R4 705 million), the United States (R 4 560 million) and Germany (R 4 083 million). About 14% of the total value of agricultural imports by South Africa during the period July 2018 to June 2019 was from Thailand and Brazil combined.

Smallholder Agriculture in South Africa

The actual total number of smallholder farmers in South Africa is unknown. The numbers vary depending on who is reporting. Whatever the case maybe, these numbers are much higher than the 40 000 commercial farmers. For instance, Census 2011 reported that 2.6 million black households were involved in farming in South Africa and mainly located in the rural areas. WWF (2019) suggests there are two million smallholder farmers in South Africa.

This group of farmers is characterised by challenges relating to lack of access to land, poor physical and institutional infrastructure. Lack of access to proper roads, for example, limit the ability of a farmer to transport inputs, produce and also access information. They also have limited access to formal markets. Moreover, they do not have insurance to guard against risks. This makes them more vulnerable to extreme shocks such as COVID-19 and other related events.

Despite these challenges, these farmers are important not only for food security, but also for job creation. Most households in South Africa are dependent on food supplies from the market (formal, informal or social) for household food security. Even the National Development Plan 2030 (NDP), identified agriculture, forestry and fisheries as key sectors to drive inclusive growth in rural economies with significant job creation opportunities. In the last two decades, the country has seen massive government investments through different programmes to support smallholder farmers to move from subsistence to commercial status. This resulted in the emergence of farmers who are more market oriented.

Context: Food Security and nutrition

Food security is one of the key strategic priorities of the government of South Africa. This is meant to address the level of food insecurity that is felt at the level of many South African households. However, food security should be understood beyond just hunger. The Food and Agriculture Organization defines four pillars of food security (See table below) and argue that these must be fulfilled simultaneously.

Table 26. Four pillars of food security.

Four pillars of Food Security	
Availability	Physical availability of food addresses the “supply side” of food security and is determined by the level of food production, stock levels and net trade.
Access	Economic and physical access to food is concerns about the ability of individuals and households to acquire sufficient nutritious food. Access can be affected by Affordability, Allocation of resources and dietary preference.
Utilization	Utilization brings the nutritional aspect as well as food safety. Utilization can be affected by Nutritional value of the food; health status of people and their ability to consume the food; food safety and free from food spoilage or from toxic contamination and preparation and consumption: the resources, knowledge and ability to prepare and consume food in a healthy and hygienic way
Stability	Food may be available and accessible to people who are able to utilise it effectively, but to avoid increases in malnutrition and in order for people not to feel insecure, this state of affairs needs to be enduring rather than temporary or subject to fluctuations.

Source: Adapted from Food and Agriculture Organisation.

Another dimension in food security discourse is the ‘double burden of malnutrition’. This is characterised by the coexistence of undernutrition along with overweight, obesity or diet-related Non-Communicable Disease (NCDs), within individuals, households and populations.

Overall, the percentage of persons that experienced hunger decreased from 29.3% in 2002 to 12.1% in 2017. However, about 13.4 million households had inadequate or severe inadequate access to food and about 1.6 million households experienced hunger. The hungry household can be traced along the racial line. For example, black African headed households had the highest proportion (17.9%) of households who reported inadequate access to food, followed by coloured headed households (13.5%).

Households headed by coloureds had the highest proportion of households with severe inadequate access to food (8.3%). Households headed by Whites (96.6%) and Indian/Asians (93.2%) had the highest proportions of households who reported having adequate access to food. In terms of type of settlement, in 2017 two thirds (63.4%) of households that reported experiencing hunger were located in the urban areas.

Availability and Access: As a country, South Africa produces enough food. However, access is not equitable. High food prices are one of the key drivers of food insecurity in the country as it reduces consumer purchasing power and can leave the nutritionally vulnerable unable to acquire healthier foods. Access to food is also linked to family size and the number of children in the household. For example, according to the GHS, About 80% of households with 3 or fewer members had adequate access to food, while severe inadequate access to food is mostly found among households with more than 8 members. Similarly, about 80% of households with no children reported adequate food access, compared to roughly 60% of households with more than 3 children.

Utilization: One of the lessons brought by COVID-19 is the importance of nutrition in enhancing people resilience. Therefore food and nutrition should be seen as two sides of the same coin. In terms of utilization and nutrition, South Africa is sadly one of the countries with increasing incidence of non-communicable disease. In addition to infectious diseases such as tuberculosis, pneumonia, diarrhoea, malaria, and measles, incidence of non-communicable diseases (such as cancer, diabetes, heart disease and asthma) is growing. Non-communicable diseases accounted for over half (57.4%) of deaths in 2016 (Stats SA, 2018).

Sustainability: Many people who are hungry also do not have stable and sustainable food sources.

Impact


Impact on Agriculture

Before COVID-19 hit, South Africa had already come to cross-roads with land reform, as well as facing the current realities of slow economic growth, high unemployment, weakened government institutions, and a wide-spread collapse of municipalities. An ongoing political debate about land expropriation without compensation creates uncertainties and has already affected investor confidence in the agricultural sector. Evidence suggests that without continued investment, the value of agricultural exports could decline by 40%, and 30% of the jobs in high-value export orientated crops could be lost (BFAP, 2020). Like any other sector, COVID-19 has negatively affected the agriculture industry.

COVID-19 has disrupted the entire food system at different levels and at different points along the value chain.



Source: UNDP Photo Archives




Disruption of the supply value chain. Logistical problems in harvesting and transport will put upward pressure on food prices in some areas of the world, including South Africa. Although many agricultural services and supermarkets were classified as essential services; access to informal food sources which majority of resource poor families relied on were restricted. This has a negative impact on business of these small street vendors as well as the consumers in the low-income band.

For commercial farmers, the pandemic impacted purchasing power and logistics, resulting in a deviation from the typical markets for certain products.

Restrictions on imports and exports. Due to COVID-19, many countries have introduced trade restrictions. This has a negative impact on South Africa's ability import or/or export certain products. For example, during the first part of the lockdown in South Africa (Level 5 and 4) the sale of alcohol was banned. This has a direct impact on the wine industry and exports.

Taking a commodity such as rice as an example, in 2018 and 2019 alone, South Africa imported almost 1.1 million tons of rice at a value of USD 518 million and 1.0 million tons of rice at a value of USD 448 million, respectively. Thailand and India, together, supply more than 95 percent of South Africa's rice demand with Thailand's contribution more than 75 percent. Any trade restriction in this regard will affect the availability of rice in the country, increasing price volatility.



Overall, export volumes through the lockdown period remain well below those recorded earlier in the year, hampered by substantial delays at regional border posts.⁴⁸ For example, BFAP reports that in total for 2020 so far, apples that passed export inspection are 7% more than in 2019, whilst apple exports are 1% lower than the same period last year, hinting towards delays in exports. Pear volumes that have passed export inspection, are 8% below 2019 YTD volumes, with exports 10% lower than the same period last year.

South Africa is also highly dependent on agricultural imports. For instance, it is estimated that more than 80% of domestic fertiliser demand and more than 95% of plant protection chemicals are imported.⁴⁹ The risks associated with the high dependence on imports for critical inputs are twofold: Firstly, it relates to availability, either due to supply disruptions in major sourcing countries, or logistical and distribution challenges arising from COVID-19 containment measures.

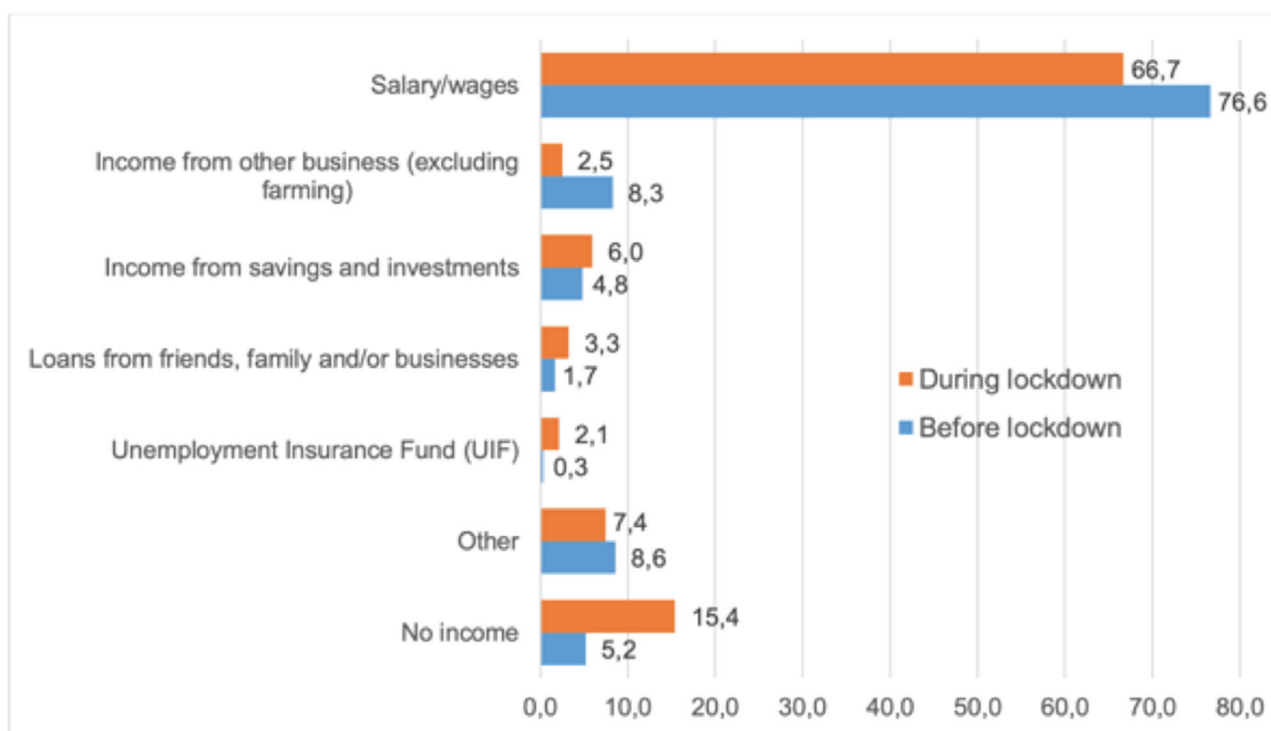
The resource-poor farmers are hit the hardest

Resource poor farmers, like poor communities in general, are disproportionately impacted by COVID-19 restrictions. Drawing from the Sustainable Livelihood Framework (SLF), people's vulnerability to risks and shocks is highly dependent on the access to assets such as financial, natural, physical, human and social capital. The majority of farmers in this segment rely on informal markets, lack long-term accumulated assets, and are not covered by insurance. The economic consequences of lockdowns are significant and it will be felt for a long as their will take longer to recover from this devastating shock.

Impact on Food Security and Nutrition

Income loss and food insecurity: Household income pressure caused by the national lockdown, has become a reality of many South African households. In the last quarter of 2019, South Africa had reached its highest level of employment rate of 29.2%. There is also evidence that due to COVID-19 and the national lockdown, a significant of people have lost their income generation statuses. There is recent comprehensive statistic on the job loss. However, Statistics South Africa (Stats SA) has embarked on a series of online web-based survey to measure the impact of the COVID-19 on individuals. There indicative results (although not representative of the country) suggest loss in income. As reflected in the **graph below**, the percentage of respondents who reported receiving no income increased from 5.2% before the lockdown to 15.4% by the sixth week of the national lockdown. The majority of respondents reported salaries/wages as their primary source of income before and during the national lockdown. However, this percentage decreased from 76.6% before the national lockdown to 66.7% by the sixth week of national lockdown.

Figure 27. Proportion of respondents by income source before and during lockdown.



Source: Statistics SA (2020)

There is a direct link between the ability to generate income and food security. As argued before, people's buying power determines their access to food. McKinsey (2020) attests that COVID-19 has created significant demand-side pressure that may worsen food insecurity on the continent owing to loss of incomes and potential food price increases caused by localized supply shocks and depreciating currencies.

Food availability and affordability: With the effect of COVID-19 pandemic in South Africa, there is evidence of instability and supply chain interruptions that is impacting both food availability and affordability.

Food prices: In general, the lock down period is marked by increase in food items and other essential goods. Paradoxically, the most important cause of rising food prices may be hoarding behaviour by consumers and governments rather than market condition. Panic buying is one of the contributing factors. At the beginning of national lockdown many consumers responded through panic buying; which depleted certain stocks in the supermarkets. The prices of certain food items went up and affected people’s ability to access affordable food.

The National Marketing Council (NAMC) in South Africa monitors the prices of 28 selected food basket items on monthly basis. This information gives a detailed overview of how the food prices are fluctuating over time.

Error! Reference source not found. provides a comparison of overall prices for the period between November 2019 to April 2020.

Composition of the current food basket (revised in 2017) include: apples per kg, baked beans – tinned (410g), bananas per kg, beans – dried (500g), beef mince per kg, beef offal per kg, cabbage per kg, Ceylon/black tea (250g), cheddar cheese per kg, chicken giblets per kg, eggs (1.5 dozen), fish (excl. tuna) – tinned (400g), full cream milk – long life (1l), instant coffee (250g), IQF chicken portions (2kg), brown bread (700g), white bread (700g), margarine brick (500g), onions per kg, oranges per kg, peanut butter (400g), polony per kg, potatoes per kg, rice (2kg), sugar white (2.5kg), sunflower oil (750ml), super maize meal (5kg) and tomatoes per kg.

Table 27. Cost of urban food basket Nov 2019 - Apr 2020.

November 2019	December 2019	January 2020	February 2020	March 2020	April 2020
R869.94	R872.76	R875.95	R890.85	R895.18	R908.62

Source: Summarised from NAMC series of 28-item urban food basket

Although the increase for this time period is 4.4% (R 38.68), the monthly increase from March to April is 1.5%, a large step. When compared to April 2019, an annual (y-o-y) percentage increase of 3.3% was reported.

The price increase of some food items exceed the South African Reserve Bank’s (SARB) upper annual inflation band of 6%. For example, peanut butter 400g (6.2%), Ceylon/ black tea 250g (23.4%), eggs 1.5 dozen (22%), sunflower oil 750ml (31.9%), bananas – fresh per kg (16.8%), beef offal – fresh per kg (6%), super maize meal 5kg (8.6%), potatoes – fresh per kg (18%), and white sugar 2.5kg (7.8%). BFAP also observes the year-on-year comparison indicate significantly higher prices, with the exception of fruit and month-on-month inflation was substantial in Meat and Milk, Eggs and Cheese.

Table 28. Changes in price of key food items.

Category	Product	20-Apr	20-Mar	20-Apr Estimate	% change y-o-y	% change m-o-m
Beans	Baked beans - tinned 410g	10,58	11,13	11,02	4,1%	-1,0%
Beans	Beans - dried 500g	19,43	18,76	17,93	-7,7%	-4,4%
Beans	Peanut butter 400g	28,79	31,10	30,57	6,2%	-1,7%
Coffee, Tea	Instant coffee 250g	35,80	35,33	32,45	-9,4%	-8,1%
Coffee, Tea	Ceylon/ black tea 250g	35,62	36,01	43,94	23,4%	22,0%
Dairy, Eggs	Full cream milk - long life 1l	14,30	14,96	15,00	4,9%	0,3%
Dairy, Eggs	Eggs 1.5 dozen	41,47	40,63	50,58	22,0%	24,5%
Dairy, Eggs	Cheddar cheese per kg	104,39	106,06	109,30	4,7%	3,1%
Fats, Oils	Brick margarine 500g	21,97	21,25	21,67	-1,4%	2,0%
Fats, Oils	Sunflower oil 750ml	22,62	22,78	29,83	31,9%	31,0%
Fruit	Apples - fresh per kg	22,39	22,32	22,32	-0,3%	0,0%
Fruit	Bananas - fresh per kg	16,42	18,48	19,18	16,8%	3,8%
Fruit	Oranges - fresh per kg	23,80	32,16	25,02	5,1%	-22,2%
Protein	Beef mince - fresh per kg	84,11	85,85	85,16	1,2%	-0,8%
Protein	Beef offal - fresh per kg	34,24	36,31	36,31	6,0%	0,0%
Protein	Chicken giblets per kg	33,97	34,18	34,18	0,6%	0,0%
Protein	IQF chicken portions - 2kg	65,08	68,95	67,03	3,0%	-2,8%
Protein	Fish (excl. tuna)- tinned 400g	19,37	20,85	20,35	5,1%	-2,4%
Protein	Polony per kg	46,86	34,25	35,59	-24,0%	3,9%
Bread & Cereals	Loaf of brown bread 700g	12,56	12,50	12,96	3,2%	3,7%
Bread & Cereals	Loaf of white bread 700g	13,85	13,66	13,87	0,1%	1,5%
Bread & Cereals	Super maize meal 5kg	40,57	43,73	44,04	8,6%	0,7%
Bread & Cereals	Rice 2kg	26,12	27,56	26,28	0,6%	-4,6%
Vegetables	Cabbage - fresh per kg	14,18	15,07	14,96	5,5%	-0,7%
Vegetables	Onions - fresh per kg	13,75	15,30	14,48	5,3%	-5,4%
Vegetables	Potatoes - fresh per kg	12,50	13,21	14,75	18,0%	11,6%
Vegetables	Tomatoes - fresh per kg	24,98	20,35	17,08	-31,6%	-16,1%
Sugary foods	White sugar 2.5kg	39,66	42,44	42,77	7,8%	0,8%
Total Basket (Rand Value)		R879,38	R895,18	R908,62*	3,3%	1,5%

Source: Statistics SA and BFAP, 2020 / NAMC.

Government Response

Overall, the Government of South Africa has responded to the COVID-19 pandemic with large-scale economic relief measures; with more support is targeted at the most vulnerable South Africans.

Agriculture responses

Trade tracking and monitoring availability and stability of food supply

In South Africa there is a proactive effort to track trades on bi-weekly basis. This is done by the Bureau for Food and Agricultural Policy, in collaboration with the Department of Agricultural Economics, Extension and Rural Development at the University of Pretoria and the Department of Agriculture, Land Reform and Rural Development; thus publishing the so called **Bi-Weekly Trader Tracker**. The aim is to serve as a tool to monitor food availability and prices.



Agriculture Disaster Fund

Smallholder relief support: The government of South Africa, through the Department of Agriculture, Land Reform and Rural Development, launched COVID-19 Agriculture Disaster Fund, aimed at addressing the effects of effects of the Coronavirus and ensuring sustainable food production after the pandemic. The beneficiaries of the fund are smallholder and communal producers with a turnover between R 20 000 and R 1 million per annum with 50% women, 40% youth and 6% people with disability targeted. Surprisingly, the application was open for a limited period of time, opened 8 April and closed on 22 April 2020.

The Minister of Agriculture, Land Reform and Rural Development, Ms Thoko Didiza monitored the of the COVID-19 Agricultural Disaster Fund application process and outcome. By May, 17 just over a month after the closing date, 15 036 applications had been approved valued just over R 500 million in favour of smallholder and communal farmers, of which 5 494 are women, 2 493 youth and 224 people living with disability; males are at 9 542.

Commercial farmers support: The department has also availed R 100 million to the Land Bank to assist commercial farmers under distress. However, the land bank is facing liquidity crisis. In January 2020, Moody's downgraded the Land Bank's credit rating, citing its deteriorating financial position, a constrained agricultural sector and fiscal constraints that may reduce financial support. With this financial challenge, many commercial farmers resorting to commercial banks for rescue. Government through the National Treasury also allocated R 3 billion as an equity investment to recapitalise the Land Bank, enabling the settlement of this facility.



Food security and nutrition responses

At national level, the National Command Council was established by President Cyril Ramaphosa on 23 March in response to the COVID-19 virus outbreak in South Africa. With a humanitarian mandate, the Fund provides a platform for both the public and private sectors to jointly contribute to a common cause. As a short term, immediate intervention, the Fund distribute food parcels to the value of R350-R430 (including delivery) that provide basic food relief for a household for two to three weeks (depending on household size). Distribution solutions were needed to reach the most marginalised and remote communities across South Africa, in the shortest possible time, whilst observing the rules of the national lockdown.

Alongside its health-care work, R 137 million has been approved for humanitarian relief efforts, which have helped provide food parcels to more than 280 000 families, in excess of the fund's target of support for 250 000 households. However, distribution has been problematic in some instances, with reports of queues, food parcels being diverted at local government level; for more information see chapter **Human Impact**.

Needs

Table 29. Costed needs for agriculture and food security

	Interventions	Cost (Unit cost in ZAR)	Total
(ZAR m)			
1	An additional 20 000 smallholder farmers (earning between 20 000 to 1 million annual turnovers) to be covered as per the current rate of allocation by the government (R 50 000 per farmer). This aid should include the fishery sub-sector and Agro-processing	R50 000	1 000 000
2	Additional R100 million to be made available to assist small farm holders who earn above the R1 million threshold under severe distress	R 100 000 000	100 000
3	Support for additional 200 000 small-scale household farmers with the procurement of agricultural inputs (seeds, fertilizers, indigenous breeds of chickens and chicken feed to start production)	R15 000 per farmer	3 000 000
4	The support should be made available to 15 600 informal agricultural workers who lost income and are not covered by UIF.	R2000 per farmer	31 200
5	Farm workers support for Personal Protective Equipment (PPE – protective face shield and gloves) and (approximately 700 000 farmworkers) and COVID 19 awareness information in the language they understand.	R88 per farm worker	61 600
6	To supplement the short term distribution of food parcels, the government should Start 1 million backyard garden campaign at a community level in partnership with traditional leadership and local municipalities and mobilize private sector and local NGO support.	R500 start-up kit per garden	500 000
	TOTAL		4 692 800

Source: <https://phys.org/news/2020-08-impact-covid-africa-severe-setback.html>

Recommendations

Existing vulnerabilities in Africa's agricultural and food systems, combined with demand and supply shocks likely to flow from COVID-19, could be heightened unless mitigating actions are taken now.

Given the diversity of the South African population and the farming community in particular, government response cannot be a one-size-fits-all. There is also need to identify immediate response that helps address the challenges on the now. However, government should also begin to map out long terms strategies that will help resuscitate the economy and ensure better preparedness for future potential shocks.

Differentiated relief and stimulus packages for different farmers and commodities: Given the diverse nature of the farming community, and context where they are located. More so, the fact that different production systems and products are impacted differently by COVID-19 there response therefore cannot be homogenous. One size doesn't and will not fit all. There is need to adaptation and development pathways for different types of farmers along the value chain.

Strengthen the nexus between agriculture and nutrition: More than ever before, COVID-19 exposed the strong link between food, nutrition and resilience. In the longer term, government should implement more nutrition sensitive agriculture strategies where nutrition is at the centre that in the periphery.

There is also a need to **building the resilience food systems** and strengthen local production of agricultural input.

Strengthen the capacities of smallholders to maximize production at local levels. This will address the challenge of food access during crisis situation. This will greater support in terms of farming input and necessary infrastructure and adherences in food safety standards.

The dependency on government support is not sustainable. Government should seriously find workable and pragmatic strategies to address the inequalities and create sustainable job creation.

Costs

These are provided in Needs above.

HEALTH

CONTEXT

COVID-19

Rapid Emergency Needs Assessment



GOOD HEALTH
AND WELL-BEING



5 HEALTH CONTEXT



Vulnerabilities to COVID-19

An overview of the nature and course of the COVID-19 pandemic in South Africa is given in chapter COVID-19 in *South Africa*.

COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions are at much higher risk for severe illness from COVID-19. Table 30 provides national and provincial data on some of the risk factors which could potentially increase the vulnerability of the population for a severe COVID-19 infection.

A little less than 10% of the population in South Africa are above 61 years of age. Gauteng, Eastern Cape KwaZulu-Natal and Western Cape are the provinces with higher number of elderly people. There are an estimated 7.6 million PLHIV in the country, of which nearly 2.5 million (32%) are not on ART. All the provinces except KZN have 30% or more PLHIV not on ART. Tuberculosis incidence in SA is 567 per 100 000 population (2017) and TB is the leading cause of death. Provinces with incidence rate more than 600 per 100 000 population have been estimated for Eastern Cape, KwaZulu-Natal, Western Cape and Northern Cape (2015). The effective treatment coverage (combining the case detection rate and the treatment success rate) stands at 51.9 on a scale of 0-100. Provinces performing below national average are Free State, KwaZulu-Natal and Gauteng. Prevalence of hypertension among 15+ age group is nearly 40% at the national level. Northern Cape, Western Cape, Free State and KwaZulu-Natal have reported higher prevalence than national level. Prevalence of diabetes among adults (15 years and older) is 10.6% at the national level. Western Cape has an estimated prevalence of 17.8% which is highest among the provinces. Nationally, diabetes treatment coverage has declined from 44.3% in 2008 to 34.8% in 2017. The prevalence of smoking in South Africa is 33.6%. Smoking is most prevalent in the Western Cape, Northern Cape and Free State.

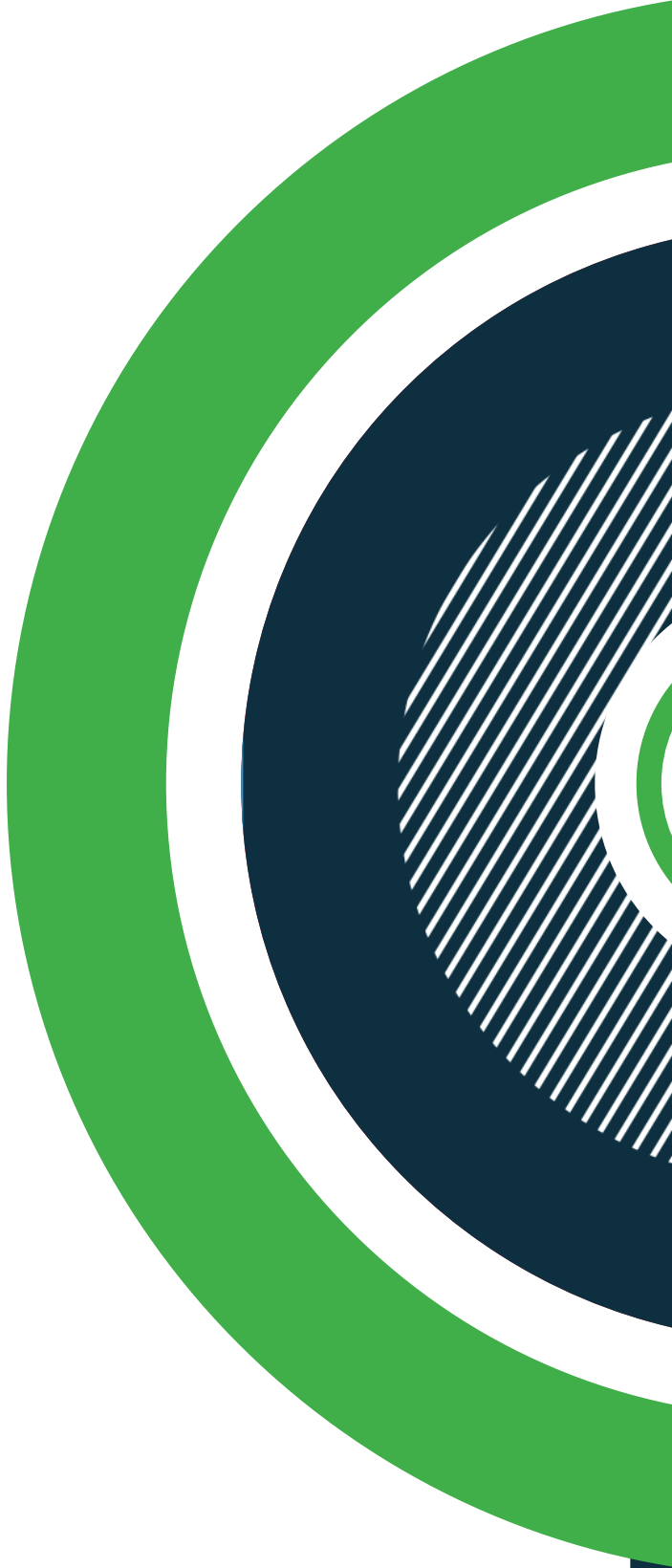


Table 30. Pre-existing health burdens:

National/ Provinces	Elderly (>60 years)	Number of PLHIV	Number of PLHIV not on ART	Percentage of PLHIV not on ART (%)	ART effective service coverage (%)	TB incidence (per 100 000 population)	TB effective treatment coverage (0-100)	Prevalence of raised blood pressure (%)
National	5 514 071	7 800 000	2 470 000	32	59.2	567	51.9	39.8
Eastern Cape	1 160 362	850 000	280 000	33	52.6	692	52.4	39.4
Free State	266 413	450 000	140 000	31	63.8	575	48.1	46.2
Gauteng	1 364 485	1 900 000	690 000	36	53.4	330	50.7	37.1
KwaZulu -Natal	812 074	2 100 000	540 000	26	64.6	685	49.8	43.3
Limpopo	437 886	590 000	200 000	34	61.3	301	55.2	33.1
Mpumalanga	318 864	820 000	240 000	29	64.8	402	54.6	30.0
Northern Cape	127 523	530 000	180 000	34	67.7	645	52.4	50.0
North West	322 292	100 000	40 000	40	49.2	528	53.6	39.4
Western Cape	704 172	480 000	170 000	35	55.3	681	53.7	47.1

Sources: Health Systems Trust^{6,62}; UNAIDS⁶³ South Africa District HIV Estimates

Healthcare System

Access to health care services is a human right recognised and protected by the Constitution of South Africa. The country spends 8.7% of GDP on healthcare. Of this, 43% is public expenditure catering to 84% of population. Thus the majority of spending on healthcare is private, catering for fewer than one in five of the population. There is very limited reliance on donor funding which is 2.55% of Current Health Expenditure. This indicates a highly inequitable health system, which government is trying to improve the situation through major health sector reforms, including the introduction of National Health Insurance (NHI).

There are 814 healthcare facilities nationally, with 405 facilities operating in the public sector and 409 facilities operating in the private sector. Public health facilities are largely categorized by 9 Central Hospitals, 18 Provincial Tertiary Hospitals and 47 Regional Hospitals for provisioning of secondary and tertiary health services. There are 251 district hospitals, 278 community health centre (some of which also provide hospital services) and 3240 primary health clinics providing primary health care in South Africa. Detailed distribution of health facilities by province can be found in Table 31.

Table 31. Distribution of Health Facilities by Province in South Africa

Province	PHC	Community Health Centre	District Hospital	National Central Hospital	Provincial Tertiary Hospital	Regional Hospital
Eastern Cape	735	41	65	1	3	5
Free State	235	11	25	1	1	4
Gauteng	334	33	12	4	3	9
KwaZulu-Natal	614	21	38	1	3	12
Limpopo	457	26	30	-	2	5
Mpumalanga	259	58	23	-	2	3
Northern Cape	130	33	11	-	1	1
North West	267	46	13	-	2	3
Western Cape	209	9	34	2	1	5
Grand Total	3240	278	251	9	18	47

Source: District Health Management Information System (DHIS).

Private health facilities are concentrated in urban area and provinces with high per capita income. Private health facilities largely cater to the population covered by “medical aid” health insurance.

Nationally there are 32 medical practitioners per 100 000 population. LP, NW, MP, FS and EC have few medical practitioners than national average. South Africa has 179 hospital beds per 100 000 population,6 with a bed occupancy rate of 75%. Limpopo, Mpumalanga and North West has fewer number (less than 150) of hospital beds per 100 000 population. The National Modelling Consortium works on the basis that nationally, 7 217 critical beds, 3 318 ICU beds, and 2 722 high care beds are available. In terms of emergency preparedness and response, the Joint External Evaluation of International Health Regulations (IHR) 2005 core capacities of South Africa conducted in December 2017 reported a lack of enabling national plan or legislation on areas related to IHR and health security, gaps in real time surveillance, lack of capacity to activate emergency operation centres, and gaps in health workers capacity in emergency preparedness and response. Based on the analysis of the latest annual reporting data69 the International health regulations core capacity index (this proxy measure is based on 13 core capacities for preparedness in dealing with health security events) for SA is 70% against global average score of 63%. The top challenges are C9 Health Service Provision, C6 Surveillance and C2 IHR Coordination and National IHR Focal Point Functions.



Impact

The first case was reported on 5 March, and as of 9 June, COVID-19 has claimed 1162 deaths in South Africa. The public health impact of COVID-19 has not yet been large in South Africa. Hence the health impact of COVID-19 itself (as opposed to the impact of preventive measures) remains largely a matter of projection, which is explored in the section **Needs** below.

COVID-19 has an indirect public health impact through disrupting ongoing health services. In particular, South Africa has the highest estimated number of people (all ages) living with HIV and seventh highest TB incidence in the world.⁷¹ The impact of COVID-19 pandemic on HIV and TB services is a concern. Repurposing of staff on such programmes for COVID-19 response has hampered routine contact tracing for this disease and their follow-ups. A report by Imperial College London stated that “in high burden settings like South Africa, HIV and TB related deaths over 5 years may be increased by up to 10% and 20%, respectively, compared to if there were no COVID-19 epidemic”.

Routine health services are affected by consequences of not seeking services for fear of contracting infection, avoiding overcrowding in facilities, physical distancing, travel restrictions due to lockdown and economic slowdowns. Survey conducted by the Human Sciences Research Council indicated that approximately 13.2% of the population indicated that their chronic medication was inaccessible during the lockdown. Approximately 13%-25% of those living in informal settlements, rural (traditional tribal areas) and farms indicated their chronic medications were not easily accessible. Another survey done by STATS-SA showed that 7.8% of respondents with chronic condition were not able to access their medicines.

The largest share of this group (45%) indicated that they were scared they would be infected. An additional 37.5% were scared to leave the house because they feared being arrested and/or fined. Approximately one-fifth (17.5%) said that they did not have money to get to the pharmacy, clinic or health facility where they could obtain medicines. The survey however, was limited in terms of sample size and the representation of the population.

Global responses to COVID-19 threaten supply chains for health commodities by disrupting the manufacture of key pharmaceutical commodities, and by delaying transportation of commodities. In particular, shutdown of drug-manufacturing plants in China and India may lead to delays in supplies of medicines or medicine components. In addition, equipment and staff involved in provision of routine and essential health services are diverted to fulfil COVID-19 response needs.

Experience from the Ebola outbreak in Western African countries has shown that response to an epidemic can cause serious disruption to access to normal health services and can lead to significant morbidity and mortality from other serious diseases (e.g. malaria). With regards to HIV/AIDS, failure to prioritize sexual and reproductive health during the recovery phase—which may be quite lengthy—could reverse gains made during recent decades.

Current data suggests that children may be less vulnerable to COVID-19 infection than adults, and may experience less severe symptoms. This is encouraging in a relatively young population (median age 27). Nonetheless, it is difficult to predict how COVID-19 will impact on children in South Africa given the high proportion of children whose immune systems are compromised by exposure to HIV (21%), stunting (27%) and TB. In addition, South Africa's children are more likely than adults to be living in poverty (59%), without access to water on site (30%) and in overcrowded households (18%). It is therefore not surprising that lower respiratory tract infections and acute diarrhoea are two of the leading causes of under-five mortality. Data from child mortality audits show that one-third of children under 5 years of age who died in South African public hospitals had Severe Acute Malnutrition, and a further 27% were underweight for their age.

These pre-existing vulnerabilities are likely to intensify under conditions of lockdown and the COVID-19 pandemic which is likely to further compromise children's access to food, water and sanitation.

Regardless of magnitude or duration, these impacts may be felt more acutely among disadvantaged and neglected groups, including migrants, people who identify as LGBTQI, people experiencing gender-based violence, those living with HIV, individuals with disabilities and people of lower socioeconomic status. Further, the lack of access to medicine and regular healthcare among patients with non-communicable and chronic diseases results in severe healthcare issues which might be more fatal than COVID-19 in the days to come.

Government Response

Stringent anticipatory measures have been taken by the government, including restrictions on economic and social activities from 15 March, and full "lockdown" from 26 March. However, for the sustainability of the economy, such measures need to be eased off. In absence of vaccine or medication the cases may surge as the lockdown ease off. Lockdown will only delay the disease progression, rather than prevent or eliminate.

Organisational Measures

The overarching coordination body is the "National Coronavirus Command Council" chaired by the President. An Emergency Operation Centre (EOC) and Incident Management Team (IMT) have been set up as per WHO strategic preparedness and response plan (SPRP) guidelines. Responses have been necessary on the part of many government departments, notably Department of Home Affairs (DoHA), Department of International Relations and Cooperation (DIRCO), Department of Basic Education, and Department of Transport (DoT). The "command and control" structure implemented at the National Department of Health has been cascaded to the provincial level through the multi-sectoral, multi-disciplinary provincial outbreak response teams which is in turn cascaded to district and sub-district levels. See chapter Governance for related discussion.

Public Health Measures

South Africa has instituted the following preventive measures through mass communication, strengthening of health systems, deployment of staff and legal enforcements.

1. Lockdown (to achieve extreme social distancing)
2. Social distancing including the closure of schools and prohibition on gatherings of more than one hundred people (which was later reduced to 50 people)
3. Ban on travel from high-risk countries (later extended to all other countries) and prohibition of all non-essential travel
4. Adopting hand hygiene practices by washing hands regularly with water and soap or hand sanitizer for 20 seconds
5. Cough etiquette including coughing into your elbow or a tissue
6. Wearing cloth masks whenever you are in public places
7. Use of personal protection equipment (PPE) by all health workers
8. Frequent cleaning of the work environment and other public spaces
9. Widespread community screening and testing of symptomatic persons through 67 mobile test units and deployment of ten thousand community workers
10. Testing, isolation, quarantine and contact tracing
11. Announcement of wide-ranging package of interventions to alleviate the economic effect of COVID-19

The nation moved to "Alert Level 4" on 1st May, and began the phased easing of the national lockdown. The Alert Level was further reduced to 3 from 1st June 2020. A larger number of economic activities resumed, with social distancing and other preventive measures in place. The Alert Level is subject to ongoing review.

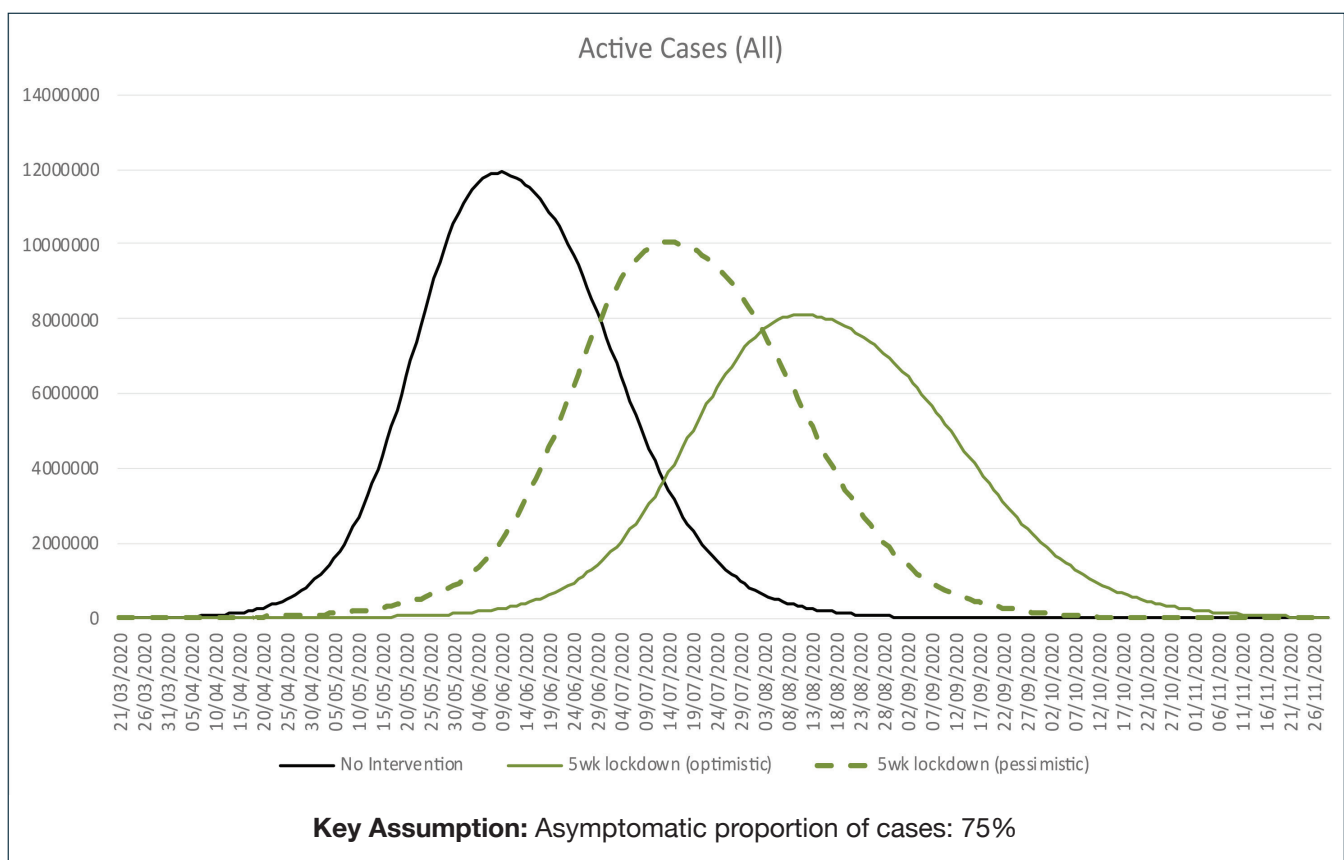
Needs

Assessing health needs created by COVID-19 is difficult because of the inherent difficulty of prediction, and the unpredictable nature of this new disease. A report by South African COVID-19 Modelling Consortium updated 6th May13, provides detailed estimation of projected cases for COVID-19 in short-term and long-term.

The Consortium anticipates that there may be surge in cases during the month of May to August 2020 depending on the various measures in place. June or July are expected to be the critical months for health system performance as the cases are expected to be at peak during these months. Much attention in terms of health resources is needed during this period.

The entire pandemic is expected to affect 8 – 12 million people in the country out of which 75% is expected to be asymptomatic and may not require much attention from health system. There are cases with mild to moderate symptoms which may not require hospitalization and can be treated at home through remote consultation and symptomatic treatment.

Figure 28 Projected active cases of COVID-19 for South Africa as of 28 April

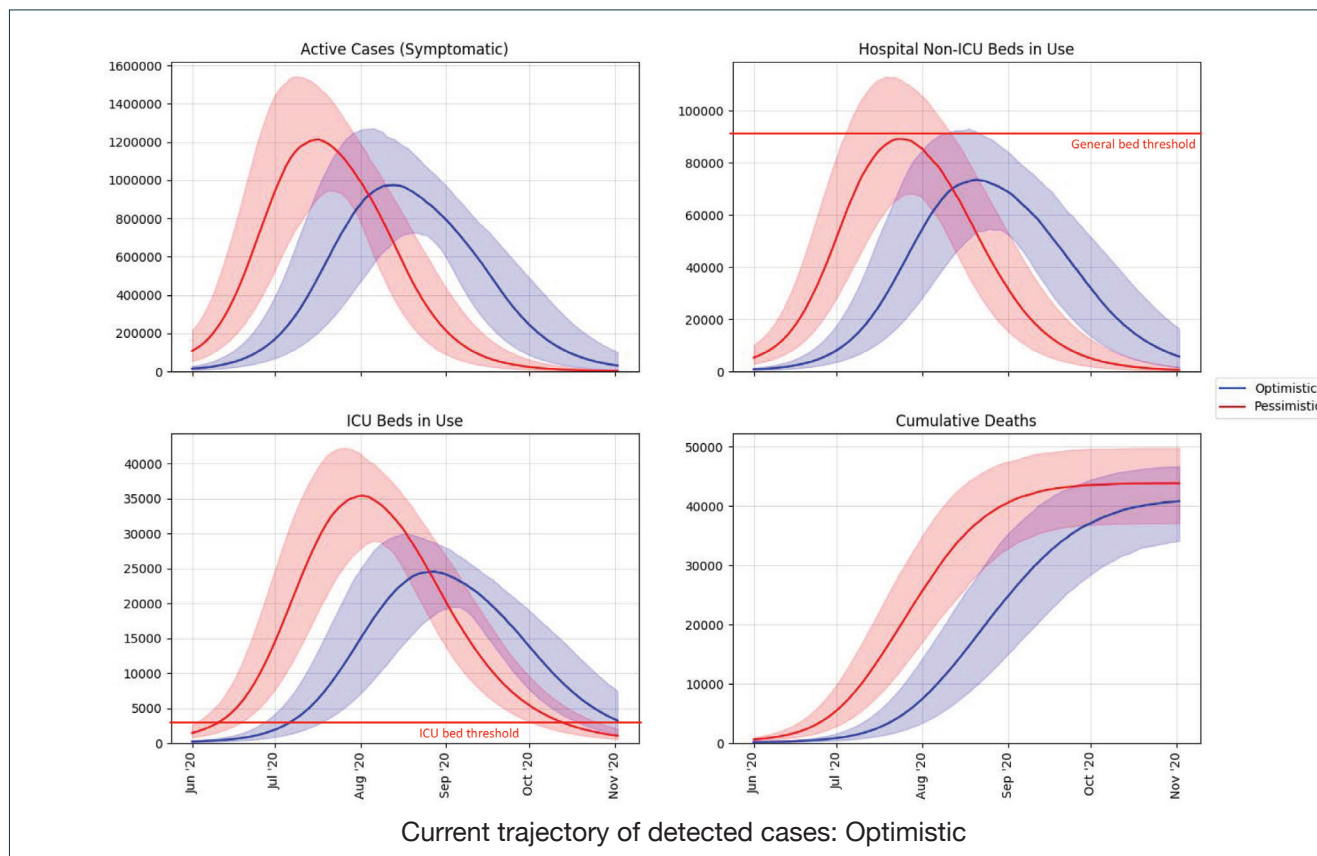


Source: COVID-19 Health Media Briefing Presentation 28th April 202079

Early data suggested a case mortality rate of 0.9% in patients without comorbidities, that increases progressively based on the number of comorbidities and age of the patients. Early evidence from South African hospitalization report also reveals the similar picture. Based on recent data on hospitalization out of total 1974 current hospitalized cases as on 8th June 2020, 1500 (~76%) are in general ward, 300 (~15%) in ICU, 100 (~5%) requiring high care and less than 100 (~4%) are in Isolation. This is in line with the projected numbers by the consortium. Further to this hospitalization among confirmed cases of COVID-19 is estimated at 13% (approx.).

On these projections, peak demand for ICU beds is likely to be between 25 000 and 35 000, which is around 8 to 10 times above the current supply (3 318), as illustrated in Figure 29.

Figure 29. Projected cases, bed demand and deaths nationally



Source: National Data Modelling Consortium.

Given the number of expected cases, the country may need to set-up isolation centres. The government is currently planning to set-up 288 quarantine sites with bed capacity of 28,604 across different provinces. Currently 37.41% are active, hence more funding will be required to set-up additional quarantine sites. Details shown in Table 32.

Table 32. Current status of quarantine sites in South Africa

Province	# active site	# Non-Active Site	Total Planned	% Activated	Active Bed	Non-Active Beds	Total Planned Beds	% Activated
Eastern Cape	0	114	114	0.00%	0	4547	4547	0.00%
Free State	1	13	14	7.14%	9	1171	1180	0.76%
Gauteng	7	13	20	35.00%	4876	4290	9166	53.20%
Kwa-Zulu Natal	46	4	50	92.00%	853	62	915	93.22%
Limpopo	4	9	13	30.77%	183	738	921	19.87%
Mpumalanga	2	16	18	10.00%	161	1224	1385	11.62%
North West	5	5	10	50.00%	113	384	497	22.74%
Northern Cape	8	13	21	38.10%	846	409	1255	67.41%
Western Cape	8	20	28	28.57%	1791	1947	3738	47.91%
National	81	207	288	28.07%	8832	14772	23604	37.42%



Recommendations

The following specific recommendations flow from the foregoing analysis of needs. However, the World Health Organisation is recommended as the primary source of expertise and advice in relation to all health matters.

June – August

1. Enhancing testing capacity
2. Achieve higher level of completeness of contact tracing
3. Increase isolation and quarantine facilities
4. Address shortage of PPEs
5. Increase hospital capacity in terms of bed, oxygen cylinders, ICU and ventilator
6. Continuity of safe and essential health services
7. Ensure that workplace readiness comply with occupational health and safety guidelines
8. Address gender based and other domestic violence (discussed in **gender** chapter)
9. Address mental health of patient, family and health care providers
10. Improve COVID-19 surveillance
11. Strengthen procurement and logistics
12. Cross-border collaboration



September – December

13. Re-establish routine health services
14. Strengthen primary health care
15. Review COVID-19 response
16. Conduct COVID-19 vaccination campaign (if vaccine is available)
17. Cross-border collaboration
18. Enhance capacity at ports of entry

Costs

The costs for response to COVID-19 have been estimated by the Costing Working Group for COVID-19 at Department of Health based on projected number of cases using modelling exercise undertaken by South Africa COVID-19 Modelling Consortium. While estimating the cost of response, the group has taken into consideration additional services required to manage the disease at different level of care. The estimates are largely covering diagnostics, PPE, additional health facilities (including ventilators, ICU beds, Oxygen etc.), additional manpower at PHC level and essential drugs. Provinces with higher burden of disease and low health system capabilities may require more resources as compared to provinces with lower disease burden and adequate health system capabilities. The estimates of the Costing Working Group for the pessimistic scenario are as follows.

Of the total estimated cost major spending may be needed in the area of setting up additional ICU beds, strengthening PHCs, and procurement of PPE and medicines. Together these comprise more than 80% of total estimated cost. From the table above it is estimated that the country may need ZAR 25 – 31 Billion for health sector, excluding costs related to risk communication, governance, operationalization of command centre, and other related costs. On 21 April, ZAR 20 billion was announced for the health sector to cover the additional cost related to COVID-19. This leaves a gap of ZAR 5 – 11 bn in initial funding allocation.

Globally various research initiatives are underway for development of vaccine for COVID-19. If and when a vaccine becomes available, the country will need to meet the costs of procuring the vaccine in sufficient quantities, and administering a vaccination programme. These costs will depend on a number of factors including price of vaccine, capacity for local manufacture, and coverage of vaccination programme.

Table 33. Costed needs for health (pessimistic scenario).

	Costs in thousand R		Costs in R Million									TOTAL
	Needs	Eastern Cape	Free State	Gauteng	Kwa-Zulu-Natal	Limpopo	Mpumalanga	North West	Northern Cape	Western Cape		
1	PPE	700	227	983	1 105	582	318	303	114	496	4.828	
2	ICU	1 266	480	2 205	1 759	943	734	241	611	1 204	9.443	
3	Ventilators	431	120	212	338	-	-	-	-	205	1.306	
4	Testing	167	126	454	396	120	125	59	16	162	1.625	
5	Oxygen	318	143	728	492	230	185	63	159	357	2.675	
6	Hospital Beds	27	5	126	15	131	87	11	71	53	0.526	
7	Drugs	463	206	1 053	730	351	279	90	241	508	3.921	
8	PHC	797	341	1 791	1 346	714	549	150	479	801	6.968	
9	Total (R Million)	4.17	1.65	7.55	6.18	3.07	2.28	0.92	1.69	3.79	31.29	

WATER, SANITATION AND HYGIENE (WASH)

COVID-19

Rapid Emergency Needs Assessment



CLEAN WATER
AND SANITATION



6 Water, Sanitation and Hygiene (WASH) CONTEXT



South Africa is a water scarce country and is currently facing a water crisis caused by recurrent droughts, insufficient water infrastructure maintenance and investment, inequities in access to water and sanitation, deteriorating water quality, and a lack of skilled water engineers. Water shortages are affecting 28% of towns, and there are high rates of non-revenue water (39% of municipal water) and a national average of 36% water loss. The well-being and economic growth of the country is significantly impacted by these factors. Unsafe or lack of water supply, inadequate sanitation services and poor hygiene (WASH) are ranked high on the list of risk factors causing infections, diseases and subsequent deaths amongst South African children, many of which are preventable by simple hygiene practices .

Water

According to the Statistics South Africa's 2018 General Household Survey, access to water has improved over recent years. However, 513 000 households (approximately 2 million people) still had to fetch water from unprotected sources such as rivers, streams, stagnant water pools, dams, wells and springs. One in five South African households reported some dysfunctional water supply service in 2018. Of the households that experienced water interruptions lasting two or more days, a majority (41.5%) used water from tankers or vendors. Other sources were springs, wells, dams, pools or from rivers and streams (12.7%); rainwater tanks (6.7%); and boreholes (4.7%). More than 20% of households indicate that they do not have backup plans in the event of water supply cuts. Where water is provided, reliability is only 63%.

Sanitation

Nationally, 83% of households (13.1 million) have access to improved sanitation (meaning either flush toilets connected to a sewerage system or septic tank, or a pit toilet with a ventilation pipe. Most of the remaining households (13.4%, 2.2 million) use pit latrines without ventilation, and 1.3% (approx. 226 000 households) used bucket toilets. There are a further 232 000 households that have no access to sanitation services.

Hygiene

More than three-quarters (76.2%) of households say their members usually wash their hands with soap and water using the toilet. However, only two-thirds (67.5%) report easy access to hand washing facilities with soap. Communal toilet facilities (regardless of modality) commonly suffer as poor lighting (23.2%), inadequate hygiene (17.7%), no water to wash hands (16.4%), and unquantified complaints such as long waiting times, threats to physical safety and improper or inadequate enclosure of toilets.

Table 1 Summarises the WASH situation in South Africa according to the WHO & UNICEF Joint Monitoring Programme.

Table 34. Summary of WASH in South Africa (adapted from the JMP data)

South Africa	Drinking water		Sanitation		Hygiene	
	Rural	Urban	Rural	Urban	Rural	Urban
Safely managed	-	30 588 214	-	-	-	-
Basic service	15 630 710	6 349 202	14 468 576	28 496 712	5 326 450	19 645 177
Limited service	1 317 086	261 438	1 200 872	7 208 211	10 633 532	14 080 289
Unimproved	910 339	149 393	3 137 763	1 381 885	-	-
No Service	1 530 144	0	561 698	261 438	3 408 928	3 622 780

Source: WHO/UNICEF, adapted from JMP data(2017)

Impact

The onset of COVID-19 in South Africa has brought to the fore systemic weaknesses in the delivery across a range of services, including water, sanitation, and hygiene. A lack of service provision and communities having no services facilitate the spread of disease. Littering in some communities, coupled with poor waste pickup service, contributes further to unhygienic environments. All of these factors taken together make practicing good hygiene, frequent washing of hands, and staying hydrated a challenge for a significant proportion of the population.

Social distancing is another major challenge in densely populated areas, and in such circumstances, proper hygiene and the use of face masks is crucial to slow the transmission of the virus from person to person.

With many poor communities remaining underserved and vulnerable it has created an urgent need for immediate provision of water and sanitation services. This has created demand for water-tanking and the installation of water tanks across the country. According to the South African Local Government Association (SALGA) presentation dating 20 April 2020, tanks and tankers are logistically difficult and extremely expensive; costing in the region of R100 million per month. Further expansion of this intervention will require substantial budget allocation either to municipalities or to the Department of Water and Sanitation. The Disaster Management Act directives have induced significant additional responsibilities and costs in responding to the pandemic including more frequent levels of service in informal settlements and water constrained communities and extra-ordinary cleansing of public facilities and taxi ranks to name a few. The SALGA presentation further states that municipal revenue from water will fall due to reduced consumption from the closure of companies and businesses. With the revenue erosion, municipalities are likely to default on bulk supply accounts as municipalities will not be able to use disconnections to put pressure on non-paying consumers.

This increase in water provision also requires frequent water quality monitoring measures to comply to national legislation. The growing demand is putting pressure on authorities, especially municipalities to ensure potable water is delivered to a larger population without an increase in revenue. It is common that sanitation, handwashing and bathing facilities are shared in densely populated areas. Shared facilities require higher frequency of cleaning, emptying and maintenance if they are to sustain the national hygiene efforts.

The Asivikelane initiative tracks basic services in informal settlements and is a communication channel between municipal governments and informal settlement residents. The 7th report published in June 2020 found that refuse removal remains poor and intermittent, residents still report irregular cleaning of toilets in most metros and broken and blocked toilets remain a problem.

The provision of sanitation in metro informal settlements has not improved and remains at crisis levels everywhere except in Ekurhuleni.

UNICEF together with the Children's Radio Foundation Youth Reporters deployed a rapid survey on the 16th of May 2020. The key findings were that 44% (of 72 responders) said they did not have soap for hand washing, one in three said they had washed their hands fewer than five times the day before and almost one in five, fewer than 3 times a day. Lack of water/reliable access to water was cited as a barrier to hand washing, as was forgetting or not being used to hand washing. The Gauteng City Region Observatory (GCRO) conducted a survey to aid understanding of localised risk factors that might contribute to the spread of COVID-19. Household crowding is a risk factor for a range of health challenges so is maintaining adequate sanitation and appropriate preventative hygiene when sharing facilities. The reliance on shared water sources limits effective implementation of social distancing and preventive hygiene such as handwashing is likely to be more challenging in households without piped water.

There has been intensifying pressure on government to ensure schools meet minimum water, sanitation and hygiene requirements. Approximately 3475 schools nationally are in need of emergency water supply and a further 3800 need adequate sanitation services. **(See also Education.)**

Response

A Water and Sanitation National Command Centre (WSNCC) was set up at Rand Water co-chaired by the Acting DG at the Department of Water and Sanitation and the CE of Rand Water. The WSNCC started operating on the 23rd of March 2020. The interventions by the WSNCC have reached all nine Provinces in South Africa. The response has largely focussed on the provision of emergency water supply through the installation of water tanks at key locations and the delivery of tankers. According to the WSNCC report of 5 May 2020, close to 17 000 water tanks and more than 1200 tankers have been delivered to a total of 158 municipalities and districts between 28 March 2020 and 3 May 2020 . The daily average volume of water supplied through trucking nationally is estimated to be 8ML. Municipalities have also been distributing water and sanitation packs from the Command Centre consisting of hand soap, sanitisers, rubber gloves and masks. In addition to the provision of water and sanitation in living environments, there is awareness of the need to improve WASH services at key locations including health care facilities, schools, transport hubs and shopping malls. Mass media campaigns have also been launched and the dissemination of COVID-19 flyers has reached many public and health care facilities.

Organisations such as WaterAid , World Vision SA , Mvula Trust to name a few has responded to the crisis focussing among other things on strengthening infection prevention and control. Some CSO's including the aforementioned have also reached some communities and vulnerable people with critical WASH and menstrual supplies. A limited number of organisations are responding by increasing access to water through the drilling of boreholes such as Gift of the Givers. UNICEF SA have been increasing handwashing capacity at health care facilities, taxi ranks and in informal settlements through the installation of hand washing with soap facilities and are carrying out risk communication and community engagement measures throughout the country.

Needs

Results of a recent Key informant WASH/RCCE Rapid Emergency Needs Assessment carried out in June 2020 include the following;

1. In Urban settings 28% of KI's reported that everyone has enough water for handwashing compared to only 3% in Rural settings.
2. In Rural settings 14% of KI's reported that nobody in the community has access to functioning handwashing facilities.
3. 23% of KI's in Rural settings reported that communities have no specific handwashing device compared to 14% in Urban settings.
4. In Urban settings 33% of KI's reported communities have access to a sink with tap water.
5. 29% of KI's reported that only a few people have enough soap in Urban and Rural settings
6. The biggest concern in Urban settings is getting sick with COVID-19 followed by having a healthy environment around the house.
7. In Rural settings the biggest concern is having access to food and being able to access water for drinking, cooking, bathing and washing.
8. Wearing a cloth mask is the measure most taken by communities followed by washing their hands with soap or alcohol based sanitizer.
9. 41% of KI's in Urban settings reported that more information on COVID-19 symptoms, treatment and quarantine is necessary, followed by more opportunities to discuss fears and concerns (37%).
10. In Rural areas 28% of KI's reported that an increase in access to water is necessary, 25% reported an increase in access to safe and hygienic sanitation is necessary.
11. Overall KI's in both Rural and Urban settings are not very confident that people will be able to prevent the spread of coronavirus.

Notwithstanding the government's efforts, a number of challenges remain, and gaps in provision persist. Reaching the most vulnerable groups within marginalized communities, including illegal land dwellers and homeless people.

1. Sustaining the delivery of water through the tankering system in the short term.
2. Ensuring continuity of basic service delivery.
3. Expanding water supply services to include the whole population without adequate access.
4. Transitioning to sustainable services and demobilising tankers as soon as possible.
5. Engaging with communities and improving hygiene-behaviours (not focusing exclusively on infrastructure).
6. Coordinating responses by different government structures National, Provincial, Municipal level.
7. Finding necessary personnel and budget.
8. Addressing corruption.
9. Addressing shortages of skills and experience, especially in provision of services in informal settings.

The **tables below** set out key needs by time period.

Table 35. Costed needs for WASH.

Emergency Needs (0-3 months)	Cost (ZAR)	Cost (USD)
Adequate quantity for drinking, basic hygiene and basic cooking of potable quality	257 369 000	14 707 000
Safe and adequate sanitation including hand washing facilities	263 166 000	15 038 000
Critical WASH supplies	398 750 000	22 786 000
Water quality and trucking monitoring	28 000 000	1 600 000
Hygiene Promotion	10 000 000	571 000
Total Recovery Budget	957 284 000	54 702 000
Less: National Treasury Allocation (see h. in table adjacent table)	306 000 000	17 486 000
Current Recovery Needs	651 284 000	37 216 000
Early Recovery Needs (4-7 months)		
Continuation and increase to an adequate quantity and potable quality water supply	242 801 000	13 874 000
Continuation of providing safe and adequate sanitation incl. communal handwashing facilities (long term investment)	1 944 213 000	111 098 000
Conversion of tanks to rudimentary water schemes (long term investment)	2 088 000 000	119 314 000
Continuation of water quality and trucking monitoring	20 000 000	1 142 000
Provision of handwashing facilities at household level (long term investment)	396 819 000	22 675 3000
Total Recovery Budget	4 691 833 000	268 105 000
Less: National Treasury allocations (see i., j., k., in adjacent 3)	4 051 000 000	231 486 000
Current Recovery Needs	640 833 000	36 619 000
TOTAL COSTS (Allocated grants considered)	1 292 118 000	73 835 000

Recommendations

Strategy

The overall response strategy is to prevent the spread of COVID-19 and minimize its impact through improved Water, Sanitation and Hygiene (WASH) services, risk communication and community engagement in informal settlements and underserved communities. Responsible government authorities, the UN, private sector, and civil society, will have to shore up Infection Prevention and Control (IPC) and WASH services in informal settlements and other potentially high-risk areas.

Recommendations

Immediate actions:

1. Strengthen infection prevention and control (IPC) and WASH in transport hubs, markets and other high-risk areas, especially informal settlements and under-serviced communities.
2. Repair and maintain existing infrastructure, ensure continual water supply through piped networks
3. Increase water supply to reach the population without access to adequate water supply
4. Provision of household level handwashing facilities i.e. tippy taps
5. Upgrade and clean communal sanitation facilities and ensure soap availability
6. Increase access to safe sanitation in the most vulnerable communities
7. Establish a communication plan for effective risk communication and community engagement
8. (RCCE), including location, age and gender tailored psychosocial support messages and parental guidance for parents and caregivers.
9. Monitor the integrity and accountability of the COVID-19 response and publicly disclose information

Looking past the immediate response:

1. Provision of sustainable water services through connecting households to the municipal piped networks, conversion of tanks to rudimentary water schemes (groundwater supply)
2. Demobilisation of water tankers
3. Move towards decentralisation to build local resilience and sustainability,
4. Develop response mechanisms and community-based monitoring of WASH services in high risk and vulnerable communities
5. Link recovery plans with national development plans
6. Coordinate government investment with investment from non-state actors
7. Restart WASH service provision systems that were interrupted during the COVID-19 outbreak

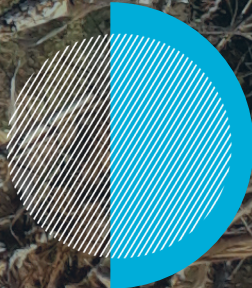
Costs

Provided in section Needs above. Further details are provided in Annexure 3.





Source: UNDP Photo Archives



WASTE CONTEXT

COVID-19

Rapid Emergency Needs Assessment



CLIMATE
ACTION



7

Waste CONTEXT



In 2017, the average daily healthcare waste generated in South Africa was 133 559 kg/day. A total of 48 789 tonnes of Health Care Risk Waste (HCRW) was treated in licensed facilities where the majority (73%) of the waste was treated by non-burn technology while the remainder (27%) was handled in incinerators. The treated HCRW is typically disposed of at landfills. The total design capacity of the treatment facilities was 85 169 tonnes per annum and as such there was a spare capacity of 43%. Currently, 14 of the licensed facilities accept HRCW and all of them use non-burn technology.

The COVID-19 situation in South Africa is still in its early stages, with the first case being reported on 5 March 2020 and the total number of cases on 9 June being 1080.

Impact

The COVID-19 crisis is already impacting the waste management sector in South Africa. The situation may worsen in the coming months as the number of COVID-19 cases increase and/or the control measures put in place to prevent escalation of the pandemic remain in place without mitigation of their consequences.

Listed below are some of the specific ways in which the COVID-19 situation could impact waste management in South Africa:

1. Handling of Health Care Risk Waste (HRCW) from hospitals treating COVID patients: This includes not only those materials that have come in contact with the infected patients but also the Personal Protective Equipment (PPE) worn by the healthcare staff. If the situation continues to worsen, the waste generated may exceed the capacity of the local Health Care and/or Hazardous Waste management facilities.
2. Handling of potential HRCW at quarantine centres and households under self-quarantine: While such wastes may not be infectious on their own, they still need to be handled as potentially infectious. Effective emergency response will require the safe handling and final disposal of not only HRCW but also non-infected items of the same nature. The public is also simultaneously generating a lot of waste.
3. The risk that incorrect disposal of COVID-19 medical wastes due to the overburdening of the existing waste management infrastructure may increase the potential for cross-contamination and may lead to collection and illicit recycling of used PPE such as masks into the marketplace. There is also the added danger of autoclaved non-mutilated PPE being recycled.
4. A large number of people in South Africa, including women and children, survive on the collection of waste materials and rag picking. This sector has been severely affected, partly due to fear of the pandemic and the restrictions imposed, and partly due to community ostracization of such persons.
5. Operation of normal waste management facilities and systems may be impacted due to the lockdown. These need to be restarted.

Government response

The government response to date has been precautionary with regards to halting spread of infection. The informal waste sector has not been deemed an essential service and has halted, for fear of the possibility of spreading infection through contact with waste. Household recycling schemes have been halted. There has not yet been implementation of measures to mitigate these impacts.

Needs

While South Africa is currently coping with its waste needs, the situation could change if the number of cases requiring hospitalisation exceeds available beds (100 000), which is within the realm of possibility. Thus consideration needs to be given to how to handle a surge in healthcare waste in the coming months.

A major concern is the additional hospital beds being rolled out in facilities that are not usually used for the treatment of patients. The considerations relevant to this include where these new beds will be located, their proximity to HRCW facilities and the capacity of such facilities to handle the consequent increase in wastes. Collection of HCRW from these facilities should be arranged in advance to ensure that HCRW is handled and removed according to standard operating procedures. The solution developed to address these concerns should, on one hand, secure public health and, on the other hand, should not cause excessive environmental harm.

In addition to the HRCW, there is also the waste generated at quarantine facilities for people suspected of having COVID-19 and the households where people who had primary contact with COVID-19 positive individuals are residing. In such situations, the waste from these households should preferably be handled as “potentially infectious”. This means that they need to be packed differently at the household (in double bags), kept for 72 hours disposed of along with routine wastes.

Household recycling schemes in many areas were interrupted during the lockdown, and households were told to stop separating waste at the source. Restarting these systems will take significant effort as some households are likely to stop recycling altogether. Drop-off sites for garden waste were closed during the initial lockdown. There is likely to be a surge in organic waste following the lifting of lockdown. The shortage of masks has resulted in informal pickers “rescuing” used masks from the waste stream. These masks are being washed and reused in informal settlements. Waste collection staff and pickers are at risk of contracting the virus if appropriate PPE and hygiene measures are not in place during collections.

A significant portion of the urban population in South Africa lives in informal settlements, which typically lack infrastructure for waste disposal/sewage and are especially vulnerable to infectious diseases. It is estimated that approximately 1 in 5 households in urban areas in South Africa live in informal settlements. They are more vulnerable to the virus, due to existing morbidity and overcrowded living conditions, limited access to healthcare and their predominant work participation in unprotected and insecure jobs in the informal sector. The management of potentially infectious waste and connected health, water, sanitation and livelihood issues in informal settlements, as well as in refugee transit and repatriation centres, is of concern.

A major issue in South Africa is that of the waste pickers – also known as reclaimers – and others working in the waste recycling industry. Informal waste pickers were not classified as essential services and could not continue their operations. Recycling plants stopped processing materials during the lockdown as a result of restrictions and not being classified as essential services. The result is that all material that is normally diverted from landfill through recycling systems, were mixed in with the household waste and dumped at municipal landfills. Stockpiles of material have accumulated at recycling plants. The normal markets for source-separated waste collected by pickers are not operational; when they become operational again, the prices are likely to be lower than they were pre-lockdown. The price of oil is also at a low as a result of the COVID -19 and consequently, the demand for recycled plastics is virtually non-existent now.

Restrictions are already in place to deter people from waste picking. A majority of the entire workforce of reclaimers, an estimated number 60 000-90 000 people, who form some of the most economically disadvantaged people in the country, have lost their livelihood. In addition to this economic disadvantage, the persons who undertake this work may also be faced with social ostracism. Considering that a large proportion of those who work in waste picking are migrants, they are already subject to prejudice and abuse which will only be exacerbated in the COVID-19 situation.

(See Migration, refugees and asylum seekers). More importantly, they are not included in and cannot access the social grant system that the government has put in place. Even though there are a few organisations such as the African Reclaimers Organization, South Africa Waste Pickers Association, PETCO, Packaging SA and Plastics SA that are providing humanitarian support to pickers in this situation, this is neither sustainable nor comprehensive. They would need social protection, access to water and sanitation, provision of protective gear as well as training to ensure that they have continued access to their livelihood safely and securely.

The final issue is the operation of the entire waste management system. There are an estimated 2030 waste management sites in South Africa (500 licensed landfills, 1500 unlicensed landfills, 30 hazardous waste disposal sites). In 2012, the minimum number of people employed within the formal South African waste sector (public and private) for 2012 was 29,833 people. Most of these employees were situated within large enterprises (77.5% of private waste sector employees) and metropolitan municipalities (64.9% of public sector employees).

The initial reports indicate that there is a significant reduction in the total amount of waste produced, primarily due to the reduction in economic activity and people's mobility. Waste management services have been included as an essential public service and as such the formal waste management systems remain functional in the cities. However, the lockdown has already affected the reclaimers which will, in turn, increase the quantity of waste that needs to be landfilled. Other waste is also likely to be generated because of the actions taken during the response phase – including hand sanitizers, hygiene kits and masks, as well as construction waste from the construction/expansion of shelters and/or the installation of temporary barriers to meet isolation needs. It is also likely that municipalities with inadequate wastes management services, especially in remote and rural areas, will not have the capacity to respond adequately to the COVID-19 crisis. This will cause an upset in the waste management ecosystem resulting in illegal dumping and littering, which may pose additional infection risk. Finally, if COVID-19 causes an overload of hospital capacity in South Africa, it will overwhelm the ability of the existing facilities to deal with the HCRW and may also result in a dearth of personnel required to run the system.

Recommendations

1. Initiate a nationwide capacity assessment to deal with HCRW and identify areas which may need augmentation if the number of COVID-19 cases continues to increase.
2. Work with the manufacturing sector to build up the surge capacity for dealing with higher quantities of HCRW.
3. Provide Training waste management workers in the formal and informal sector with adequate training and Personal Protective Equipment to continue waste collection safely.
4. Provide temporary financial support to those in the waste recycling sector who have lost their livelihood.
5. Organise nationwide education and awareness raising campaigns to change public attitude towards waste generation, waste management, uncontrolled dumping and open burning of waste, along with the associated health and environmental impacts.

Costs

Table 36. Costed needs for waste.

	Interventions	Unit Costs (ZAR)	Total Costs (ZAR)
1	Create additional capacity for HRCW (licensed facilities) - 15 units	3 320 000	49 800 000
2	Creating temporary facility to handle HRCW (R3,320,000/facility) - 15 units	3 320 000	49 800 000
3	Establishing additional facilities and controls at all landfills - 2000 units	16 500	33 000 000
4	Livelihood support for 90,000 waste pickers and those involved in informal waste management for 6 months	560	302 400 000
5	Provision of Personal Protective Equipment for 90,000 waste pickers and those involved in informal waste management	88	7 920 000
6	Provision of Personal Protective Equipment for Waste Management Staff - 29,833 staff members	88	2 625 304
7	Awareness raising and capacity building programmes (Waste Management Staff and Waste Pickers) for 120,000 people	Lump Sum	16 500 000
Total			462 045 304



Source: MARCO LONGARI—AFP/Getty Images

GOVERNANCE CONTEXT

COVID-19

Rapid Emergency Needs Assessment



PEACE, JUSTICE
AND STRONG
INSTITUTIONS





National governance

South Africa is a constitutional democracy. Its constitution is considered to have some of the strongest human rights protections globally, including civil, political, economic, social and cultural rights.

Local governance

The Constitution outlines the various functions of, and resource distributions between, the spheres of government, including local government. The Department of Cooperative Governance and Traditional Affairs is responsible for supporting provinces and local government in fulfilling their constitutional and legal obligations. There are three types of municipality:

1. Eight urban metropolitan municipalities,
2. 44 district (“first tier”) municipalities, and
3. 226 local (“second tier”) municipalities.

The Constitution assigns executive powers to local government for addressing air pollution, building regulations, childcare facilities, electricity and gas networks, fire services, local tourism, municipal planning, municipal health, public transport and public works, stormwater management, trading regulations, water, sewage and sanitation services, refuse removal, decisions about land use, and encouragement of the involvement of communities and community organisations in matters of local government. In 2018, local government expenditure was 8.8% of total government expenditure.

Disaster Management

The Department of Cooperative Governance is responsible for disaster management in South Africa. The Disaster Management Act, 2002 was promulgated in 2003.

Government Response

On 15 March 2020 the President declared a State of National Disaster. Subsequently, the Minister for Cooperative Governance and Traditional Affairs (COGTA) issued regulations addressing the mobilization of resources, prevention and prohibition of gatherings, obligation to undergo medical examinations and treatment, places of quarantine and isolation, closure of schools and care facilities, suspension of visits to facilities, the sale and purchase of alcohol, emergency procurement procedures, authority to issue directions, and offences and penalties for contravening the regulations. A number of amendments to these regulations have been issued, as well as other regulations concerning specific sectors. On 2 June the North Gauteng High Court issued a ruling that the regulations issued by COGTA under the Disaster Management Act were unconstitutional and invalid, finding that in a substantial number of instances the regulations were not sufficiently connected to the objectives of slowing or limiting the spread of infection, on the one hand, and on the other hand, that there had been insufficient assessment and attempt to minimise the impact of the regulations on rights guaranteed by the Constitution. The Government has announced that it is appealing the decision.

National Response and Coordination

Parliament was initially suspended for COVID-19 and reopened later via virtual meetings in order to scrutinize government actions. Some parliamentary processes (e.g. voting) remain challenging in certain instances.

Three structures have been primarily responsible for coordinating the response to COVID-19.

1. **National Command Council** chaired by the President. This Command Council includes members of the Inter-Ministerial Committee and meets three times a week, to co-ordinate all aspects of the extraordinary emergency response.
2. **Inter-Ministerial Committee** chaired by the Minister of Health. The committee reports on the number of cases and issues.
3. **Emergency Operation Centre (EOC)** based at NICD, established by the Department of Health.

Local Government

All provincial governments have set up Provincial Command Councils that are chaired by Premiers and attended by members of the Executive Council, Provincial Command Centres and Provincial Disaster Centres which convene daily with relevant sector representation and develop reports. District Response plans led by the Department of Health have been developed in the majority of the districts. The Department of Health and all provinces activated response teams for COVID-19 and each province identified one hospital as the centre for isolation and treatment. Provinces have also activated outbreak response teams. Some hospitals have been equipped and are prepared to receive potential Coronavirus cases. These hospitals have been identified as centres for isolation and treatment.

Disaster Operation Centres have been activated by District/Metro Municipal Disaster Management Centres, Provincial Disaster Management Centres (PDMCs and the National Disaster Management Centre (NDMC). The Disaster Operation Centre collects information from the municipal disaster management centres, which is then collated and submitted to the NDMC Disaster Operation Centre. The NDMC DOC collates this information, which is then forwarded to the Minister and through her, to the NatJoint and the NCCC.

Government's response has recognised that local government is at the coalface of the impact of COVID-19. As such the response has been anchored in a district development model, an inter- governmental relations (IGR) mechanism aimed at enabling all spheres of government to work together, and with communities and other stakeholders to plan, budget and deal with the impact of COVID-19 collectively.

Communication

Government has established communication systems to keep the nation informed. A dedicated website has been established, as well as a tollfree call centre, clinicians' hotline and an official WhatsApp help service, with provinces also augmenting these with their already existing portals (e.g. Impilo App in Gauteng). Social media platforms and mainstream media have also been used to distribute information.

The COVID-19 pandemic has evolved rapidly, and consequently a large volume of information was generated on a daily basis. Both globally and in South Africa, there have been concerns about the spread of misinformation, with the WHO expressing concerns that fake news about COVID-19 was spreading faster and more easily than the virus, and was equally dangerous.

The South African government has aimed to encourage citizens to be informed and to cooperate with the "lockdown" regulations through a variety of means, including SMSs, mainstream media advertising, and ministerial press conferences. The government has also criminalised the promulgation of misinformation about COVID-19 and related matters under the State of Disaster regulations, which may incur fines and imprisonment.

Law Enforcement

As at 22 May, more than 230 000 people had been charged in relation to contraventions of the lockdown regulations, primarily liquor and tobacco related offences, illegal gatherings, failure to confine to place of residence and cross border movement. Those arrested were issued with fines or released with a warning. Some people are out on bail and cases relating to more serious offences are pending before the courts.

The Independent Police Investigative Directorate (IPID) reports having received 828 complaints between 26 March and 5 May against police, 30% more complaints compared to the same period in 2019. 98.71% of cases concerned assault and 17% discharge of firearms, while there were 32 cases of death as a result of police action, 18 cases of death in police custody, 25 cases of torture, 9 cases of rape and 13 cases of corruption. 376 out of the 828 cases reported to IPID during this period related to COVID-19 operations, of which 280 concerned assault, discharge of a firearm, 10 death as a result of police action and 7 as a result of corruption. Investigations are ongoing in relation to a number of these cases. South African Police Service has issued guidelines on 20 May and South African National Defence Force issued a code of conduct on 21 May.

The Parliamentary Portfolio Committee on Police and the Select Committee on Security and Justice indicated that IPID should be given time to conclude investigations into alleged abuses of power by police, but expressed concern at the number of deaths as a result of police action in the course of enforcing the lockdown, called on police to implement strategies to reduce the number of transgressions by police and called for closer collaboration between IPID and the Military Ombud in the investigation of cases involving joint operations.

Criminal Justice System

For related discussion see chapter *Persons Deprived of their Liberty*.

Courts are categorized as essential services, but they are only allowed to deal with urgent and essential matters, including but not limited to domestic violence and matters concerning children. The South African judiciary also published a series of directives to provide clarity on ensuring that those who breach the country's lockdown rules are punished.

To contain the spread of COVID-19 in prisons, parole has been granted to 19,000 inmates, excluding offenders sentenced to life imprisonment or guilty of serious crimes.

According to the Minister of Police, there has been a significant drop in the recorded crime rate since March, as shown in below.

Table 37. Lockdown crime statistics

Crime	29 March – 20 April	29 March – 20 April	Case difference	Percentage change
	2019	2020		
Murder	1 542	432	-1 110	-72.0%
Rape	2 908	371	-2 537	-87.2%
Attempted murder	1 300	443	-857	-65.9%
Assault	11 876	1 758	-10 118	-85.2%
Robbery with aggr. circumstances	6 654	2 022	-4 632	-69.6%

Source: Ministerial speech 22 May.

Needs

It is fundamental to the Republic that the rule of law and the Constitution be upheld by the state, and that the state act effectively, with proper coordination between all its parts including the legislature, the executive and the courts, to protect its citizens from the threat posed by this pandemic and consequences thereafter. The recommendations below identify and respond to specific needs in that regard.

Recommendations

Figure 30. Governance recommendations.

National response and coordination	<ul style="list-style-type: none"> • Refine communication protocols both for information to the public and between different government institutions.
Local government	<ul style="list-style-type: none"> • Service delivery audit to identify gaps in delivery of relief measures (e.g. food parcels). Review complaint systems for service delivery to assess ease of access and prompt, fair resolution.
Communication	<ul style="list-style-type: none"> • Consultation at community level regarding anti-COVID measures, including both rationale and consequences, especially in vulnerable communities where the burden of such measures (e.g. confinement, procuring PPE) is heavy
Law enforcement	<ul style="list-style-type: none"> • Review SAPS and SANDF operational guidance and standard operating procedures in alignment with the Constitution and Basic Principles on the Use of Force, inter alia in relation to proportionality, necessity, restraint, legitimate objective, minimizing damage and injury, respect for human rights, preserving life, avoiding the use of firearms, use of less lethal weapons and accountability. Strengthen training on human rights standards for law enforcement. Unequivocal and prompt disciplinary action in cases of breach. Review complaints procedures for ease of access. Ensure full independence, impartiality, adequate resourcing and effectiveness of the National Preventive Mechanism on Torture and existing oversight bodies. As per the judgment of 15 May 2020, establish an independent mechanism able to carry out prompt, impartial and effective investigations of allegations of torture or cruel, inhuman or degrading treatment or punishment carried out by SANDF, SAPS or any MPD.
Criminal justice system	<ul style="list-style-type: none"> • Social distancing plan for prisons and reintegration plan for prisoners released on parole. (Please also see chapter Persons Deprived of their Liberty.)
Human rights	<ul style="list-style-type: none"> • Unequivocal commitment of political leadership to enforcement of Human Rights Act. Prompt, independent, impartial and effective investigations of allegations of human rights violations, with meaningful penalties in cases of guilt. • Review COVID-19 regulations in line with the Constitution, the Human Rights Act and treaties ratified by South Africa and amend as required to ensure alignment. Strengthen coordination and engagement between Government, Law Enforcement and other officials with the South African Human Rights Commission, National Preventive Mechanism, Gender Equality Commission and other human rights institutions. • Ensure prompt, independent, impartial and effective investigations of allegations of human rights violations, prosecution of perpetrators and access to remedy for victims.

Costs

These needs relate to implementation and do not require specific budget, except in relation to healthcare provision, which is costed in chapter *Health*.



Source: <https://www.futurelearn.com/info/blog/how-well-has-africa-managed-covid>

VULNERABLE GROUPS: FINDINGS AND NEEDS

WOMEN

COVID-19

Rapid Emergency Needs Assessment



GENDER
EQUALITY



9

VULNERABLE GROUPS: FINDINGS AND NEEDS WOMEN CONTEXT

COVID 19 has brought into sharp focus the multiple layers of challenges that women and girls face, emanating from a cocktail of sources, which in turn deepen their vulnerability. Unfortunately, the multiple crises that women face in South Africa existed long before the pandemic, as summarised in the analysis below. This section shows that pre-coronavirus, women faced a greater burden of challenges across poverty and hunger, income, employment and economic participation, social sectors, and gender-based violence. COVID 19 has further intensified these challenges, plunging women further into a state of fragility and devastation. As the section below highlights the state of women's well-being across various themes, it is important to pay attention to the compound effect of these negative conditions on their wellbeing.

Poverty and hunger

Of the approximately 30 million female members of the South African population, a higher proportion (57%) live in poverty compared to their male counterparts (54%). As demonstrated in Chapter 3 of this report, The Human Impact, the typical profile of the poor in South Africa is a rural household headed by a single black female. This gender gap is more pronounced at household level, where 51% of female-headed households live in poverty, compared to 31% of male-headed households. As of 2018, about 40% of households in South Africa were female-headed (roughly 6.1 million). While poverty is concentrated in rural areas, 60% of households reporting hunger are found in urban areas, with the majority being female headed households. Female headed households in urban areas with children younger than 5 years old are more vulnerable to hunger (56%) compared to those in rural areas.

Income, employment, and economic participation

Women's economic participation has historically been lower than men. Statistics South Africa showed an unemployment rate of 31% among women and 27% among men in the last quarter of 2019, using the official/narrow definition of unemployment. The labour force participation rate among women is 49%, whereas it is 62% among men, pointing to the fact that women have much lower labour market outcomes regardless of the unemployment definition used. More than 11 million women of working age are not economically active, compared to about 7.6 million men. This figure includes discouraged work-seekers, women who work in the home in unpaid care work, as well as women that are unable to work.

Economic sectors that are dominated by women are notoriously unstable and provide low wages (e.g. domestic work, secretarial work). For instance, women occupy 97% of domestic worker positions, and only 11% of craft and related trade jobs. In the Quarterly Labour Force Survey released in August 2019, Statistics SA reported that 48% of employed women compared to 31% of employed men are employed in the informal sector. Men's work in the informal sector is likely to be in construction and transport, whereas for women it is likely to be in community, social and personal services. Just because women show less paid labour market outcomes, does not mean they spend less time in productive pursuits. A time use survey conducted by Statistics South Africa in 2010 showed that even though men spent more time in paid market related activities, overall women spent more time in productive activities. In the age category of 20 to 29-year olds for instance, women spent 19% more time on productive activities than men. However, their productive activities were primarily in unpaid work inside the home. Statistics SA reports that in the second quarter of 2018, about 55% of those involved in non-market activities were women, confirming that they are more likely than men to be involved in unpaid work.

Ownership of means of production is recognised as an important lever to strengthen the economic participation of women, but also to safe-guard income for families in times of extreme shocks or natural disasters like COVID 19. The South African land audit of 2017 shows that females owned only 13% of farmland, and only 17% of erven ownership compared to 46% for men. Utilisation of the internet is more even, with 51% of women using the internet, with more than 50% of them between the ages 18 – 35. SMME ownership by females has reportedly declined from 48% in 2008 to 38% in 2017.

Health

South Africa has over the years adopted progressive policies to ensure the delivery of quality health care to those who need it the most. Within the comprehensive health response system there are three dimensions of women’s health that are directly affected by COVID 19 and lockdown because of restricted access to health services. These are maternal health, unintended pregnancies, and women with chronic illnesses, especially HIV/AIDS.

Pre-COVID 19 key indicators for maternal health were primarily positive. For instance, in 2016 the Saving Mother’s Report stated that 97% of women in South Africa give birth in health facilities and 96% of women attend antenatal care. 76% of sexually active women use modern contraceptives, the majority preferring the injection or pill. HIV testing is mandatory for women using public health facilities with 96% coverage; and 95% of pregnant women living with HIV receive effective ARV’s for prevention of mother-to-child transmissions (PMTCT).

Unintended pregnancies on the other hand continue to be a problem. The Department of Women reports that one in every three young women aged 15-24 years experiences an unintended pregnancy before age 20. Teenage pregnancies are at 16%. Pregnant young women within the age-group 15 – 24 have a high HIV prevalence rate of 19,2% - which is even higher for other women attending antenatal care at 30,8%. HIV infection remains a major challenge for the South African health care system, with 13,1% HIV positive – majority of whom are women. Young women between 15 – 24 are three times likely to be HIV positive than their male counterparts. Prevalence among adults aged 15 to 49 years rate is 20.6% with 26.3% among females and 14.8% among males according to the HSRC (2017). In addressing period poverty in South Africa, the Department of Women launched a Sanitary Dignity Programme in 2018, support girls in quintile 1-3 schools in managing their periods with dignity. The programme supports access to sanitary products and to sanitation and disposal, as well as education on menstrual health management.

Gender based violence

Before the outbreak of the COVID-19 pandemic, gender-based violence was a major human rights issue in South Africa, and among the highest in the world. According to statistics from the South African Police Service (SAPS), one South African woman is murdered every three hours—a rate five times higher than the world average; and more than 110 rapes are reported to the police per day. The high rate of violence against women led the government to declare gender-based violence and femicide a national crisis. Data from Statistics SA shows that a high percentage of women have experienced some form of violence in intimate partner relationships, with a figure as high as 40% of those who have separated from their spouses experiencing physical violence. The number of reported sexual offences increased to 52 420 in 2018/19 from 50 108 in 2017/18, with most of the offences being rape. This is an increase of 4.6 % from the previous period. As shown in the table below, the majority of these cases were rape.

Table 38. Total number of sexual offences recorded in South Africa in 2018/19

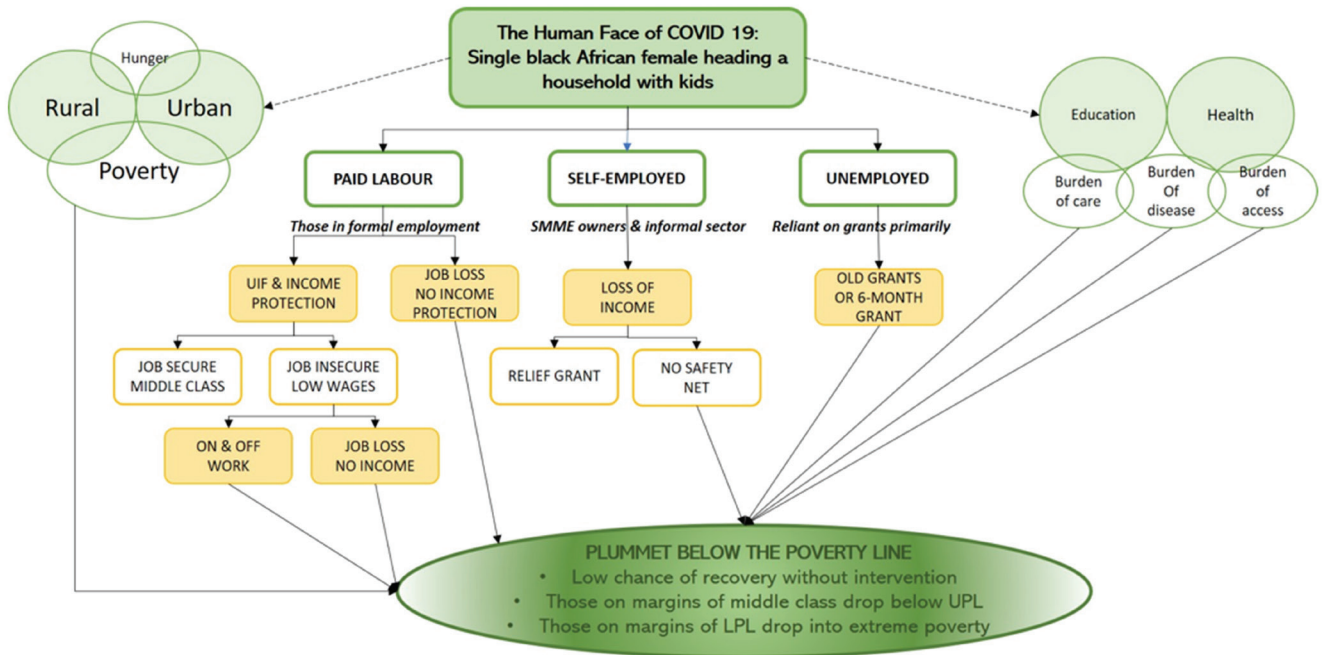
Crime	Number
Rape	41,583
Sexual assault	7,437
Attempted sexual offences	2,146
Contact sexual offences	1,254
Total	52,420

Source: <https://www.saps.gov.za/services/crimestats.php>

Impact

Figure 31 below maps out the compound vulnerability effect that has been created by the overlap of the cocktail of challenges presented by COVID 19 on women and female-headed households. In almost every scenario presented in this diagram, women are at risk of either newly entering poverty or descending further into poverty, unless they have secure middle class incomes, or belong to the small group of small business owners who will access the SMME relief grant and utilise it successfully to keep their business afloat.

Figure 31. The Compound Vulnerability Effect of COVID 19 on Women



A COMPREHENSIVE SET OF INTERVENTIONS IS NEEDED, THAT RECOGNISE THAT WOMEN FACE MULTIPLE CHALLENGES, WHICH IN TURN INCREASE VULNERABILITY AND FRAGILITY. THE INTERVENTIONS MUST BE MULTI-FACETED IN ORDER TO ADDRESS THE MULTIPLE NEEDS OF WOMEN IMPACTED BY COVID 19.

Poverty and Hunger

In chapter *Human Impact* of this report, it is estimated that the number of people informal workers in poverty will increase from 30.9 million to 31.6 million, and there is no doubt that many will be plunged into poverty will be in female headed households, given their vulnerabilities.

According to the National Agriculture Marketing Council (NAMC) food access is also an increasing challenge for South African households living in poverty as food prices for basic items continue to increase. NAMC reports that “during April 2020, the estimated nominal cost of the NAMC’s 28-item urban food basket amounted to R908.62 compared to the R895.18 reported during March 2020, resulting in a monthly percentage increase of 1.5%. When compared to April 2019, an annual (y-o-y) percentage increase of 3.3% was reported.” These increasing food prices occur in an environment where women are losing their incomes the most, and during a period when children are at home and not benefiting from the school feeding scheme. The compound effect of these factors at play increase the levels of hunger among women and children alike.

Income, Employment and Economic Participation

Women’s incomes and their earning capacity has been severely affected by the lockdown period; and some of the gains made on women’s economic empowerment have been reversed. The first sign of this has been the closure of SMME’s operating in the informal and formal economy. As stated above, a large proportion of working women are in the informal sector. Having to cease business operations has cut off a primary source of income for many women in this sector. Those women operating SMME’s in the formal economy have also had to cease operations by and large; however, their businesses have been catered for in the government COVID 19 relief programme.

Income loss for women extends to those employed in the formal economy, where income loss is anticipated to range between 89 to 96 billion in the first 2 months of lockdown. Most women are employed in low-paying, insecure, and informal jobs such as domestic work or administrative functions. These roles are not usually a priority for companies that are accessing the government relief measures for business rescue. For instance, several companies in the hospitality industry are accessing the government relief measures. However, as they use these funds, they may prioritise unbundling major assets (e.g. sale of hotels) and protecting critical skills for the business. In this industry, most women operate the cleaning and cooking service, two job categories that are not a priority at this stage for these businesses.

Domestic workers make up another group of women severely affected in South Africa, who make up more than one million employees, or 8% of the workforce. The restrictions placed on movement means that they are unable to go to work, and families they work for may consider them a health risk and terminate their services.

In South Africa women carry out on average more than three times the daily care work in the home than men. During the lockdown period, tasks normally taken care of by public institutions — such as schooling, and care for the fragile — have been transferred to women to undertake as unpaid work in their homes. In addition, most of them are also parents and care givers to family members and continue to carry the burden of care, which is already disproportionately high in normal times, thereby robbing women of valuable time they could be using to pursue income generating activities, and also putting women under considerable stress. Women also dominate the health care sector, thus putting them at high risk of infection as the demand on health care services continues to increase. The South African Nursing Council reports that as of 2018, 257 899 registered nurses were female, while 28 217 were male, thus making women over 90% of the workforce.

Of concern in the income earning category are women of adult working age that are not economically active, estimated at 11.14 million by Stats SA—more than the number currently employed, 7.31 million. Many in this group are grant recipients with no other significant source of income. Given the contracting economy, with estimates by UNDP20 that it will take up till 2024 for the economy to recover, it is fair to assume that these women will remain unemployed, further increasing the likelihood that they will be unemployable by the time the economy recovers. This is to emphasise that dealing with out of work individuals in South Africa is not just about addressing the needs of the formally employed. It is necessary to also address the needs of those that have been left out of economic participation due to the structural distortions in the economy. The short-term measures offered by the relief grant of R350, while good, are inadequate to address a problem whose prognosis is long-term.

Health

The most likely impact of COVID 19 on health care provision for women and girls relates to inability to access health facilities and required medication due to travel restrictions. Women rely on the public health care system for HIV testing and treatment, contraceptives and ante-natal care. However, under lockdown conditions people are accessing health facilities less for fear of infection or arrest (see chapter **Health**). During COVID-19 many girls have not been having access to the sanitary dignity programme school closure and thus may resort to unhygienic practices which might contribute to diseases.

Another risk is the challenge of stretching limited health resources to meeting COVID 19 needs. There are fears that the gains that were gradually being made are under threat and may be disrupted as health resources are diverted to address the pandemic. Evidence from past epidemics such as Ebola and Zika shows that “efforts to control outbreaks often divert resources from routine health services including pre- and postnatal healthcare and contraceptives”, including access health care services for vulnerable and key populations.

Further to this, diverting staff usually involved in HIV/TB and other programs to COVID19 response could hamper routine contact tracing for this disease and their follow-ups. Supply for medicine is also disrupted for those on ARV treatment majority of whom are women. Immunization services are also disrupted in the country as most of the nursing staff is engaged for contact tracing for COVID-19. A survey conducted by the Human Sciences Research Council (HSRC) indicated that approximately 13.2% of the population state that their chronic medication was inaccessible during the lockdown.

Approximately 13-25% of those living in informal settlements, rural (traditional tribal areas) and farms indicated their chronic medications were not easily accessible.

South Africa's elderly population of 65+ is at greater risk of contracting COVID 19 and therefore requiring emergency medical help. This age group has 1,866,182 women, compared to 1,351,991 men. Persons with disability are also likely to struggle accessing adequate health services in the context of COVID 19 with limited transport. According to the 2011 census, approximately 7.5% of the national population, or 2.9 million people, identified themselves as living with a disability. This vulnerable group as well has a higher number of women (8.3% of women and 6.5% of men)."

Gender-based Violence

The data and information on the current status of GBV in the country during lockdown has been conflicting. On the one hand, numerous media reports have highlighted the increased risk women in intimate relationships face under lockdown conditions, because they are trapped in their homes with their abusers, unable to leave, escape or reach out for help. Official reports show that within the first week alone of the current lockdown, South African Police Services (SAPS) received 2,320 complaints of gender-based violence (which are only the reported cases), with only 148 related charges laid (Table 39). These statistics represent a 37% increase from the weekly average of South African GBV cases reported for 2019.

On 22 April, in contrast to the initial reports of an increase in GBV during the lockdown, the Police Minister announced that there had been a significant drop across most crime categories and said that a similar comparison had been conducted for domestic violence, including but not limited to murder, attempted murder, rape and sexual assault. According to these reports, 3061 such cases had been reported since the lockdown on 27 March until 20 April 2020, compared to 9990 cases during the same period last year – a decrease of 70%. Moreover, statistics for the same period showed that rape cases had dropped to 371 cases, compared to 2908 during the same period last year – a decrease of 87%. The Police Minister attributed the decrease in crimes is to the lockdown, the heightened visibility of law enforcement (reinforced by the deployment of the army) and the prohibition on selling liquor. However, it is also likely that restricted movement prevented women from reporting. Subsequent to the Ministers' announcements, the Minister for Social Development stated in the media that cases of GBV are in fact increasing, even though no specific figures were given.

The latest statistics show that GBV cases which had been logged and referred between 27 March and 30 April in the country was 842 in total, and 272 between 1-12 May 2020 as shown in the Tables below.

Table 39. Provincial Report: Tickets logged and referred during lockdown (27 March - 30 April 2020)

PROVINCE	GBV	NON - GBV	REFERRED
Eastern Cape	36	227	6
Free State	30	100	2
Gauteng	385	932	36
KwaZulu - Natal	114	652	16
Limpopo	50	165	4
Mpumalanga	76	194	3
North West	48	119	4
Northern Cape	9	25	0
Western Cape	94	260	18
TOTAL	842	2 674	89

Source: GBV Command Centre.

Table 40. Tickets logged and referred during lockdown (1 - 12 May 2020)

PROVINCE	GBV	NON - GBV	REFERRED
Eastern Cape	12	76	3
Free State	8	34	2
Gauteng	122	288	16
KwaZulu - Natal	40	192	13
Limpopo	18	56	1
Mpumalanga	17	75	6
North West	13	40	2
Northern Cape	5	7	1
Western Cape	37	71	12
TOTAL	272	839	56

Source: GBV Command Centre.

Government Response

South Africa's primary strategy to manage the health crises has been to slow-down the spread of the disease through stringent lockdown measures, with the goal of building the capacity of health care services to meet the demands of the health care crises at pick point, anticipated in July or August.

The South African government has instituted a number of relief measures to mitigate the social and economic costs of lockdown, as discussed in other chapters of this report (especially ***Agriculture and Food Security, Employment and Livelihoods and Inclusion and Social Protection***), further recognised that the lockdown period would result in far reaching socio-economic impact.

This analysis starts from a premise of recognising that a lot has been done. However, the measures are largely universal, without specific regards for the needs of women or female-headed households, and thus certain gaps remain.

Needs

Poverty and Hunger

Government's response to the poverty and hunger question has been a dual strategy of distributing food parcels and extending a short-term grant system of R350 to individuals in crises. The Department of Agriculture has also adopted numerous measures to ensure that there is no disruption in food supply. As of May 2020, 788 283 food parcels had been distributed to households in all nine provinces, feeding about 3 153 132 people. Despite this, there is widespread recognition that these measures will not prevent a new cohort of individuals from sinking into poverty; neither will they address the long-term pressure of increasing food prices which affects poor households, majority of which are female headed. Furthermore, reports of challenges with the distribution of food parcels have been reported in the media. There is a need for a more sustainable approach to ensure that women and the households they lead have continued access to food in the short-term and can afford the basic food basket in the medium and long-term.

Income, Employment and Economic Participation

Women benefit from social grants on the same basis as men. However, some of the gaps in the intervention system may particularly trouble women. In agriculture, many of the smallholdings below the R 20 000 bottom limit for assistance (see chapter ***Food and Agriculture***) will be female-headed; and rescue operations for large corporations are unlikely to be able to protect jobs predominately occupied by women, as mentioned above.

The crises of income as a result of COVID 19 extends far beyond the 6 month of emergency relief from May to October. It is necessary that the country adopts a series of interventions that will transform the economy in such a way that structural distortions that keep women in low paying jobs and out of the ownership systems are addressed effectively. Households and individuals must have the capacity to generate and/or secure incomes, build an asset base, and participate effectively in the economy.

Health

Those who need medical care for non-COVID related health interventions need to be assured that they can still come to public health facilities without being at risk of infection. For women, this particularly means accessing healthcare services for maternal and related services, which may be at risk of disruption, as discussed in the chapter **Health**.

Gender-based Violence

The government of South Africa has declared GBV-related services as essential, and has launched a number of initiatives to strengthen responsiveness of the system, including equipping the National GBV command centre to deal with increased volume of calls; marketing helplines and referral pathways; revamping and preparing shelters for abused women to receive clients; as well as prioritising GBV cases and sexual offences by courts.

Most of these measures rely on reporting as a way of supporting women at risk. Reporting is understandably difficult during lockdown because of restricted movement as well as the possible constant presence of the perpetrator in the home. Service providers have not found it easy to reach women during lockdown; and community-based support structures such as women's groups have not been able to meet either. While community-based organisations and NGO's are recognised as part of the GBV referral system, it is not clear how much support they have been given to offer effective services (e.g. financing), as well as keeping their facilities safe from coronavirus. The emphasis on helplines and shelters may address the needs of some women but may be out of the reach of rural women. Finally, access to justice—capacity to investigate and prosecute sexual offences—is severely limited during lockdown. During the whole lockdown period, there has been very limited access to reliable disaggregated data as well; thus making it difficult for organisations to identify and respond adequately to women at risk.

Recommendations

Emergency recommendations 0-6 months

Emergency recovery needs in this section consider immediate interventions that must be implemented within 0 – 6 months to respond to the unique challenges women face in the context of COVID 19. The proposed interventions tabulated below are designed to complement already existing measures that have been put in place by the South African government.

Recovery recommendations 6+ months

This section focusses on medium- to long-term interventions that will ensure that women recover successfully from COVID 19.

In order to address increased poverty and hunger, as well as lack of income due to COVID 19, women need income protection through the following measures:

1. Make available a business rescue grant to the MSMMs in the formal and informal sector to target those women who lost their small or informal businesses due to lockdown. Ensure that the application and approval process for this grant is streamlined and simplified.
2. In awarding rescue grants to big business, require that jobs at the low-end of the salary scale (mostly occupied by women) are protected as part of the rescue package. This should be monitored as part of the business reporting process.

Women need the following measures to ensure that their access to health care is not limited due to lockdown, and does not increase exposure to infection by coronavirus:

1. Re-activate essential health care services such as ante-natal care, maternal services, HIV testing, provision of contraception, etc to women in all health care facilities, ensuring that women can access health services in a safe environment free of coronavirus.
2. Decentralise health care provision by utilising mobile health care solutions (e.g. mobile clinics), and train community care workers to distribute contraceptives, HIV testing, etc.
3. Deploy COVID 19 'testers' or screeners in communities to offer information to pregnant women and to encourage them to go back to health facilities.
4. Activate local production and supply of health and sanitary equipment and supplies, e.g. sanitisers and masks, to make sure that there is sufficient supply of protective gear for women when they visit health facilities and shelters. New production of such health supplies should create economic opportunities for women as well.
5. Develop additional capacity in the health sector through rapid training and other learning systems to respond to increased demand for health care workers.

Women at risk of gender-based violence, require a combination of interventions in the context of COVID 19 that ensure that the risk of abuse does not increase due to lockdown; and that when abuse happens, they are able to access help quickly and efficiently. The following measures are recommended:

1. Roll out a nation-wide emergency response system that activates community reporting mechanisms (e.g. community policing forums) leveraging technology.
2. Implement a public engagement campaign to encourage communities to report and combat the culture of silence when abuse is happening in their neighbourhood.
3. Protection services for women should include adequate protection for children as well so that mothers are not separated from their children.
4. Having formally recognised the role of civil society, churches, and other community institutions to combat GBV, create sustainable funding mechanisms for these entities so that they can prevent abuse and support women in times of crises with reporting, counselling, legal aid, and protection.
5. Make monitoring data from police, GBV command centre and other government entities available to civil society and development agencies who help women and children in crises.
6. Considerably speed up the responsiveness of the legal system, with the issuing of protection orders and removal of perpetrators from victim's homes. The focus should not be on relocating the victim to a shelter, but rather removing a perpetrator from premises until the court process.

Finally, recognising the compound effects of challenges facing women due to COVID 19 means that the delivery of services for women cannot be in silos. It is important for key government departments to collaborate between themselves, as well as with civil society and development institutions effectively. One such solution could be stakeholders partnering to set-up one-stop shop service centres to support women and communities to access services across the social and economic needs.

Need		Cost (ZAR)	Cost (USD)
	Poverty & Hunger		
1	Provide targeted support to current female food producers, especially in the informal agricultural sector, 1 715 210 in total for 6 months at the rate of R350 per month, to ensure that they do not exit out of the agricultural sector due to COVID 19.	36 019 200	2 182 982
Income, Employment, & Economic Participation			
2	Extend the current SMME support grant beyond the tourism and hospitality sectors to cater for sectors predominantly owned by women (Community, social and personal service). There are 266 223 women in this category who should be given R 6,730.56 per month (minimum) as temporary economic relief (TER) for SMMEs for 6 months, which total to R 107,509,79,249.	Excluded in the total cost as it is included in the cost estimation of the Employment and Livelihood needs (See Costs table Point 1 and 2 in Employment and Livelihood)	
Health			
3	Increase safety of women who need medical attention so that they do not stand risk of contracting coronavirus while visiting public health care centres through the deployment of 37 new mobile (costs 1 million each) clinics with comprehensive health services for women including testing for COVID-19 and additional 74 health care workers (Salaried at the rate of R4,982.40 for 6 months) to manage the clinics in shifts.	39 212 186	2 376 496
4	Increase access to menstrual health information and commodities including through provision of menstrual health dignity kits (Menstrual Health Products, soap and sanitiser).	1 472 828	89 262
Gender-based Violence (GBV)			
5	Make funding immediately available for civil society organisations and other community structures that support women in times of crises with reporting, counselling, legal aid, and protection. Increase in number of personnel to man hotlines for GBV distress calls. The data should also be triangulated across all hotlines in order to provide accurate and holistic information. (Need: 50 more personnel for the National GBV Command Centre and 50 for Childline South Africa as they need to work in shifts = 100 additional staff salaried at the rate of (Minimum wage for hotline staff-see Note 4 below) 20.76 per hour 115 for 8hrs per day for 6 months.	2 989 440	181 178
TOTAL		79 693 654	4 829 918



CHILDREN CONTEXT

COVID-19

Rapid Emergency Needs Assessment



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10 Children CONTEXT



Out of a population of 57.7 million, 19.7 million are children under the age of 18 years, and 5.8 million are children under the age of five years. Adolescents aged 10-19 years make up 18.5% of the total population.

Children in South Africa are among the most at-risk in the world. South Africa's child homicide rate is double the global average, and nearly 45% of child homicides were in the context of child abuse and neglect. Although 93% have both parents alive, just over a third of young children live with their parents. Poor children are least likely to live with both parents. There are more than 1.5 million maternal orphans, 150 000 child-headed households and more than 13 000 children in residential care. Despite these risks, the social welfare sector remains constrained by a shortage of skilled staff. Field studies conducted by UNICEF in 2018 identified that the existing social service workforce is not optimally deployed and responses for children are minimally coordinated.

Impact

Children face a range of challenges, including coping with school closures and disruption to routine, restriction on movement, stressed parents, potential loss of household income, and potential impact on household food security.

COVID-19 response reports indicate children living in poverty are at risk of abuse, as caregiver's inability to provide for basic needs leads to toxic distress and frustration. The coping burden is particularly difficult for children from poorer and rural families. They face difficulty accessing protective services, along with marginalization and risk of high levels of poverty.

Over two-thirds of the callers to ChildLine have been girls expressing fear and concerns about their safety and well-being within their homes and communities.

It is estimated that over 1025 children remain in Child and Youth Care Centers (CYCCs) designated secure care and 186 correctional facilities (under the Child Justice Act 2008).

South Africa is a major migration destination with the highest number of migrants in Africa and the 15th largest absolute number in the world, with estimated at over four million including nearly 600,000 children. Migrant and displaced children are at heightened risk to the immediate and secondary impacts of COVID-19. They often live in cramped conditions with limited access to WASH, some are in immigration detention facilities with their parents, and can be hardest to reach with accurate information in a language they understand. Children of labour migrants in South Africa often live in the most disadvantaged urban areas, where access to essential services is already limited. Further, the misinformation on the availability of social protection to migrant families exacerbates the xenophobia and discrimination that migrant and displaced children and their families already face in South Africa.

Children deprived of liberty are at greater risk to contract the coronavirus disease (COVID-19), at detention facilities. During the current pandemic, children in detention are also more likely to have limited access to information about the outbreak, including much needed information about how to protect themselves, identify symptoms, and seek treatment. In addition, detention facilities for children do not always meet the minimum requirements set forth in international and regional legal instruments.

As the coronavirus disease has spread, new measures are requiring the closures of courts, suspension of criminal trials, limitations on movement and access to detention facilities by family members. Such measures are likely to have a negative impact on the situation of children deprived of their liberty due to an extension of the period of detention, or in many cases, a delay in the release of those children. In addition, the inability for a child to maintain regular contact with her or his family, including to overcome current circumstances, may have a serious impact on the child's mental health and well-being, in particular for those who experience distress and fear regarding COVID-19.

Government Response

The Department of Social Development (DSD) has issued Ministerial Directives impacting on the care and well-being of children, including access to DSD facilities including Child and Youth Care Centres (CYCCs), Centres, Shelters, Community Nutrition and Development Centres, Drop In Centres, Safe parks and the movement of children between co-holders of parenting rights.

The Minister of Social Development has established a "War Room" to coordinate the sector actions between SASSA, NDA & SACSSP. The War Room develops broad sectoral action plans, submits reports to the NATJOC, provides coordinated support to the DSD sector, and provides information to the DG and the Ministry.

Needs

There is a fundamental need to continue to make strenuous efforts to ensure access to basic services including (food, clothing, sanitary items, health care, education and recreational activities), underlying the following more specific needs.

1. Expand the reach of quality and prevention and early interventions as a way to mitigate protection risks
2. Provide Community-based mental health and psychosocial support to help children and caregivers cope with distress and trauma resulting from the impact of COVID-19 and
3. Continuation of mobilization activities and messaging to end stigmatization
4. Restore the capacity of child protection services including hiring of additional social workers to and strengthening their capacity to meet increased demand for services
5. Improve the quality of child protection specialised services, including case management to address the needs of children who are survivors or at risk of violence, abuse and exploitation
6. Strengthen the prevention and response to violence against children, including early identification and referral mechanisms for children experiencing violence in the home and community
7. Strengthen access to justice for children: review all cases in which children are deprived of liberty, and the timely implementation of safe and non-custodial alternatives to ensure that deprivation of liberty is indeed used only as a measure of last resort for children
8. Strengthen the capacity of child protection services such as child-friendly spaces; develop additional capacity to meet increased demand for services
9. Provided support to undocumented migrant children in South Africa to facilitate their access to basic services, including education and health
10. Remedy lack of consolidated data on the numbers of children reported/registered as unaccompanied, separated or missing since the start of COVID-19
11. Prevent and respond to children's separation from families and caregivers due to COVID-19 isolation and quarantine, and loss of primary caregiver

Recommendations

Listed below with costs.

Costs

Note that costs relating to the child support grant are listed in chapter *Protection and Social Inclusion*.

Exchange rate: USD 1 to ZAR 16.50

Table 41. Costed needs for children.

Emergency Interventions		ZAR	USD
1	Providing care and protection to 10,000* most vulnerable children including undocumented migrant children, child survivors of gender-based violence, child-headed households, children without appropriate parental care. Total of 500 ZAR to be spent on each child per month for 5 months to provide services like counselling support, individual case management, Transport money to facilitate access to Health and awareness campaigns (including immunization, ARVs) and access to education (PPEs and schools supplies for undocumented migrant children), transport costs for GBV referral for child survivors, foster care, provision of basic services- clothing, blanket and hygiene items for migrant children whose families do not receive government grants.	25 000 000	1 515 152
2	Prevention and response to violence against children and family strengthening to 5000 families through parenting sessions (8 per family), Violence awareness raising sessions including online violence, virtual webinar session (2 per family), printing violence awareness material and paying transport and data allowance and incentives to social workers and child and youth care workers. Cost includes lumpsum amount for the proposed interventions.	2 500 000	151 515
3	Provision of community-based mental health and psychosocial support to 10,000 children (spending 500 ZAR per child or social worker and counsellors), which will include online telephone counselling support and referral case management to children and COVID-19	5 000 000	303 030
4	Strengthening the capacity of social service workforce (3000 social workers) to respond to COVID-19 through Disaster Management Trainings, Working with Migrants, GBV etc at the cost of R1000 per social service professional (social workers, child and youth care workers)	3 000 000	181 818
Recovery interventions			
5	Strengthen the referral pathways and links between community structures and other service providers, particularly within the health and Social Service Sectors in 4 Provinces* worst hit by COVID-19 through trainings of Health and Social Service Professionals; 2 Trainings per Province costing R300,000 each in the following 4 provinces - Western Cape, Gauteng, Eastern Cape and Kwa Zulu Natal	2 400 000	145 455
6	Review plans aimed to decongest juvenile detention facilities and reduce the number of children deprived of their liberty during the COVID-19 emergency	5 000 000	303 030
	- Provision of for technological solutions that uphold children's rights in order to enable courts to sit and to avoid postponement of court hearings, extension of pre-trial detention periods, and release of children deprived of their liberty		
	- Lump Sum for and consultancy fees for legal organisations to represent children in court and develop technical solutions to support the judiciary including training of the judiciary.		
Total		42 900 000	2 600 000

OLDER PERSONS CONTEXT

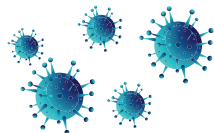
COVID-19

Rapid Emergency Needs Assessment



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11



Older Persons CONTEXT



It is estimated that 8.2% of the South African population is 60 years or older. Of this population, 43% of women and 35% of men are illiterate. 42% of households headed by older women and 37% of households headed by older men are poor. In 2011, the highest poverty rates amongst older persons were found in Mpumalanga (97.2%), North West (93.6%) and Limpopo (91.5%). The large majority of poor older persons in South Africa are black – more than 57% of older black persons in South Africa are poor, compared to 8% for older coloured persons, 1% for Indian/Asian older persons and less than 1% of older white persons. In South Africa, the old-age grant (R1860 per month) is the primary source of income for the majority of older persons, particularly in rural areas where it constitutes the main source of income for 83% of older women and 76% of older men. In many cases older persons use their old-age grants to support the entire household, which is usually multigenerational. The criteria to access the old-age grant include South African citizenship, permanent residence or refugee status and having income/assets below a specified threshold. In 2015, 70% of older persons were recipients of the old-age grant. The Older Persons Act (2006) provides for a number of measures to protect the rights of older persons in South Africa.

It is estimated that 60% of older persons suffer from chronic diseases – four times more than the general population – while 75% of older persons are not covered by medical aid (92% for black older persons and 95% for older persons living in rural areas). Older persons in rural areas in particular face challenges in accessing health care, due to generally low levels of mobility where transport is expensive, inadequate or non-existent. They also have to navigate long waiting times at public health facilities and unavailability of vital medicine. 58% of persons 75 years and older in South Africa report living with a disability. Additionally, older people's levels of mobility are generally low, which can create a dependence on family and community members to assist in essential tasks such as obtaining medicine or buying groceries.

A number of studies carried out in South Africa highlight the high prevalence of abuse and violence against older persons in South Africa, including physical and sexual violence, emotional and financial abuse, and accusations of witchcraft against older women. In one study more than 60% of older persons reported experiences of abuse. Older women, persons older than 74 years and older persons with cognitive impairments are at particularly high risk of abuse.

Impact

Older persons are at a significantly higher risk of mortality and severe disease following COVID-19 infection, with persons over the age of 80 years old dying at five times the rate of the general population at a global level. Other concerns include the risk of an increase in abuse in the context of the lockdown, an increase in intimate partner violence against older women, the reduction of income due to the socio-economic impact and reduced access to care and support networks. In South Africa, 59% of COVID-related deaths have been persons 60 years or older, while this group forms 9% of the total population.

Government Response

One concern for older persons during the COVID-19 pandemic in South Africa is effective and safe access to social grants. The South African Government has increased the amount of the old-age grant by an additional R250 per month, as part of its package of socio-economic measures, acknowledging the need for older persons to be given preference. However, there have been reports of technical challenges in the implementation of these measures, including some beneficiaries receiving no payments at all. The South African Human Rights Commission has raised concerns that many older persons have had to wait in long queues without measures to ensure social distancing in order to access grants, placing them under considerable health risks.

A quarter of respondents to a survey on the impact of COVID-19 on persons with disabilities highlighted that some measures had been taken to address the needs of older persons with disabilities, including through food parcels and an increase in social grants, while another quarter indicated a lack of support measures in their area. As a response to the need of provision of social services, the South African Social Security Agency dedicates Mondays and Tuesdays to prioritise applications from older persons.

Needs

1. Inclusion and participation shaping the response to COVID-19.
2. Non-discriminatory treatment by healthworkers and systems.
3. Access to medication and support services, including in rural areas, townships and informal settlements.
4. Effective access to COVID-19 testing and medical facilities, medical treatment and PPE. Support hotlines, including GBV-related prevention and protection services and shelters, particularly for older women.
5. More information on the impact of COVID-19 on older persons.
6. Inclusion in distribution of food and essential items, including especially regarding mobility and transport issues.
7. Proper support networks, which may be better provided by families than institutions.
8. Monitor the adoption of specific prevention, protection and treatment measures for older persons who remain in residences and institutional settings in line with human rights standards.

Recommendations

Recommendations based on South Africa's obligations and commitments including under the Constitution, Older Persons Act, ratified human rights treaties and UN guidance on addressing the impact of COVID-19 on older persons:

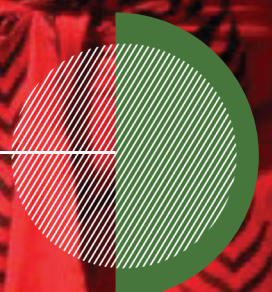
1. Strengthen inclusion and participation of older persons and their representative organisations in the design, decision-making process and implementation of measures to address COVID-19.
2. Review triage guidelines and protocols for access to testing and treatment interventions in the context of COVID-19 and ensure explicit guidance is provided on non-discrimination for older persons and that health care workers receive training on non-discrimination and application of ethical and human rights principles in the allocation of scarce medical resources.
3. Work with service providers and organisations of older persons to provide continued access to medication and support services, including in rural areas, townships and informal settlements. This includes logistical, transport and support measures and appropriate support and exemptions in lockdown regulations to ensure effective access through the different lockdown phases.
4. Identify and remedy gaps for effective access of older persons to COVID-19 testing and medical facilities, medical treatment, PPE, support hotlines, including GBV-related prevention and protection services and shelters, particularly for older women.
5. Collect disaggregated (including by gender, age and disability) statistics on the impact of COVID-19 on older persons, including on access to food, social grants, income, protection, prevention, PPE, treatment, neglect and violence to identify gaps and those at risk of being left behind.
6. Identify and address obstacles for older persons to access the old-age grant or the social relief of distress grant, including stigma, physical, administrative and health barriers.
7. Ensure inclusion of older persons in distribution of food and essential items, including older persons with mobility issues and those who experience barriers due to lack of transportation.
8. Monitor the adoption of specific prevention, protection and treatment measures for older persons who remain in residences and institutional settings in line with human rights standards.

Costs

Costs are subsumed under chapter **Protection and Social Inclusion**.



Source: <https://www.cfr.org/blog/conversation-judith-february-political-leadership-and-covid-19-south-africa>



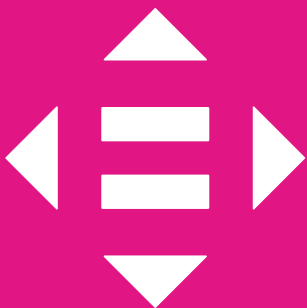
PERSONS WITH DISABILITIES

COVID-19

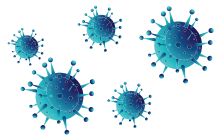
Rapid Emergency Needs Assessment



REDUCE
INEQUALITIES



12



Persons with Disabilities CONTEXT



According to the 2011 census, approximately 7.5% of the national population, or 2.9 million persons, identified themselves as living with a disability (8.3% of women and 6.5% of men). Depending on the definition used, the prevalence of disability could be as high as 17% of the population. A higher proportion of older persons form part of this group, with 58% of persons 75 years and older reportedly living with a disability. Persons with disabilities in South Africa face a number of difficulties accessing adequate health services and education. Furthermore, they experience continued economic isolation often with no prospect of securing employment. In general, households headed by persons with disabilities have reduced access to basic services compared to households headed by persons without disabilities.

Worldwide, persons with disabilities are three times more likely to experience physical violence, sexual violence, and emotional violence than persons without disabilities. Women with disabilities in particular are up to 10 times more likely to experience sexual violence. Boys and men with disabilities are twice as likely as boys and men without disabilities to be sexually abused in their lifetime. In South Africa, persons with disabilities, and girls and women with disabilities in particular, are especially vulnerable to violence and abuse, including sexual abuse and torture, inside the home, at the hands of family members, caregivers, health professionals and members of the community.

The Government's National Development Plan acknowledges that "Disability and poverty operate in a vicious cycle. Disability often leads to poverty, and poverty in turn often results in disability. 40.2% of persons with disabilities live in poor households at the national level – increasing to 72.6% for persons with disabilities who live in rural areas. The government of South Africa recognises that there has been insufficient progress translating legislative mechanisms into economic empowerment for persons with disabilities.

A key social protection measure for persons with disabilities in South Africa is the disability grant. In 2017/2018, more than 1.2 million people benefited from either the disability grant or the care dependency grant for carers of children with disabilities, representing approximately 28% of all persons with disability in South Africa. Some of the requirements to qualify for the grant include being a citizen, permanent resident or refugee, having income/assets below a specified threshold and undergoing a medical examination by a State-appointed doctor to assess the degree of disability. Reported challenges in accessing the grant include administrative, economic and physical barriers, as well as the assessment process.

Impact

Within the context of the COVID-19 pandemic, persons with disabilities have been disproportionately impacted worldwide. There is a high correlation between pre-existing health conditions including lung problems, diabetes and heart disease, and obesity that affect many persons with disabilities and make them more susceptible to contracting the virus, experiencing severe symptoms upon infection as well as heightening their risk of death. There have also been concerns that triage guidelines for allocation of medical resources in some countries have discriminated against persons with disabilities.

Government response

As part of its overall package to address the socio-economic impact of the pandemic, the Government of South Africa has announced that beneficiaries of disability grants would receive an extra R250 per month. However, a number of challenges have been documented in terms of persons with disabilities being able to access the disability grant. There have also been reports of a lack of accessible transport for persons with disabilities leading to the inability to obtain essential goods.

Needs

Approximately half of the South African respondents to a survey on the impact of COVID-19 on persons with disabilities recognised that the Government has taken measures, including providing benefits, to address the needs of persons with disabilities. Half of the respondents said they had received information on COVID-19 in accessible formats, while half requested additional information. At the same time, half of the respondents expressed concerns about challenges in accessing food, disability-related medical care and personal services, medication and support services and a smaller proportion raised concerns about access to services and COVID-19 measures for persons with disabilities in rural areas as well as lack of personal protective equipment and a lack of consistent measures in residential facilities. Other challenges raised include lack of support for essential workers with children with disabilities and the impact of school closures. The Government of South Africa has announced that alongside the increase of the grant amount, caregivers were given special permission to travel and continue to assist persons with disabilities to run errands such as doing food shopping and obtaining medicine.

Recommendations

Recommendations based on South Africa's obligations and commitments including under the Constitution, ratified human rights treaties including the UN Convention on the Rights of Persons with Disabilities and UN guidance on a Disability-Inclusive Response to COVID-19:

1. Strengthen inclusion and participation of persons with disabilities and their representative organisations in the design, decision-making process and implementation of measures to address COVID-19.
2. Identify and remedy gaps for effective access of persons with disabilities to COVID-19 testing and medical facilities, medical treatment, PPE, support hotlines, including GBV-related prevention and protection services and shelters, particularly for women and girls but also men and boys with disabilities.
3. Work with service providers and organisations of people with disabilities to provide continued access to disability-related medication and support services, including in rural areas, townships and informal settlements. This includes logistical, transport and support measures and appropriate support and exemptions in lockdown regulations to ensure effective access through the different lockdown phases.
4. Review triage guidelines and protocols for access to testing and treatment interventions in the context of COVID-19 and ensure explicit guidance is provided on non-discrimination for persons with disabilities and that health care workers receive training on non-discrimination and application of ethical and human rights principles in the allocation of scarce medical resources.
5. Translate and produce communication on COVID-19 prevention and access to services in a wide range of accessible formats, in partnership with organisations of people with disabilities.
6. Collect disaggregated (including by disability and gender) statistics on the impact of COVID-19 on people with disabilities, including on access to food, social grants, income, protection, prevention, PPE, treatment and violence to identify gaps and those at risk of being left behind.
7. Identify and address obstacles for persons with disabilities to access the disability grant or the social relief of distress grant, including stigma, physical, administrative and health barriers.
8. Accelerate the release of persons with disabilities from institutions, nursing homes, prisons, psychiatric and other facilities in close coordination with family and support networks.
9. Monitor the adoption of specific prevention, protection and treatment measures for persons with disabilities who remain in institutional settings in line with human rights standards.

Costs

Costs are subsumed under chapter *Protection and Social Inclusion*.



Source: <https://validity.ngo/2020/07/20/covid-19-disability-rights-monitor-drm%E2%80%AFcalls-for-an-emergency-response-to-the-catastrophic-abuse-of-the-human%E2%80%AFrights-of-persons-with-disabilities-in-institutions%E2%80%AF/>



PERSONS DEPRIVED OF THEIR LIBERTY

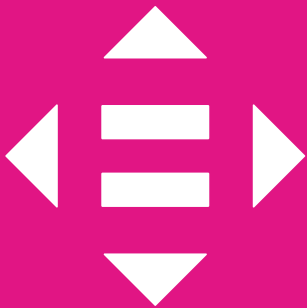
COVID-19

Rapid Emergency Needs Assessment



13

REDUCE
INEQUALITIES



13

Persons Deprived of their Liberty

CONTEXT

The South African prisoner population as of 31 March 2019 was 162,875. 29% of these were awaiting sentencing. Women made up 2.65% of the total prison population. Children made up 0.13% of those in remand detention, and 0.11% of sentenced offenders. Juveniles (aged 18-20) made up 2.4% of the sentenced. Overcrowding in South African prisons is a major issue – according to statistics by the Department of Correctional Services in 2019, there were 44 000 more inmates than beds in SA prisons. Some facilities, such as Pollsmoor Remand Detention Facility, are operating at nearly 200% capacity. Previous court judgments have ordered the Government to reduce overcrowding to a maximum of 150%. The approximately one third awaiting trial prisoners exacerbates this problem, with reports of large numbers of unnecessary arrests by the police, and allegations that the criminal justice process is too slow. The long waits for remand detainees also has significant socio-economic consequences for their families, the burden of which falls largely on women.

The 2005 Jali Commission of Inquiry found a range of human rights issues, including: torture, assault and other forms of abuse perpetrated by correctional centre officials; physical and sexual abuse of inmates by gang members, compounded by complicity or active involvement by some correctional services officials; inadequate handling of inmate complaints creating a culture of warden impunity; inappropriate use of solitary confinement as punishment; shortening of visits; inadequate nutrition; failure to appropriately assist inmates who were victims of sexual assault; and the aforementioned issue of overcrowding, which has negative consequences for inmate health, education and overall rehabilitation. Apart from overcrowding and assaults, other issues are also highlighted by the Judicial Inspectorate for Correctional Services (JICS) including: poor conditions in detention facilities, a lack of uniforms and shoes, less than three meals per day and/or long intervals between meals, and limited access to healthcare, education and legal representation. JICS notes that inmates with mental health conditions are particularly vulnerable, as they are often incarcerated in correctional centers due to lack of beds in mental health institutions. Other vulnerable groups include those with HIV, TB and other health issues, as well as LGBTI inmates.

Impact

As of 21 June 2020, 1155 inmates and 721 officials have tested positive for COVID-19. An inspection by the JICS Inspecting Judge to Johannesburg Correctional Centre in early May found that there was significant overcrowding in some cells, as well as a lack of hot water. The overcrowding in South African correctional centers and resulting impossibility to practice social distancing gives rise to strong concerns that the virus could spread quickly among the inmate population. It has been reported that correctional centre hospitals do not have the capacity or resources to adequately treat large numbers of patients in the event of a major outbreak.. There are several places of detention where babies live with their mothers until they are two years old, placing them at higher risk. There have been several protests in correctional centres across the country around issues relating to COVID-19: at Baviaanspoort Medium Centre, a video emerged of a violent protest by inmates around an alleged lack of protection regarding COVID-19 which news report claimed led to around 20 inmates being injured, while the Department of Correctional Services indicated that 2 inmates were treated for minor injuries. 3 other correctional centre protests were reported at Krugersdorp, Worcester and Leeuwkop Correctional Centres which involved the burning of mattresses. There are allegations that these were the result of DCS using the suspension of visits to facilities as part of lockdown measures to conduct extensive raids and remove contraband from centre cells.

Compounding COVID-19 risk are the comorbidities among the correctional centre population, who tend to be in poorer health due to living conditions and limited access to treatment. HIV and TB are significant health issues in South Africa. There is limited information regarding the interaction between these conditions and the effect of COVID-19. TB is an acute concern in centres and the leading cause of natural death among inmates – WHO anticipates that people ill with both TB and COVID-19 may have poorer treatment outcomes, especially if TB treatment is interrupted. There is limited information on HIV-prevalence among the South African inmate population, however, those living with HIV with advanced disease, those with low CD4 and high viral load and those who are not taking antiretroviral treatment have an increased risk of infections and related health complications in general. Visits to correctional centres have been banned under South Africa's lockdown regulations to help curb the spread of COVID-19, but this is likely to have an adverse effect on the mental health of inmates and may also increase anxiety and risks of violence.

Government response

On 8 May, the president authorised the release of selected categories of sentenced inmates as a measure to combat the spread of COVID-19 in correctional facilities. The parole dispensation will be decided by parole boards and apply to low-risk inmates who have passed their minimum detention period or will approach this period in the coming five years, estimated at 19 000 inmates. The Government has indicated that those with underlying health problems, older persons (above 60 years) and female inmates with infants, will be prioritised for consideration for parole. Directives issued by the Ministry of Justice ordered the prioritisation of trials involving pre-trial detainees, which will help to reduce the number of remand detainees. Those accused of petty offences must be released and warned to appear in court on a future date.

The Lindela Repatriation Centre is a detention centre for undocumented migrants awaiting deportation from South Africa. A 2014 South African Human Rights Commission (SAHRC) investigation found overcrowding, infringements on detainees' right to healthcare, lack of testing, isolation and care for TB patients, lack of mental health care and extralegal detentions in excess of the 120 days permitted by law. Repatriation processes have been put on hold since South Africa's lockdown began; however, more recently there have been two riots due to lack of social distancing and protection measures and a dispute between the security guards at Lindela and their employer over PPE. Around 500 Zimbabweans and some 90 Basotho were deported to Zimbabwe and Lesotho.

Needs

1. Effective and full function of relevant government departments and services during lockdown.
2. Non-discriminatory access to medical resources for COVID-19 patients.
3. Uninterrupted treatment programmes for other diseases such as TB and HIV.
4. Alleviation of overcrowding.
5. Provision for quarantine and overflow.
6. Protection of vulnerable groups within prisons (e.g. persons with disabilities) that might be neglected in a time of turmoil.
7. Uninterrupted access to legal counsel.
8. Visits and all entry/exits of persons reduced to minimum.
9. Access to information.
10. Anticipation of possible stigmatization and violence against people with COVID-19
11. Health follow-up upon release, where applicable.

Recommendations

Recommendations based on South Africa's obligations and commitments including under the Constitution, ratified human rights treaties, United Nations Standard Minimum Rules for the Treatment of Prisoners (Nelson Mandela Rules) and UN guidance on addressing the impact of COVID-19 on persons deprived of liberty:

1. Strengthen collaboration between the Department of Correctional Services and the South African National Preventive Mechanism on the implementation of the Advisory Note issued on 22 April 2020.
2. Classify essential services oversight bodies such as the National Preventive Mechanism and the Judicial Inspectorate for Correctional Services. These must be able to function at full capacity during all lockdown phases, with due regard to safety and the “do no harm” principle.
3. Review COVID-19 triage guidelines and testing and treatment protocols for persons deprived of liberty and deliver explicit guidance on non-discrimination for persons deprived of liberty, and train correctional officials and health care workers on non-discrimination and application of ethical and human rights principles in the allocation of scarce medical resources, regardless of detention, nationality or migration status.
4. Ensure continued access for persons deprived of liberty to health care and medication, including for chronic and other health conditions, including TB and HIV.
5. Accelerate implementation of the COVID-19 parole dispensation policy announced on 8 May 2020 and the review by parole boards, giving priority to vulnerable populations (older persons, persons with chronic illness including TB and HIV, persons with disabilities, children, pregnant women), persons in pre-trial detention and immigration detention facilities.
6. Reclassify, or amend sentencing guidelines for, violations of lockdown offences where appropriate so as to reduce the use of custodial penalties in line with the African Commission on Human and Peoples Rights 2017 Principles on Decriminalization of Petty Offences.
7. Accelerate all other measures to reduce prison overcrowding in line with UN guidance on reducing prison overcrowding.
8. Put in place a moratorium on children entering detention and release all children deprived of liberty who can be safely released in consultation and partnership with child protection actors to ensure adequate care arrangements.
9. Put in place agreements with the Department of Health for overflow facilities and interim measures for dignified quarantine and treatment of inmates who test positive or have come into contact with COVID-19 to address lack of health capacity within correctional centres.
10. Review and strengthen protection measures for persons with disabilities and older persons who remain in places of deprivation of liberty.
11. Provide for continued access of persons deprived of liberty to legal counsel and to complaints and oversight mechanisms.
12. Provide alternative measures for contact with family in absence of visits, enhanced access to mental health care and psychosocial support, and continued respect for minimum outdoor exercise and recreational facilities.
13. Implement regular communication in languages accessible by the population of persons deprived of liberty on COVID-19 preventive, protection, testing and treatment measures.
14. Put in place measures to mitigate violence or stigmatization against persons deprived of liberty who test positive for COVID-19.
15. Screen people being released/deported from any place of deprivation of liberty for COVID-19, including immigration detention, and activate referral pathways for health monitoring and treatment after release and notification to receiving countries, in cases of deportation.

Costs

Costs are subsumed under chapters Protection and ***Social Inclusion and Health***.

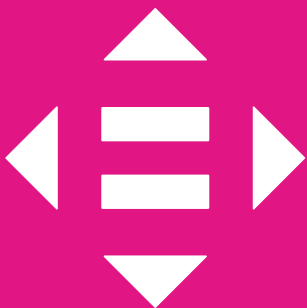
MIGRANTS, REFUGEES & ASYLUM SEEKERS

COVID-19

Rapid Emergency Needs Assessment



**REDUCE
INEQUALITIES**



14

Migrants, Refugees & Asylum Seekers CONTEXT



South Africa remains the main country of destination for migrants in the Southern Africa region and among the top 20 countries of destination in the world, with an estimated 3.9 million migrants. Approximately 70% of these migrants are from the Southern African Development Community (SADC) region. Most are economic migrants seeking work in the South African mining, manufacturing and agricultural industries. However, many end up working in the informal sector in temporary or precarious employment, living from hand to mouth. There has been an increasing trend in the identification of unaccompanied and separated children living in South Africa who are often in need of care and protection. According to a 2019 UNICEF report, South Africa is now a major destination for migrant children on the move from Eastern and Southern African countries, with more than 642,000 migrant or displaced children currently living in South Africa.

In addition, some 266 694 refugees and asylum-seekers have sought international protection in South Africa, where there is a national refugee legal framework in place. Of this number, 78 398 are recognised refugees and asylum-seekers. Approximately 64% of the population is male, and 36% is female; 20% are children and 12% are elderly (over 60 years of age). Some 99% live in urban locations in Cape Town, Durban, Musina, Port Elizabeth and Pretoria. The majority of refugees and asylum-seekers come from Somalia, Democratic Republic of Congo, Ethiopia and other countries in the region.

Due to socio-economic concerns, many children and women face a multitude of challenges, including issues related to unaccompanied and separated family structures, gender-based violence and trauma due to their personal experiences. Persons with specific needs including the disabled, persons with underlying medical conditions, psychosocial and mental health concerns as well as other marginalised sections of populations that remain among the most at risk population. Currently, 9 411 refugees are accessing social grants.

Many migrants, refugees and asylum-seekers live in densely populated townships and many are daily wage workers, for example in spaza shops, or working in other jobs in the informal sector (lack of documentation is a contributory factor). Integration and social cohesion pose challenges, reflected in violence and tensions between these communities and local community citizens.

Despite the progressive nature of the South African Constitution and Legislation, many migrants face challenges in realising their rights. Obstacles include administrative barriers, such as the requirement of identification documents which many migrants do not possess, discriminatory attitudes of some government officials, and language barriers. Migrants whose status in the country is unregularised live in fear of arrest, detention and deportation. As a result, this population often remains hidden and difficult to access, marginalized and open to exploitation and abuse.

Under the law, registered refugees are able to apply for social grants and have the right to work. However, a backlog in the national asylum system has resulted in asylum-seekers waiting for long periods of time for decisions. This prevents application access to social grants and other entitlements which are available to refugees but not asylum-seekers. There is also concern that for those facing documentation issues, they will face more socio-economic risks and legal challenges in safely regulating their stay.

While screening and testing for COVID-19 is accessible to all, regardless of immigration status, undocumented migrants face fear of discrimination, detention and deportation if they approach health services for assistance. They also face major challenges in accessing other health care services and medication for chronic illnesses. Furthermore, as undocumented migrants are not eligible for any of the government social distress relief grants, they are considered to be a highly vulnerable group who are at risk of malnutrition due to a lack of food and are at risk of contracting COVID-19 due to a lack of PPE.

Impact

Impact of COVID-19. There is not available data to show how many migrants, refugees or asylum seekers have contracted the virus or have access to PPE.

Access to food. Agencies, NGOs and shelters working with refugees, asylum-seekers and migrant communities have seen a surge in the number of clients requesting food assistance since the beginning of the lockdown. NGOs have reported that undocumented foreign nationals are not receiving assistance from the Government of South Africa as asylum-seekers and undocumented migrants are excluded from government grants, including more than 8,000 migrants from Zimbabwe and Ethiopia who have indicated that they have lost their livelihoods and need urgent food and shelter assistance.

Access to social distress grants. Refugees are eligible for relief of distress grants and some SASSA grants. However, undocumented migrants and asylum seekers are not able under the law to apply for social grants and therefore have not been able to access relief in the face of loss of livelihoods during the lockdown.

Access to healthcare. Information from NGOs working directly with migrants communities have stated that many migrants have limited or no access to otherwise publicly available COVID-19 health materials (including prevention, protection and treatment) due to language barriers. While health and related information on COVID-19 has been translated into the eleven South African languages, other language groups (such as Zimbabweans, Malawians, Congolese, Burundian, Somali, Ethiopian) have not been included. The NGO sector has been instrumental in working to ensure that adequate information on COVID-19 is available in migrants' languages but not all migrants have access to these NGOs or the platforms on which this information is shared (e.g. Facebook, websites, WhatsApp group messages).

Access to water, soaps, disinfectants, masks, etc for protection against COVID 19. Most migrants live in informal settlements and have limited access to a reliable water supply and sanitation (see also **WASH** Chapter). Furthermore many irregular migrants, refugees and asylum-seekers have little or no source of stable income, which has been exacerbated by the lockdown. As a result, many cannot afford to buy masks, disinfectant or sanitizers.

Loss of income. According to information received from NGOs working with migrant communities, many irregular migrants have lost their income from jobs or informal trading due to lockdown (see also **Employment and Livelihoods** chapter). Some refugees with valid documents have applied for COVID 19 Temporary Employee/Employer Relief Scheme (TERS) but largely, asylum-seekers and irregular migrants are not able to access this due to lack of documentation. NGOs have reported that many migrants are struggling to raise rental money and have been evicted by their landlords, despite this being against the lockdown regulations. Charitable organisations/faith-based organisations and NGOs have been working to assist where possible (distribution of food parcels, cash grants, hygiene packs). For example, of the 371 beneficiaries assessed by the Adonis Musati Project between the 26th March and 3rd May 2020 via their helpline 362 were provided with assistance in the form of a small cash grant of R300 per adult and R100 per child (average number of people in a household is 4, but ranges from 1 to 10 people). Over the same period, the Scalabrini Centre Welfare Programme (SCWP) based in Cape Town provided assistance to 198 clients (both documented and undocumented migrants) to help them meet their basic needs such as food (105), rent (75), health (11), and other requests for assistance (5).

Overall impact. The secondary socio-economic impact of the virus on migrants, refugees and asylum seekers is extremely detrimental. Prior to the onset of the COVID-19 pandemic, poverty and unemployment were already seriously affecting many South African nationals and foreign nationals including migrants, refugees and asylum seekers. Under the lockdown, many face even more difficulties in making ends meet. The need for food and other forms of social and material assistance has increased dramatically across the country since the movement restrictions were introduced, as many are unable to make a living. People of concern in South Africa live in densely populated townships and are daily wage workers, exacerbating the danger of spreading the virus due to challenges of social distancing and loss of livelihoods during the lockdown. As tensions rise, there is a risk of violence and looting that could spread and lead to erosion of coping mechanisms, reduced social cohesion and heightened stigmatisation and discrimination. Hunger has already driven people to looting spaza shops in some areas and the threat of evictions continues to be a real concern.

Needs

June – August

1. Migrants (documented and undocumented), refugees and asylum-seekers need a safety net of access to basic services in order to serve their fundamental human rights. Such services include social, food and livelihoods distress relief and shelter, emergency medical treatment and psychosocial support for those affected.
2. There is a need to strengthen national and provincial government preparedness and response plans to ensure risk communication and community engagement efforts reach migrants, refugees and asylum-seekers who may be marginalised or unable to access mainstream forms of media.
3. Information on COVID-19 (prevention, treatment, access to services, regulations) needs to be inclusive (messaging needs to be translated and widely distributed).
4. There is a need to strengthen the technical capacities of immigration and law enforcement officers working at borders and entry points through training and provision of PPE's.

September – December

1. Migrants, refugees and asylum-seekers will continue to need to access basic services and socio-economic distress relief as outlined above and continued information on changes to regulations, access to services etc.
2. Planning around recovery efforts related to COVID-19 needs to be inclusive in their approach to ensure that no one is left behind.
3. Support in planning for the inclusion of migrants and returnees and asylum seekers and refugees in all activities including labour market integration or livelihood activities.
4. Preserve the ability of people most vulnerable to the pandemic to meet their food consumption and other basic needs, through their productive activities and access to social safety nets and humanitarian assistance.

Recommendations

Recommendations are based on South Africa's obligations and commitments including under the Constitution, ratified human rights treaties including the UN Convention relating to the 1951 Status of Refugees and its Protocol, the 1969 OAU Convention Governing the Specific Aspects of Refugee Problems in Africa and national legal frameworks, policies and regulations pertaining to refugees and migrants. The main objectives of the emergency response plan are to provide much needed targeted assistance to the most at risk communities, ensure an inclusive assistance approach is in place to healthcare and social support, enhance community-based protection and social cohesion activities as well as preserve access to asylum and adopt a humanitarian response to refugee and migrant issues.

1. Review triage guidelines and protocols for access to testing and treatment interventions as well as access to social grants in the context of COVID-19 and ensure explicit guidance is provided on non-discrimination for refugees, asylum-seekers, migrants and the undocumented and that health care and social workers receive training on non-discrimination and application of ethical and human rights principles in the allocation of scarce resources.
2. Work closely and effectively with service providers and organisations supporting refugees, asylum-seekers and migrants to provide continued access to medication and assistance services, including for disabled populations, women and children, the elderly and those most at risk, including in rural areas, townships and informal settlements. This includes logistical, transport and support measures and appropriate support and exemptions in lockdown regulations to ensure effective access through the different lockdown phases.
3. Collect disaggregated statistics, (by gender and vulnerabilities such as disability), on the impact of COVID-19 on refugees, asylum-seekers, migrants and the undocumented at risk, including on access to food, social grants, income, protection, prevention, PPEs to identify gaps and those at risk of being left behind.
4. Provide a safety net for refugees, asylum-seekers, migrants including the undocumented people of concern who have lost livelihoods due to the lockdown conditions with distributions of cash-based assistance to support access to health care services, purchase food and make rental payments and emergency relief items.
5. Produce, translate and disseminate widely risk communication materials on COVID-19 prevention and access to services in a necessary range of accessible languages and formats, in partnership with organisations working with asylum-seekers, refugees and migrants.
6. Support programmes together with the UN and civil society to promote proactive community engagement at all levels of society to support social cohesion and strong community-based protection mechanisms between refugees, migrants and host communities.
7. Issue a temporary hold of deportation and the facilitation of assisted voluntary return and reintegration, especially when recommended public health measures such as quarantine/isolation is not feasible.
8. Explore new ways of working that include developing new technological approaches that help preserve access to the institution of asylum and allows for better delivery of vital services including documentation that can be adapted to the current public health realities.

Costs

Note that costs relating to grants are consolidated in chapter ***Protection and Social Inclusion***.

Exchange rate: USD 1 to ZAR 16.50



Source: <https://www.dailymaverick.co.za/article/2020-05-28-court-asked-to-extend-covid-19-grant-to-asylum-seekers/>

Table 42. Costed needs for migrants, asylum seekers and refugees.

Activities	People in Need	Peop le Targeted	Total Requirements (ZAR)	Total Requirements (USD)
Support risk engagement and risk communication in border communities and awareness raising on prevention and preparedness measures on COVID-19 (cost for translation, public outreach, radio and leaflets, ports of entry posters, information campaigns)	300,000 migrants	50 000	4 950 000	300 000
Enhanced capacity of Departments of Health, Home Affairs and border authorities and partners for preparedness and response of prioritized Points of Entry/exit (POE) and along major mobility corridors to COVID-19. (Trainings around SOPs for health screenings, port of enteries screening for border officials at 10 border crossing points @ 10,000 per workshop for conferecing, training venue, expert fees)	3,000 officials in all the provinces	250	1 650 000	100 000
Providing support through food vouchers to insecure migrant population so that they can meet their basic food and nutrition requirements. (Provision of cash-based assistance for food and non-food items for 10,000 stranded and vulnerable migrants @ USD 25 per individual for 6 months)	500,000 migrants	10 000	24 750 000	1 500 000
Support to shelter and safe houses to strengthen delivery of assistance to vulnerable migrants and mitigate the spread to COVID-19 (Provision of PPEs, food and non-food items to to 20 shelters @ USD 2,500 per shelter)	100 shelters	20	825 000	50 000
Ensure that stranded and vulnerable migrants have access to protection assistance such referral services to CSOs including option for voluntary return assistance	20,000 migrants	5 000	30 195 000	1 830 000
	Assisted voluntary return - 3000 stranded migrants to be assisted and 2000 for referral to existing services			
	Pre-departure assistance -meals in transit	3000 @ USD 20		60 000
	PPEs	3000 @ USD 20		60 000
	Medical screening	3000 @ USD 20		60 000
	Transport/air travel	3000 @ USD 500		1 500 000
	post-arrival assistance	3000 @ USD 50		150 000
Total			62 370 000	3 780 000

Activities (April – October 2020)				
Provision of protection coordination support and technical guidance to relevant Government agencies, social service providers and other stakeholders to enable a targeted and effective response; assist Department of Home Affairs to maintain critical protection services for refugees and asylum-seekers that have been interrupted by COVID-19.	266,694 refugees & asylum-seekers	54 000	10 018 800	607 200
Direct implementation assistance to vulnerable refugees and asylum-seekers including cash based small-scale once-off payment for food, hygiene items and core relief items. Humanitarian needs assessed for the most vulnerable will include the payment of monthly rent for vulnerable persons of concern for a limited period as well as provision of mental health and psycho-social support to vulnerable refugees and asylum-seekers.	266,694 refugees & asylum-seekers	54 000	20 971 500	1 271 000
Support to vulnerable refugees and asylum-seekers through counselling and advice, limited livelihood support to persons of concern who graduated from their livelihoods programmes and successfully established businesses, and who are now impacted by COVID-19 lockdown and restrictions. Refugees and asylum-seekers will receive support to formalise business permits and provision of start-up grants for businesses after lockdown has been lifted.				
Promotion of social cohesion and peace building in high-risk refugee-hosting communities; enhance social cohesion and community based protection and monitoring.	500,000 refugees, asylum-seekers & local population	110 000	7 289 700	441 800
Establishing and reinforcing two-way means of communicating with communities; increasing outreach campaigns and communication with communities on prevention, social distancing and general hygiene practices.	266,694 refugees & asylum-seekers	266 694	825 000	50 000
Total			39 105 000	2 370 000
TOTAL COST			R 101 475 000	\$6 150 000

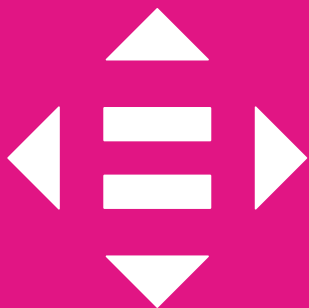
PROTECTION & SOCIAL INCLUSION

COVID-19

Rapid Emergency Needs Assessment



REDUCE
INEQUALITIES



15

Protection and Social Inclusion CONTEXT



Social Assistance/social grants in South Africa

According to the Department of Statistics South Africa about 55.5% of the population live under the poverty line². South Africa's GNI per capita is USD 5750, making it a middle-income country. This income is however very unevenly distributed. It is estimated that 10% of the population owns 70% of the wealth in the country. The Gini-coefficient for household per capita income is very high standing at 0.68, and Gini for household per capita consumption is 0.64. South Africa's HDI is at 0.705, leaving it in 113th place in the table of 189 countries published and the population in multi-dimensional poverty amounts to 6.3%. For further discussion see chapter **Employment and Livelihoods**.

South Africa has a relatively comprehensive social assistance system (social grants). In 2015, government spending on social assistance amounted to 3.17 percent of GDP. The bulk of social assistance transfers in South Africa are unconditional transfers that are targeted at poor and vulnerable individuals such as children, older persons and persons with disability. According to National Treasury 17.6 million beneficiaries received monthly grants in 2018/2019, and it is estimated that 18.7 million beneficiaries will receive social grants in 2021/22.¹¹ In 2018 the percentage of households that receives at least one social grant stood at 44%. More than one-third of black African individuals (33.9%) received a social grant, 29.9% of coloured individuals, and 12.5% of Indian/Asian individuals. Only 7.5% of the white population received grants.

The South African Constitution guarantees everyone's right to "social security, including appropriate social assistance" (Article 27) and obliges the state to "take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of the right". Social assistance programmes allow for appeal against selection decisions. South African citizens, permanent residents and refugees currently living in South Africa can apply for social grants.

Social Assistance Programmes

Amongst social assistance transfers a majority of the budget is allocated to the Child Support Grant, which benefits 12.7 million poor children and the Older Persons Grant, which benefits 3.7 million elderly persons. Because of intra-household sharing, it is estimated that these grants benefit 8 million poor households. Beneficiaries for both programmes have grown in the last year. According to the National treasury, the Child Support Grant grew by 1.5% while the Older Persons Grant grew by 3.8%.¹⁷⁰ Caretakers of children with disability are furthermore eligible for the Care and Dependency Grant and persons who foster children are eligible for the Foster Child Grant. Additional social assistance grants are the Disability Grant, which provided income support to more than 1 million recipients in 2018/19, as well as the self-explanatory War Veterans grant. The Grant-in-Aid is an additional grant targeted at recipients of the Older Persons, Disability or War Veterans grants who require regular care from another person. These social grants are managed by a single agency, the South African Social Security Agency (SASSA) under the Department of Social Development. Lastly, there is the Expanded Public Works Programme that, as opposed to the other programmes, is managed by the Department for Public Works and Infrastructure. It provides approximately 3 968 000 workers with employment and training in the short- to medium-term in the infrastructure, non-state, environment, culture and social sectors. According to the government data, since 2012/13, the EPWP has created 4 185 426 work opportunities, and aimed at creating an additional 4 205 730 by the end of 2018/19.

Table 43. SA Programmes - social grant allocations (inclusive of COVID-19 allocation) All poverty lines (in April 2019 prices) from Department of Statistics South Africa retrieved from 3

Type	Amount of transfer R	COVID-19 supplement R
The Child Support Grant	440 per child (up to 6 children)	440 per child plus 500 per HH (June – Oct)
Older Persons Grant	max 1880	2110
Disability Grant	max 1860	2110
Foster Child Grant	1040	1290
Care Dependency Grant	1860	2110
War Veterans Grant	1 880	2130
Grant-in-Aid	420	770
COVID-19 Social Relief of Distress Grant for Unemployed	n/a	350

Gaps in regular Social Assistance programmes

People living in South Africa who are not citizens, permanent residents or refugees are eligible for grants. While this is quite comprehensive in comparison with other African countries, the targeting and application of the eligibility criteria nevertheless leaves out the majority of asylum seekers, illegal migrant and other undocumented persons. Administrative requirements for registration (ID, birth certificate, police report, etc.) can make it difficult for recipients that may be eligible to receive a benefit to claim it and administrative hangovers delay the registration of new beneficiaries. Moreover, eligibility to grants is established based on income-based mean testing, which does not account for multi-dimensional poverty and thus may leave multi-dimensionally poor persons uncovered.

Impact

The human impact of lockdown and related measures is considerable, as described in the chapters **Human Impact and Employment and Livelihoods**. It is the function of social assistance interventions to mitigate these impacts.

Government Response

Summary of Response

In order to mitigate the social and economic fall out of the crises, the government announced a substantial economic stimulus package and social relief programmes on the 22nd of April with a total value of R 500 billion.

The below table presents an overview of these programmes. Details relating to employment and business relief may be found in chapter **Employment and Livelihoods**. Food assistance schemes may be found in chapter **Agriculture and Food Security**.



Source: <https://www.news.uct.ac.za/campus/communications/updates/covid-19/-article/2020-05-26-activists-share-ideas-on-a-way-forward-amid-covid-19>

Table 44. Social assistance – unconditional cash transfers

Programme	Value	Eligibility criteria	
Top-up to the Old Age Pension (OAP)	R250/month/pensioner x 6 months. Added to a monthly grant currently valued at R1860/month	<ul style="list-style-type: none"> Existing beneficiary of the OAP New applicants who apply from 1 May onwards 	
Top-up to the adult Disability Grant (DG)	R250/month/person with disability x 6 months. Added to a monthly grant currently valued at R1860/month	<ul style="list-style-type: none"> Existing beneficiary of the DG New applicants who apply from 1 May onwards 	
Top-up to the Foster Child Grant (FCG)	R250/month/caregiver x 6 months. Added to a monthly grant currently valued at R1040/month	•340 000 children (includes some 18 to 21 yr olds)	
Top-up to the Care Dependency Grant (CDG)	R250/month/caregiver x 6 months Added to a monthly grant currently valued at R1860/month	<ul style="list-style-type: none"> Existing recipient of the CDG New applicants who apply from 1 May onwards 	
Top-up to the Child Support Grant (CSG)	R300/child for May Added to a monthly grant currently valued at R440/month	•Existing child beneficiary of the CSG	
	R500/caregiver June to Oct	<ul style="list-style-type: none"> Existing caregiver recipient of the CSG New applicants who apply from 1 May onwards 	

Included	Excluded
<ul style="list-style-type: none"> • 3.7 million pensioners 60yrs old and older • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • Elderly undocumented foreigners • Elderly documented foreign nationals who are not refugees or permanent residents (e.g. work permits, study permits).
<ul style="list-style-type: none"> • 1 million adults aged 18 to 59yrs with disabilities which prevent them from working • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • Undocumented foreigners with disabilities • Some DGs are temporary
<ul style="list-style-type: none"> • 340 000 children (includes some 18 to 21 yr olds) • Approx. 80% of these children are orphaned or abandoned and are in the care of relatives. • Approx. 20% are children who have been removed from their parents due to abuse or neglect and are in the care of either strangers or relatives. • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • Undocumented foreign children
<ul style="list-style-type: none"> • 155 000 children with severe disabilities who need permanent home care • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • Undocumented foreign children with severe disabilities
<ul style="list-style-type: none"> • 12,8 million children • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • At least 2 million poor children who are eligible but are not receiving the CSG • Approx. 500 000 due to not having a birth certificate • Additional 130 000 babies born just before and during lockdown (birth registrations were not provided during lockdown level 5 and are still not fully operation at level 4) • Undocumented foreign children • Documented foreign nationals who are not refugees or permanent residents (eg here because their parents have a work or study permit).
<ul style="list-style-type: none"> • 7.1 million caregivers • Majority SA citizens • Permanent residents • Refugees with permits and IDs 	<ul style="list-style-type: none"> • 12,8 million poor children on the CSG receive no increase or a small increase of R75/child/month • And the other exclusions mentioned above.

<p>COVID 19 Relief Grant (Social Relief of Distress grant)</p>	<p>R350/month/adult x 6 months</p>	<ul style="list-style-type: none"> • New applicants who apply from mid May onwards • ID (SA citizen, permanent resident or refugee with an ID number) • Not eligible for UIF • Applicant is not in receipt of a social grant • No-one else in the applicant's household is in receipt of a social grant • Not in receipt of NASFAS funding • Not in receipt of social security benefits from the state e.g. RAF, COIDA
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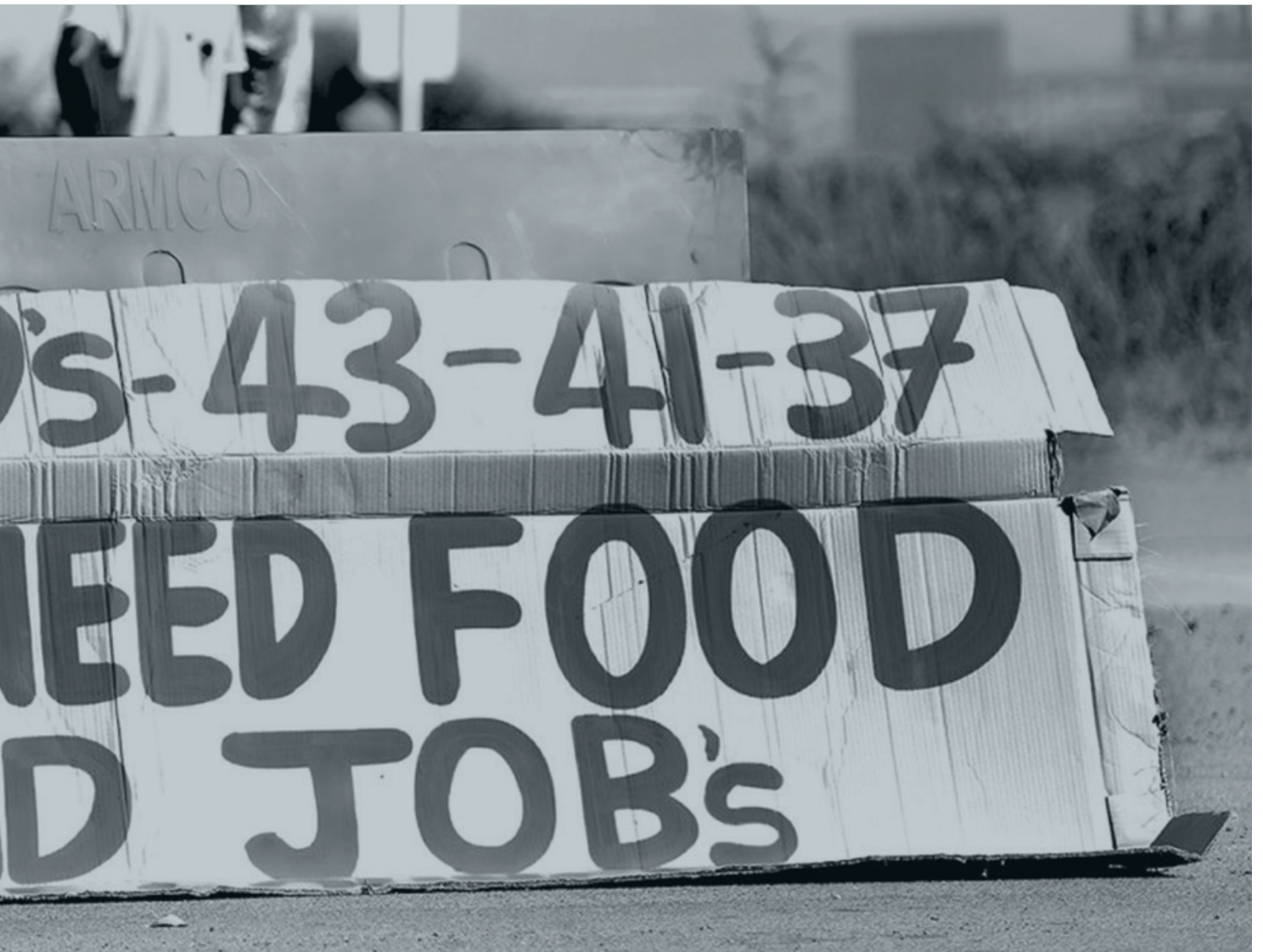
Source: This table was developed by Paula Proudlock of the Children's Institute.



Source: <https://www.egsa.org.za/just-energy-transition-2/no-recovery-without-redistribution-no-social-contract-without-meaningful-inclusion-of-civil-society/>

- Targeted at approximately 8 million unemployed adults aged 18 to 59yrs.
- There are approximately 15 million adults in need (SALDRU, UCT). If the top three deciles are removed, this number is reduced to 11 million.

- 6 million poor caregivers who receive the CSG of R440 for their children are excluded.
- Approx. 300 000 caregivers receiving the FCG of R1040 are excluded because they receive a FCG for a child in their care.
- Approx. 150 000 caregivers are excluded because they receive a CDG of R1860 for a child in their care
- Approx. 3 million poor unemployed adults not covered by social grants, UIF or NASFAS or the COVID grant.
- Undocumented foreign nationals
- Documented foreign nationals who are not refugees or permanent residents (eg here with a work or study permit)



Needs

A balance must be struck between navigating the impact of COVID through a concerted health response vs the social economic impact of the lockdown.

The major coverage gaps at the moment are:

1. Undocumented foreigners in all categories of the grants;
2. 2 million poor children (SA citizens) who are eligible for the CSG but lack birth certificates; and
3. 130 000 babies born during lockdown without birth registrations.

The COVID grant is a welcome idea; so far 3 million citizens have successfully applied. However, the level of the grant (R350) is below the food poverty line (R 581). While there are 11 million people who qualify with the broad eligibility criteria, government is currently budgeting to reach 2 million people.

School closures meant the suspension of the school nutrition programme, ongoing at time of writing, and likely to have malnutrition consequences even when schools resume. A coordinated food response is desirable led by the government, through DSD, along with local government, the Premier's offices, corporate, Solidarity Fund and with civil society organisations. Schools and ECD centres should be reopened as soon as possible in line with health authority advice so as not to deprive children of education and child care during the day. This is also beneficial parents and caregivers' ability to secure an income.

Food parcels may be delivered more easily if the screening of beneficiaries is done at local level through community leaders and online.

Recommendations

1. To continue to ease the lockdown regulations as fast as it is safe to do so and in line with guidance from the WHO and other relevant organisations, so as to allow people to rebuild their livelihoods.
2. To provide sufficient PPE materials to frontline workers who are providing core services to the population, including all health personnel, social service professionals, teachers, police and people working in all service provision services and industries.
3. Continue communication programmes on the need for handwashing, physical distancing, the wearing of masks and on testing when showing symptoms of illness. A range of channels should be used, including community leaders and community radios, supported by national radio and TV.
4. Raise level of the COVID-19 Relief Grant to at least R560 per month so as to match the food poverty line.
5. To expand the target from 8 to 10 million people, and to focus on reaching the full number budgeted for.
6. Change the allocation of the Child Support Grant top up to be per child rather than per caregiver.

Costs

Table 45. Costed needs for protection and social inclusion.

Recovery intervention	Cost per month (ZAR)	Cost for 5 months (ZAR)
Child Support Grant:		
Top up from caregiver to children instead, ie R440 plus R500 per child (12,8 million children and 500R per child)	R 6 400 000 000	R 32 000 000 000
COVID Relief of Distress Grant		
Top up level of the Grant from R350 to R560 (additional R210 extra budget for 8 million) as to meet minimum food poverty line	R 1 680 000 000	R 8 400 000 000
Cover caregivers of children on the CSG, of disabled and foster children with COVID grant (6,450,000 caregivers x R560)	Included in the Employment and Livelihood cost estimates	
2 million children for CSG		
So as to address the exclusion error of 2 million poor children, there is need to expand the CSG from 12,8 to 14,8 million children (2 million additional children plus top up)	R 1 880 000 000	R 9 400 000 000
Refugees and asylum seekers: 20% of 266,000 persons times 350 COVID Grant (12% of 266,000 are elderly times R2,110 elderly grant)	R 85 971 200	R 429 856 000
Total	R 9 960 000 000	R 49 800 000 000

RECOVERY NEEDS

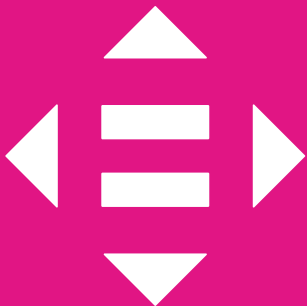
CONSOLIDATED COSTED NEEDS

COVID-19

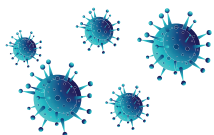
Rapid Emergency Needs Assessment



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16



RECOVERY NEEDS CONSOLIDATED COSTED NEEDS



Source: <https://gaypagessa.com/lockdown-support/>

This table presents the needs and costs from all sectors. For a briefer summary, see the *Executive Summary*. For full detail on each sector, see the table in the relevant chapter.

Exchange rate: USD 1 to ZAR 16.50

Table 46. Consolidated costed needs.

Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
Education			
1	Additional costs for equipment and teaching materials for online teaching	15 262 500	925 000
2	Accelerated training of teachers (440 000) for online class	1 732 500	105 000
3	Preparation of schools for reopening (SOPs on COVID-19 and Hygiene; 2 masks (total R 60) per child for the total 12 408 755 children)	744 525 300	45 122 745
4	The Read to Lead campaign and the National Reading Coalition aimed at heightening awareness about the importance of reading for enjoyment among school children	660 000	40 000
	Emergency Needs (0-3 months)		
5	Water supply in schools for three months	190 002 971	11 515 332
6	Sanitation and Handwashing (renting mobile toilets and handwashing stations) for three months	18 708 000	1 133 818
7	Providing hygiene supplies (disinfectants, detergents, soaps, and other cleaning supplies) in schools for three months	34 800 000	2 109 091
	Early Recovery (3-6 months)		
8	Continued provision of water through water tankering for three months	23 750 371	1 439 416
9	Sanitation and Hygiene (low flush toilets with septic tank connection and handwashing facilities)	563 514 000	34 152 364
	Total	1 592 955 642	96 542 766
Employment and Livelihoods			
1	Credit Guarantee Scheme	59 850 000 000	3 627 272 727
	a. Formal SME – R 59.85 billion for six months		
2	Job Creation, support to SME and informal businesses	149 000 000 000	9 030 303 030
	a. Formal SME – R 89 billion for six months		
	b. Informal SME – R 60 billion for six months		
3	Support to vulnerable households for 6 months	28 750 000 000	1 742 424 242
	a. Own Account Workers and those who ‘Do not know’ size of employers – R 12 billion for six months		
	b. Expanded Public Works Programme – R 10.75 billion		

	c. Discouraged job seekers – R 6 billion		
4	Wage protection (UIF) – R 11 billion disbursed April 2020	40 000 000 000	2 424 242 424
	Total	277 600 000 000	16 824 242 424
Health			
1	PPE	4 828 000	292 606
2	ICU	9 443 000	572 303
3	Ventilators	1 306 000	79 152
4	Testing	1 625 000	98 485
5	Oxygen	2 675 000	162 121
Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
6	Hospital Beds	526 000	31 879
7	Drugs	3 921 000	237 636
8	PHC	6 968 000	422 303
	Total	31 292 000	1 896 485
Agriculture and Food Security			
1	An additional 15 000 smallholder farmers (earning between 20 000 to 1 million annual turnover) to be covered as per the current rate of allocation by the government (50000 per farmer). This aid should include the fishery sub-sector and Agro-processing	1 000 000 000	60 606 061
2	Additional R100 million to be made available to assist smallholder who earn above the R1 million threshold under severe distress	100 000 000	6 060 606
3	Support for additional 200 000 small-scale household farmers with procurement of agricultural inputs (seeds, fertilizers, indigenous breeds of chickens and chicken feed to start production)	3 000 000 000	181 818 182
4	The support should be made available to 15 600 informal agricultural workers who lost income and are not covered by UIF.	31 200 000	1 890 909
5	Farm workers support for Personal Protective Equipment (PPE – protective face shield and gloves) and (approximately for 700 000) and Covid 19 awareness information in the language they understand.	61 600 000	3 733 333

6	To supplement the short term distribution of food parcels, the government should Start 1 million backyard garden campaign at community level in partnership with traditional leadership and local municipalities and mobilize private sector and local NGO support.	500 000 000	30 303 030
	Total	4 692 800 000	284 412 121
WASH			
	Emergency Needs (0-3 months)		
1	Adequate quantity for drinking, basic hygiene and basic cooking of potable quality	257 368 928	15 598 117
2	Safe and adequate sanitation including hand washing facilities	263 165 504	15 949 425
3	Critical WASH supplies	398 750 000	24 166 667
4	Water quality and trucking monitoring	28 000 000	1 696 970
5	Hygiene Promotion	10 000 000	606 061
	Total Recovery Budget	957 284 432	58 017 238
	Less: National Treasury Allocation	306 000 000	18 545 455
	Current Emergency Recovery Needs	651 284 432	39 471 784
	Early Recovery Needs (4-7 months)		
6	Continuation and increase to an adequate quantity and potable quality water supply	242 800 875	14 715 205
7	Continuation of providing safe and adequate sanitation incl. communal handwashing facilities (long term investment)	1 944 213 333	117 831 111
8	Conversion of tanks to rudimentary water schemes (long term investment)	2 088 000 000	126 545 455
Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
9	Continuation of water quality and trucking monitoring	20 000 000	1 212 121
10	Provision of handwashing facilities at household level (long term investment)	396 819 113	24 049 643
	Total Recovery Budget	4 691 833 321	284 353 535
	Less: National Treasury allocations	4 051 000 000	245 515 152
	Current Early Recovery Needs	640 833 321	38 838 383
	Total	1 292 117 753	78 310 167
Waste			
1	Create additional capacity for HRCW (licensed facilities costing R3 320 000 each) - 15 units	49 800 000	3 018 182
2	Creating temporary facility to handle HRCW (R3 320 000/facility) - 15 units	49 800 000	3 018 182
3	Establishing additional facilities and controls at all landfills - 2000 units for R 16,500 each	33 000 000	2 000 000

4	Livelihood support for 90 000 waste pickers and those involved in informal waste management for 6 months at the rate of R 560 per month = $90000 \times 560 \times 6 = R 302\,400\,000$	302 400 000	18 327 273
5	Provision of Personal Protective Equipment consisting of face shield mask (R50) and protective working gloves (R38) for 90 000 waste pickers and those involved in informal waste management	7 920 000	480 000
6	Provision of Personal Protective Equipment consisting of face shield mask (R50) and protective working gloves (R38) for Waste Management Staff - 29 833 staff members	2 625 304	159 109
7	Awareness raising and capacity building programmes (Waste Management Staff and Waste Pickers) for 120 000 people	16 500 000	1 000 000
	Total	462 045 304	28 002 746
Women			
	Poverty & Hunger		
1	Provide targeted support to current female food producers, especially in the informal agricultural sector, 17 152 in total for 6 months at the rate of R350 per month, to ensure that they do not exit out of the agricultural sector due to COVID 19.	36 019 200	2 182 982
	Income, Employment, & Economic Participation		
2	Extend the current SMME support grant beyond the tourism and hospitality sectors to cater for sectors predominantly owned by women (Community, social and personal service). There are 266,223 women in this category who should be given R 6,730.56 per month (minimum) as temporary economic relief (TER) for SMMEs for 6 months, which total to R 10 750 979 249.	Excluded in the total cost as it is included in the Employment and Livelihood needs	
	Health		
3	Increase safety of women who need medical attention so that they do not stand risk of contracting coronavirus while visiting public health care centres through the deployment of 37 new mobile (costs 1 million each) clinics with comprehensive health services for women including testing for COVID-19 and additional 74 health care workers (Salaried at the rate of R4982.40 for 6 months) to manage the clinics in shifts.	39 212 186	2 376 496
Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
5	Increase access to menstrual health information and commodities including through provision of menstrual health dignity kits (Menstrual Health Products, soap and sanitiser).	1 472 828	89 262
	Gender-based Violence (GBV)		

6	Make funding immediately available for civil society organisations and other community structures that support women in times of crises with reporting, counselling, legal aid, and protection. Increase in number of personnel to man hotlines for GBV distress calls. The data should also be triangulated across all hotlines in order to provide accurate and holistic information. (Need: 100 additional staff (50 more personnel for the National GBV Command Centre and 50 for Childline South Africa as they need to work in shift) salaried at the rate of (Minimum wage for hotline staff-see Note 4 below) 20.76 per hour for 8hrs per day for 6 months.	2 989 440	181 178
	Total	79 693 654	4 829 918
Children			
	Emergency Interventions		
1	Providing care and protection to 10,000* most vulnerable children including undocumented migrant children, child survivors of gender-based violence, child-headed households, children without appropriate parental care. Total of 500 ZAR to be spent on each child per month for 5 months to provide services like counselling support, individual case management, Transport money to facilitate access to Health and awareness campaigns (including immunization, ARVs) and access to education (PPEs and schools supplies for undocumented migrant children), transport costs for GBV referral for child survivors, foster care, provision of basic services- (clothing, blanket and hygiene items) for migrant children whose families do not receive government grants.	25 000 000	1 515 152
2	Prevention and response to violence against children and family strengthening to 5000 families through parenting sessions (8 per family), Violence awareness raising sessions including online violence, virtual webinar session (2 pre family), printing violence awareness material and paying transport and data allowance and incentives to social workers and child and youth care workers. Cost includes lumpsum amount for the proposed interventions.	2 500 000	151 515
3	Provision of community-based mental health and psychosocial support to 10,000 children (spending 500 ZAR per child or social worker and counsellors), which will include online telephone counselling support and referral case management to children and COVID-19	5 000 000	303 030

4	Strengthening the capacity of social service workforce (3000 social workers) to respond to COVID-19 through Disaster Management Trainings, Working with Migrants, GBV etc at the cost of R1000 per social service professional (social workers, child and youth care workers)	3 000 000	181 818
	Recovery interventions		
Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
5	Strengthen the referral pathways and links between community structures and other service providers, particularly within the health and Social Service Sectors in 4 Provinces* worst hit by COVID-19 through trainings of Health and Social Service Professionals; 2 Trainings per Province costing 300,000 R each in the following four provinces - Western Cape, Gauteng, Eastern Cape and Kwa Zulu Natal	2 400 000	145 455
6	Review plans aimed to decongest juvenile detention facilities and reduce the number of children deprived of their liberty during the COVID-19 emergency	5 000 000	303 030
	- Provision of for technological solutions that uphold children's rights in order to enable courts to sit and to avoid postponement of court hearings, extension of pre-trial detention periods, and release of children deprived of their liberty		
	- Lumpsum for and consultancy fees for legal organisation to represent children in court and develop technical solutions to support the judiciary including training of the judiciary.		
Total		42 900 000	2 600 000
Migrants, Refugees and Asylum Seekers			
	Migrants		
1	Support risk engagement and risk communication in border communities and awareness raising on prevention and preparedness measures on COVID-19 (cost for translation, public outreach, radio and leaflets, ports of entry posters, information campaigns); Target population - 50,000 migrants	4 950 000	300 000

2	Enhanced capacity of Departments of Health, Home Affairs and border authorities and partners for preparedness and response of prioritized Points of Entry/exit (POE) and along major mobility corridors to COVID-19. (Trainings around SOPs for health screenings, port of entries screening for border officials at 10 border crossing points @ 10,000 per workshop for conferecing, training venue, expert fees); Target population - 250 officials in all the provinces	1 650 000	100 000
3	Providing support through food vouchers to insecure migrant population so that they can meet their basic food and nutrition requirements. (Provision of cash-based assistance for food and non-food items for 10,000 stranded and vulnerable migrants @ USD 25 per individual for 6 months); Target population - 10,000 migrants	24 750 000	1 500 000
4	Support to shelter and safe houses to strengthen delivery of assistance to vulnerable migrants and mitigate the spread to COVID-19 (Provision of PPEs, food and non-food items to to 20 shelters @ USD 2,500 per shelter); Target - 20 Shelters	825 000	50 000
5	Ensure that stranded and vulnerable migrants have access to protection assistance such referral services to CSOs including option for voluntary return assistance; Target migrant population - 5,000 migrants	30 195 000	1 830 000
	Refugees and Asylum Seekers		
6	Provision of protection coordination support and technical guidance to relevant Government agencies, social service providers and other stakeholders to enable a targeted and effective response; assist Department of Home Affairs to maintain critical protection services for refugees and asylum-seekers that have been interrupted by COVID-19; Target Refugees and Asylum Seekers - 54,000	10 018 800	607 200
Sector	Interventions/Needs	Cost (ZAR)	Cost (USD)
7	Direct implementation assistance to vulnerable refugees and asylum-seekers including cash based small-scale once-off payment for food, hygiene items and core relief items. Humanitarian needs assessed for the most vulnerable will include the payment of monthly rent for vulnerable persons of concern for a limited period as well as provision of mental health and psycho-social support to vulnerable refugees and asylum-seekers; Target Refugees and Asylum Seekers - 54,000	20 971 500	1 271 000

8	Support to vulnerable refugees and asylum-seekers through counselling and advice, limited livelihood support to persons of concern who graduated from their livelihoods programmes and successfully established businesses, and who are now impacted by COVID-19 lockdown and restrictions. Refugees and asylum-seekers will receive support to formalise business permits and provision of start-up grants for businesses after lockdown has been lifted; Target Refugees and Asylum Seekers - 54,000		
9	Promotion of social cohesion and peace building in high-risk refugee-hosting communities; enhance social cohesion and community based protection and monitoring; Target Refugees and Asylum Seekers - 110,000	7 289 700	441 800
10	Establishing and reinforcing two-way means of communicating with communities; increasing outreach campaigns and communication with communities on prevention, social distancing and general hygiene practices; Target Refugees and Asylum Seekers - 266,694	825 000	50 000
	Total	101 475 000	6 150 000
	Protection and Social Inclusion		
1	Child Support Grant: 5 months		
	Top up from caregiver to children instead, ie R440 plus R500 per child (12,8 million children and 500R per child)	32 000 000 000	1 939 393 939
2	COVID Relief of Distress Grant: 5 months		
	Top up level of the Grant from R350 to R560 (additional R210 extra budget for 8 million) as to meet minimum food poverty line	8 400 000 000	509 090 909
	Cover caregivers of children on the CSG, of disabled and foster children with COVID grant (6 450 000 caregivers x R560)	Included in the Employment and Livelihood cost estimates	
3	2 million children for CSG: 5 months		
	As to address the exclusion error of 2 million poor children, there is need to expand the CSG from 12,8 to 14,8 million children (2 million additional children plus top up)	9 400 000 000	569 696 970
4	Refugees and asylum seekers (20% of 266,000 persons times 350 COVID Grant and 12% of 266,000 are elderly times R2,110 elderly grant)	429 856 000	26 051 879
	Total	50 229 856 000	3 044 233 697
	GRAND TOTAL	336 125 135 352	20 371 220 324
	GRAND TOTAL (in Billion)	ZAR 336,12	ZAR 20,37

CONCLUSION: RECOVERY STRATEGY

COVID-19

Rapid Emergency Needs Assessment



**PARTNERSHIPS
FOR THE GOALS**



17



Conclusion: Recovery Strategy

The impact of the COVID-19 pandemic has been felt across every sector, in every country. Recovery strategies must therefore be comprehensive and global. The pandemic is declining in some parts of the world, although these may see resurgence. Other parts of the world are still seeing increasing cases and deaths. Globally, the social and economic impacts have been significant, but the largest effects still lie in the future. At present, there is no globally coordinated response plan.

The Government of South Africa has already taken emergency measures to contain the virus. The measures include the lockdown which may have contained the spread of COVID-19, the immediate fiscal stimulus packages and grants announced by the government. This will provide the much need relief to affected people lives.

The government has set out a three-phase strategy for meeting the ongoing challenges of COVID-19: Preserve, Recover and Pivot.

Preserve

The first priority is to preserve life and health, by responding to the health crisis with access to testing, medical facilities for all. Access to health care service for the most vulnerable needs to be prioritized. This would ensure reaching out to these special groups with information on testing centers, COVID-19 designated hospitals, access to ambulances and quarantine centers for people who cannot afford home quarantine. A priority in the first response of the government is the need to ensure that no one remains hungry. Therefore ramping up food parcels or providing cash vouchers to the estimated 8.2 million people that the assessment deems to be food insecure is extremely important. While health and food security are top priorities that requires an immediate response, there are other issues which cannot be neglected which is the psychosocial support and care for frontline workers and people that are likely to be exposed to social stigma. While crime rates have reduced during lockdown, this is likely to have been a temporary fall, and increased poverty and unemployment may drive higher rates than previously as lockdown eases, creating a need for effective law enforcement. Additionally, the immediate response measures may also include the expansion of COVID-19 distress grants and unemployment benefits to the excluded such waster pickers and domestic workers.

Recover

The assessment has estimated that the income of formal and informal workers for all sectors was between R 89 and R 96 billion during the 65 days at Alert Levels 5 and 4. One part of recovery is compensating income loss through unemployment grants and insurance. However, recovery also requires scaling up and starting massive public works programmes to ensure that as many unemployed and under employed people will be able to find employment, at least on a temporary basis, during the next few challenging months. This will assist the recovery of the families and reduce dependence on grants. Small and medium enterprises are the hit hard in this period due to lack of savings and, in some cases, the nature of many of their businesses (e.g. the beauty industry, tourism, entertainment) meaning that they remain under lockdown for an extended period, or may be changed permanently. SMMEs account for 3 Million formal and 0.9 Million informal employees. Assistance to small businesses including low interest loans coupled with subsidies and tax reliefs will help the business to restart operations and recover. Similarly, small farmers may be assisted with agricultural inputs to resume production, which also alleviates household food insecurity as many producers put food on their own table as well as selling produce. These measures are essential for the survival of the households whose livelihoods depend on it, and will help restart the economy.

There are other less tangible aspects which need to be considered when planning recovery. For example, quintiles 1-3 may not have access to online education and lost many school hours, special assistance to those from such vulnerable background is important to prevent complete drop outs from schools. Schools in quintiles 4 and 5, which are also important for the skills of the future workforce, may encounter difficulties recovering fees, creating a complex situation that will require careful navigation.

Pivot

The seeds of future growth must be planted now. In the third phase, the intention is not merely to recover, but to pivot the country towards a newly invigorated trajectory of sustainable economic growth and fair participation of people with equal access to services. To achieve this pivot, the government must focus on “enabling interventions” that would not only respond to the crisis induced by COVID-19 but help the country achieve its planned goals already elaborated in various policy documents.

An important enabling intervention would be to provide opportunities for business to switch to clean energy. Countries around the world are using this crisis as an opportunity to promote “nature-based” solutions. COVID-19 has already led to reduced carbon emissions and better air quality. This is a temporary impact of the lockdown, but it has spurred several countries to plan a cut in carbon emissions. The South African government is already on the pathway to increasing investment in renewable energy with tax relief incentives to companies investing in renewables. These measures could accelerate in the next years linking it to new business opportunities and employment for its youth.

Several global businesses and investors are calling for using the COVID-19 recovery to Build Back Better by investing in the green economy. Firms and investors in the UK have called for “support for sectors that can best support the environment, increase job creation and foster the recovery - whilst also decarbonising the economy”. One of the key findings of this assessment is the large income loss sustained by both formal and informal sectors and SMEs. The assessment recommends expansion of the public works programme. In doing so, a deliberate effort can be made to create jobs, income opportunities focussing particularly on poor and unskilled workers in restoration of ecosystems. The Natural Resource Management (NRM) Programmes within the Department of Environmental Affairs (DEA) have decades of experience in achieving this across South Africa, and is well-positioned to expand their operations with an additional budget allocation. Investments in restoration of thicket and grassland would also increase income generated by increasing livestock production and water supply from rivers and aquifers. Additional benefits include reduction in floods impacts and build greater resilience of communities to droughts.

Another important enabling intervention is the promotion of use of digital technology for everyday work. The demand for use of internet services after COVID -19 has dramatically risen due to the necessity for remote working arrangements among many companies, businesses and schools and universities. School children received instruction for their course via radio, TV and internet. This means a heavy reliance on digital technology which is not accessible to all. In South Africa as of 2018, internet penetration was at 51%, which means that almost half of the population is still without internet connection pointing to a “digital divide” in the population. A recent slash in data prices by cell phone companies may have helped but will primarily benefit households able to afford data in the first place. The uncertainty of the COVID-19 means that reliance on digital tools will only grow, however the poor cannot afford it. One solution would be to offer broadband internet as an affordable, government provided public utility for those otherwise unable to afford it.

Apart from affordability, many connected to the internet lack the ability to use digital devices, communication applications, and networks to access and manage information. “Not knowing how” to use the internet continues to be a significant barrier to digital inclusion. Thus in tandem with efforts to improve internet penetration and lowering internet access costs, another potential solution could be to embed digital literacy skills in everyday curriculum and instruction across all education levels, beginning in primary school. The assessment points to the need to improve the use of digital technologies as an emergency response in health for contact tracing and surveillance, in education with improved tools for children to provide equitable access to education for all.

Many other measures recommended in this report, including those around equal treatment of women in the workforce and reduce gender-based violence, child health and education, support for small and medium enterprises and for the informal sector, support for agricultural smallholdings, and provision of water, sanitation and hygiene, are enabling. These are the kinds of interventions that will enable the country to turn and face in a different, fairer and more prosperous direction, and to build itself back better.

The assessment has estimated needs only till the end of 2020. While the worst of the pandemic may be over within the next 6 months, there is also the possibility of resurgence, and the economic and social costs are likely to continue for a considerable period of time. The country will need to prepare for the long haul. In doing so, conducting similar assessments intervals will be helpful to estimate the needs going into year 2021.

It is also advisable to set up a monitoring framework to check the progress on implementation of the various packages of assistance by the various ministries and department. This function should be embedded with the National Coronavirus Command Council and Ministries (NCCCM). Simple parameters to measure progress with a monthly reporting will be useful. A stronger accountability framework will build confidence of the people on the Government and will establish trust between the state and people. Additionally, a review of the current institutional mechanisms will be useful to assess the capacity gaps. Capacities may change over time as caseloads taper off but social and economic impacts still last. The focus may move from Health to the economy requiring a different skill set at the command center. The uncertainty of pandemic means that the Government response and recovery strategy will continuously evolve as the situation unfolds.

REFERENCE MATERIAL

Methodology

The methodology used in this Rapid Emergency Needs Assessment draws on the globally-used Post Disaster Needs Assessment (PDNA) methodology used by the UN, World Bank and the European Union. This methodology was significantly revised to account for the uncertainty and the evolving situation of the current crisis which has a no defined “post” and no end date. In the South Africa context, the assessment was initiated at the end of Alert Level 5 (lockdown) and the process continued until mid-June, during Alert Level 3. The rapid emergency needs assessment therefore examines the impact of the outbreak of the virus during the Lockdown phases on the most vulnerable groups, employment and livelihoods of people, the health impacts, water and sanitation, education, and impact of governance services. It also analysis the existing social grants assistance packages and top up grants launched by the government in response to COVID -19.

The analysis relies primarily on secondary data from the Government departments. Additional data was collected through household surveys conducted by UNDP. Due to the high degree of uncertainty and evolving situation, data collected in the assessment were sometimes redundant even as the assessment was continuing. There were some data gaps which limited the analysis of the impact on sectors, it also must be noted that the data may vary in granularity for sectors and provinces due to the lockdown. In view of these gaps, the findings and estimate of needs for six months in the assessment maybe treated as approximate and best possible with the available data done by assessment team members within the constraints of being under a lockdown.

The assessment covered the following sectors of the South African social, economic and political landscape.

1. Human impact
2. Education
3. Agriculture and food security
4. Health
5. Water, sanitation and hygiene (WASH)
6. Waste
7. Governance
8. Protection and social inclusion

The following vulnerable groups were given specific attention.

1. Women
2. Children
3. Older persons
4. Persons with disabilities
5. Persons deprived of their liberty
6. Migrants, refugees and asylum seekers
7. With regard to all the above, protection and social inclusion

Adapted PDNA Methodology

As mentioned earlier, the methodology for the assessment is based on the Post Disaster Needs Assessment Methodology and includes the following steps.

1. Context
2. Impact
3. Government Response
4. Needs
5. Recommendations
6. Costs, where applicable

These elements are reflected in the structure of the central chapters, and contain the following.

Context

Pre-COVID baseline data was collected on the general financial, economic, social, cultural, and governance context to serve as a baseline to compare with post-pandemic conditions. This information includes data for all sectors and information on key development indicators of the country such as poverty levels, human development indicators, food insecurity status, gender inequality, spatial and horizontal inequalities, social exclusion and vulnerable groups, as well as preparedness capacities for COVID -19 and other types of emergencies.

Impact

An assessment was made of the effects of the COVID 19 in each sector and on the people, their jobs and livelihoods, access to basic services. The assessment sought to capture the immediate effects on households due to the lockdown and health crisis and possible impacts in the long run if the lockdown situation continues. To the extent possible, it disaggregates by sex, and people at risk and by provinces. It takes a deep dive into income losses for the formal and informal workers and sectors and quantifies the losses for all productive activities. **The Human Impact** chapter aggregates the effects of all sectors assessed with an overall impact on poverty, food security, social protection and inclusion issues, and is presented as part of the background material.

Government Response

South Africa has responded vigorously to the challenge of COVID-19 and the knock-on effects of the difficult steps that have been necessary to combat the pandemic. These are detailed per sector, and a cross-cutting overview was also drawn up, presented as part of the background material.

Needs

Identifying the costed needs for seven months duration starting from May till December 2020. These needs include costs for addressing gaps in the current health services, social protection measures, food security, reopening of schools, compensating formal and informal workers for their income, scaling up water, sanitation, hygiene and waste management. It also estimates urgent needs for the children, people with disabilities and other vulnerable groups which in addition to a top up of the existing social assistance grants, is seeking to improve their access to basic services.

Recommendations

Providing recommendations for improvements in policy, institutions, delivery of services for the short, medium and long term to address current gaps in response and prepare for the long term.

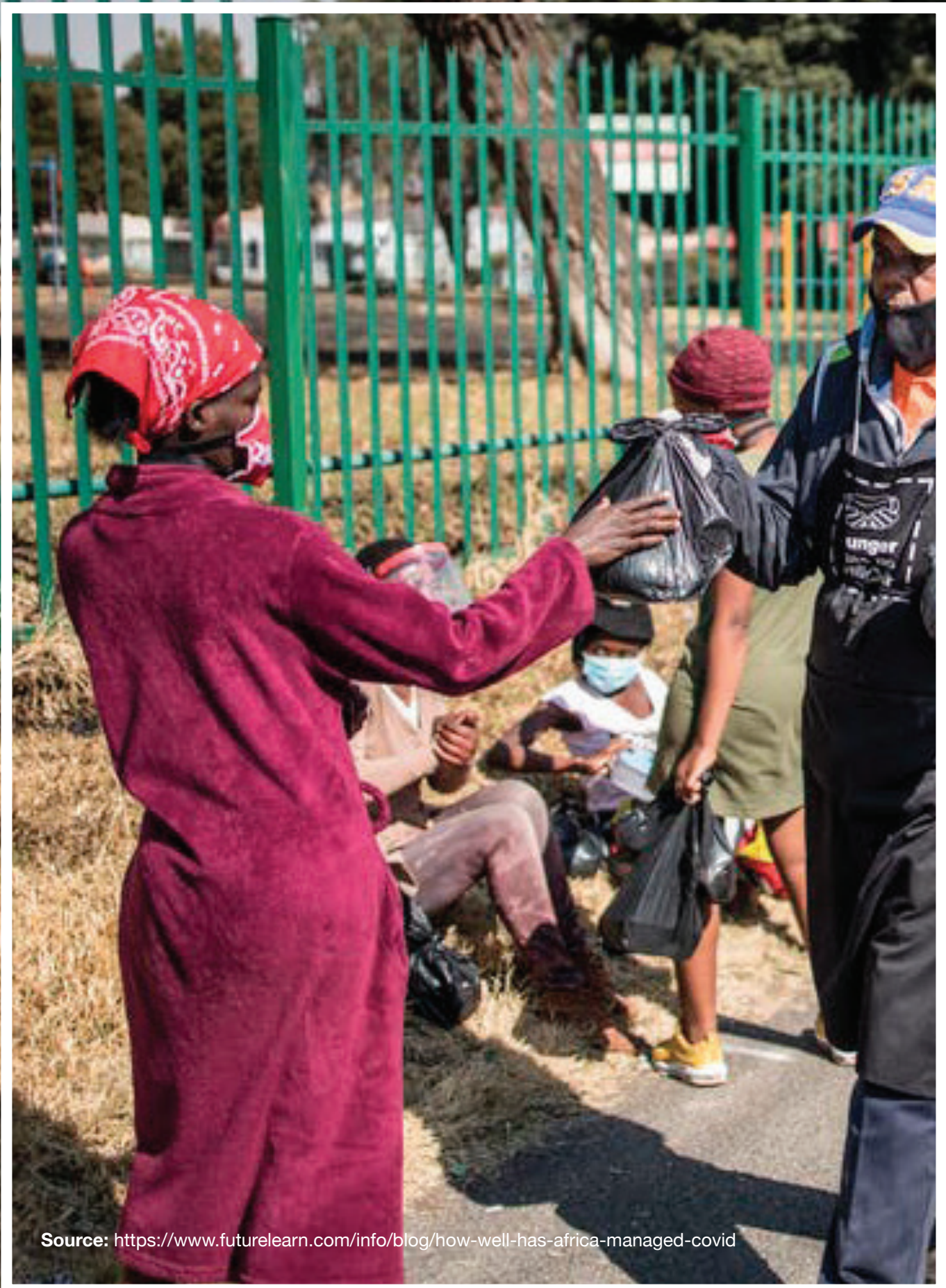
Costs

The unit costs for each budgeted item identified as a need is drawn from the standard unit costs of services used by the government. In the absence of the standard unit costs, the current market price is used. The total number of people covered, or number of assets, example water tanks, ICU units required is detailed in cost estimation sheets provided in the annexes.

Limitations of the Assessment

The assessment focused only on impact COVID-19 on most vulnerable and looks at the income loss on formal and informal workers. It does not assess the impact of the COVID-19 on all sectors of the economy such as Tourism, Transport, Commerce and Industrial activities and does not assess the macro economic impact of virus on the GDP, balance of payments. This kind of indepth assessment may be undertaken later when the full impact of the virus is better analyzed. The assessment therefore provides a snapshot of the situation at a given point in time.

This assessment presents a consolidated view, based on relevant information received and the expertise of an interdisciplinary assessment team. It neither supersedes nor disregards the assessments of needs made by other entities.



Source: <https://www.futurelearn.com/info/blog/how-well-has-africa-managed-covid>



Annex 1.

Employment and Livelihoods

We estimated the impact on employment and income loss for the paid employees of South African workforce: overall, by Economic Sectors, by Provinces, and by Main Occupation Group. The analysis is done for two subsequent Lockdowns levels i.e. Lockdown level 5 for 35 days (from 27th March 2020 to 1st May 2020) and Lockdown level 4 for 30 days (from 2nd to 31st May 2020). Further analysis was done on the workforce employed in Small, Medium and Micro Enterprises (SMME), and the informal workforce within the Small and Micro enterprises having 0-19 employees who are likely to fall below the Upper Bound Poverty Line.

We used the Quarter 4 2019 data from the Quarterly Labour Force Survey (QLFS) to study the lockdown impact on paid employees, own-account workers and employers. Though Quarterly Employment Survey (QES) of establishments also provides wage data, it is significantly higher than QLFS data. One of the possible reasons for the difference in QLFS and QES employee earnings could be missing high-income earners in the QLFS database (Wittenberg, 2014). These earners would mostly be in the formal sector and/or in the digital economy, whose source of income would be least affected by the lockdowns, as they would be protected by UIF or would have been able to work from home. Following the PDNA methodological guidance, we considered taking a conservative approach and used the monthly median wages for 2018 from the ILOSTAT (based on the QLFS data) to estimate income loss of the workforce. We also assumed that the real median wages have not changed much from 2018 to 2020, based on the Wittenberg's evidence that real median wages of employees have remained stagnant. As the income data is available at the disaggregated industry level, we mapped it to SIC 1-digit level using the weighted average, where weights are the proportion of employees in that industry.

The impact on each economic sector / sub-sector (at SIC 2-digit level) was assessed based on consultations with a specialist group, and broadly in line with other COVID-19 impact studies released. Some of the findings of other studies are summarized below

1. A rapid response survey of tenants of the V&A Waterfront was conducted in mid-April giving an early evidence of the impact of lockdown on firms in the retail and tourism-related sector where almost all companies reported that revenue and output in April 2020 will be close to zero and companies of all sizes also had significant numbers of temporary lay-offs already in April. The Lay-offs were expected to exceed 25% of employment if the lockdown was extended to mid-May and if the lockdown continued with the same regulations, 40% of firms face risk of permanent closure. Most companies indicated need for temporary income support, especially for retaining unskilled workers and about 30% of companies have registered for the UIF's TERS benefit; others reported that they are not eligible or have had difficulties in registering.
2. The automotive sector is important for South Africa. The broader automotive sector accounted for 6.8% of GDP in 2018. Considering that the overall figure for manufacturing value added as a share of GDP stood at 11.76% in 2018 the auto industry accounts for a significant chunk of South Africa's

entire manufacturing capacity. Continuity of the South African automotive sector is critical to the future industrial and economic landscape of the country. The South African Government has established a “National Disaster Benefit” fund that could potentially draw from the R 30 billion capitalised Unemployment Insurance Fund (UIF), however the current announced measures in South Africa may, however, not be sufficient to provide support for the wider automotive ecosystem in the economy.

3. South Africa’s mining sector is particularly exposed to the spread of COVID-19. According to the Minerals Council of South Africa, the industry employs a workforce numbering almost 420,000, many of whom work in underground mines. As a result of the lockdown the mining activities have been completely halted. South African miner Sibanye-Stillwater’s reported that their share price has lost over 60% in the past four weeks while Impala Platinum has lost a similar percentage, and Anglo American is down by as much as 40%.
4. A recent survey conducted by the International Association of Ports and Harbours (IAPH) on global ports reports that over 40 percent have experienced moderate decreases (minus 5% to 25%) and in some ports significant decreases (in excess of 25%) in the number of vessel calls. There is mounting evidence that COVID-19 has also reduced SA exports and adversely affected jobs numbers. The SA lockdown is likely to reduce demand and disrupt normal business operations and the SA Reserve bank projects the economy to contract by 0.2 percent in 2020, then rise by 1.0 percent in 2021 and 1.6 percent in 2022. The scope of COVID-19-induced economic disruption on the SA economy is wide. In particular, as China is South Africa’s largest trading partner, SA is exposed to any disruption in China’s import and export activities.

The impact on the workforce has been assessed within a range of 5% between the lower and upper bounds for each lockdown level. The percentage of workforce affected was thus computed which was then used to estimate person-days lost and consequent economic impact of lockdown levels. The computation methodology is given in the following table:

At Province Level	$\text{Affected Paid Working population}_{ipf}$ $= (\text{Paid employees} + \text{Own account workers} + \text{Employers})_{ip} \times \text{Affected Percentage}_{if}$
At Firm Size Level	$\text{Affected Paid Working population}_{ipf}$ $= (\text{Paid employees} + \text{Own account workers} + \text{Employers})_{ip} \times \text{Affected Percentage}_{if}$
At 1-digit industry level	$\text{Affected Working population}_{of}$ $= (\text{Paid employees} + \text{Own account workers} + \text{Employers} + \text{Employees helping without pay in household business})_{of} \times \text{Affected Percentage}_{of}$
At 1-digit industry level	$\text{Affected Paid Working population}_{jf}$ $= \sum_{j=1}^9 \text{Affected Paid Working population}_{ipf}$
Overall	$\text{Affected Paid Working population}_f$ $= \sum_{j=1}^9 \text{Affected Paid Working population}_{jf}$

where, i: Industry at 2-digit level, j: Industry at 1-digit level, p: Province, l: Lockdown level (i.e. 4,5), o: occupation level, f: firm's size level, where 0-19 are small-sized firms, 20-49 are medium-sized firms and more than 50 are large-sized firms

The disaggregated data for formal and informal sector by occupation was generated for lockdown levels, both person days lost by occupation and sector in the following way

$$\text{Person days lost}_{osf} = \begin{cases} \text{Affected Working population}_{osf} \times 35 \text{ if } l=5 \\ \text{Affected Working population}_{osf} \times 30 \text{ if } l=4 \end{cases}$$

where, o: Occupation at 1-digit level, s: Sector i.e. Formal sector (non-agricultural), Informal sector (non-agricultural), Agriculture and Private households, l: Lockdown level (i.e. 4,5)

Income loss was calculated by multiplying affected paid working population with the per day income lost due to lockdown. This was computed at different levels:

At Province Level	$\text{Income Loss}_{ipf} = \begin{cases} \text{Affected Paid Working population}_{ipf} \times \text{Income per day}_{jf} \times 35 \text{ if } l=5 \\ \text{Affected Paid Working population}_{ipf} \times \text{Income per day}_{jf} \times 30 \text{ if } l=4 \end{cases}$
At Firm Size Level	$\text{Income Loss}_{jff} = \begin{cases} \text{Affected Paid Working population}_{jff} \times \text{Income per day}_{jf} \times 35 \text{ if } l=5 \\ \text{Affected Paid Working population}_{jff} \times \text{Income per day}_{jf} \times 30 \text{ if } l=4 \end{cases}$
At 1-digit industry level	$\text{Income Loss}_{jf} = \sum_{p=1}^9 \text{Income Loss}_{ipf}$
Overall	$\text{Income Loss}_f = \sum_{j=1}^9 \text{Income Loss}_{jf}$

where, i: Industry at 2-digit level, j: Industry at 1-digit level, p: Province, l: Lockdown level (i.e. 4,5), f: firm's size level, where 0-19 are small-sized firms, 20-49 are medium-sized firms and more than 50 are large-sized firms

Financial assistance for SMMEs

The financial assistance amount is computed using revenue expenditure per firm, excluding employee cost from 'SMME Quarterly Update 1st Quarter 2019' and the employee cost is computed using the QLFS data for Q4 2019. Total expenditure, Capital Expenditure and Employee Cost of Q4 2018 is estimated for Q4 2019 utilising Year on Year (%) growth rate, provided in the report. Revenue expenditure per firm (unit cost as proxy for working capital needs), excluding employee cost, is computed using the following formula:

$$\text{Revenue Expenditure per SMME (Excl. Employee Cost)} = \frac{(\text{Total Expenditure} - \text{Capital Expenditure} - \text{Employee Cost})}{(\text{Total Number of SMMEs})}$$

The employee cost is calculated using the following formula for SMEs in the formal (assuming these employees are not registered in the Unemployment Insurance Fund) and the informal sector:

$$\text{Employee Cost} = \text{Number of Workers} * \text{Wages}$$

Financial Assistance for one Quarter is then computed using the given formula:

$$\text{Financial Assistance} = \text{Revenue Expenditure per SMME (Excl. Employee Cost)} * (\text{No. of SMMEs}) + \text{Employee Cost}$$

where, the number of SMMEs is extracted from QLFS data of Q4 2019.

Annex 2.

Health

Figure 32. Population health indicators.

Indicator	Data
Population break down, Stats SA Midyear population estimates 2019.	<ul style="list-style-type: none"> • 58, 78 million total national. • 51.2% (approximately 30, million) of the population is female.
Age break down, Stats SA Midyear population estimates 2019.	<ul style="list-style-type: none"> • 35,0% of the population is aged 15 – 34 • 28,8% of the population is aged younger than 15 years • 9, 0% (5, 3 million) is 60 years or older.
Life expectancy at birth	<ul style="list-style-type: none"> • 61, 5 years for males, Stats SA Midyear population estimates 2019. • 67, 7 years for females, Stats SA Midyear population estimates 2019.
HIV and AIDS indicators HIV testing coverage, HSRC 2017.	<ul style="list-style-type: none"> • 13, 5% HIV prevalence in general population. • Prevalence among adults aged 15 to 49 years rate is 20.6% with 26.3% among females and 14.8% among males HSRC 2017. • Disparity in HIV prevalence by sex is worse among young people aged 20 to 24 years, and is 3 times higher among females than males. • The two UNFPA priority provinces fall within the top three provinces with the highest HIV prevalence nationally. • 7, 97 million number of people living with HIV, Stats SA Midyear population estimates 2019. • 4.4 million number of people, living with HIV on antiretroviral treatment, HSRC 2017 • 231,100 new HIV infections, HSRC 2017. • 85% of PLHIV aged 15 to 64 year olds who have tested for HIV and know their status, HSRC 2017.
Maternal Mortality Rates & Under-Five Mortality Rates	<ul style="list-style-type: none"> • 114/ 100 000 Institutional Maternal Mortality Ratio (iMMR) live births (Saving Mothers Annual Report 2017, Dept of Health). • 138/100,000 live births, Stats SA Midyear population estimates 2018. • Under-5 mortality rates, 42 per 1000 live births • Neonatal Mortality rate 21 per 1000 live births • Infant Mortality rate 35 per 1000 live births
Leading causes of maternal mortality.	<ul style="list-style-type: none"> • HIV and TB (29. 6%), obstetric haemorrhage (16.7%), complications of hypertension (15.8%), medical and surgical conditions (13.3%) and pregnancy related sepsis (5.3%)
Antenatal care coverage, DHS 2016	<ul style="list-style-type: none"> • 94%
Skilled birth attendance, DHS 2016	<ul style="list-style-type: none"> • 96%
Total Fertility Rate, Stats SA Midyear population estimates 2019.	<ul style="list-style-type: none"> • 2,3

Contraceptive Prevalence Rate, DHS 2016.	• 64%
Women age 15-19 who have begun childbearing, DHS 2016	• 16%
Unmet need for family planning, DHS 2016.	• 15%
Annual number of sexual offences.	• 51,895 (2015/16)
Percentage of rapes involving under 18 years old.	• 35.4%

Sources: Stats SA Mid-Year Population Estimate 2019, South Africa's Demographic Health Survey, 2016, Mothers Annual Report, Department of Health 2017 and Human Science Research Council 2017

Annex 3.

WASH

Table 47. Government funding received and requested

Purpose	Amount USD	Amount ZAR	
Funding request by Department of Water and Sanitation (not secured) [1]			
a.	Sanitation in informal settlements in Metro's (NDHS)	11,771,428.57	206,000,000.00
b.	Rudimentary conversion of 7000 tanks	5,005,714.29	87,600,000.00
c.	Additional tanks and standpipes	5,428,571.43	95,000,000.00
d.	Operation of tankers	4,337,142.86	75,900,000.00
e.	Buying of tankers (R1M per truck)	7,714,285.71	135,000,000.00
f.	Source development (Standpipes, Boreholes, WQ)	8,742,857.14	153,000,000.00
g.	Security	2,000,000.00	35,000,000.00
	Total	45,000,000.00	787,500,000.00
National Treasury granted approvals (Treasury on Coronavirus support for municipalities) [2]			
h.	Regional Bulk Infrastructure Grant -Tank supply, installation, tankers, critical WASH supplies etc.	17,485,714.29	306,000,000.00
i.	Urban Settlements Development Grant - Provision of water, sanitation, mainly in under-serviced informal settlements	137,142,857.14	2,400,000,000.00
j.	Municipal Infrastructure Grant - Provision of water, sanitation, maintaining water infrastructure	85,714,285.71	1,500,000,000.00
k.	Municipal Disaster Relief Grant - Sanitation, increase provision of other municipal services for non-metros	8,628,571.43	151,000,000.00
	Total	248,971,428.57	4,357,000,000.00

[1] COVID-19 NCC Progress Report_V3_5 May 2020; <https://www.sanews.gov.za/south-africa/water-and-sanitation-engages-treasury-further-funding>; verified through personal communication with Rand Water on 19 May 2020

Table 48. Cost estimation and assumptions

Emergency Response		
Water supply [1-4]	Quantity	Unit
Unimproved or no service [1]	2,589,876	people
Daily volume per person [2]	15	L
Total daily volume	38,848,140	L
Storage tank costs [3]	1	R/L
Unit cost of water trucking [4]	0.0625	R/L
Total cost water trucking pd	2,428,008.75	R per day
Total cost water trucking pm	72,840,262.50	R per month
Total storage tank costs once off	38,848,140.00	R once off
Total cost water trucking pm	\$ 4,162,300.71	USD per month
Total storage tank costs once off	\$ 2,219,893.71	USD once off
Grand total	\$ 14,706,795.86	USD for 0-3 months response
Sanitation [1,2,5]		
	Quantity	Unit
Unimproved or no services [1]	5,342,784	people
Emergency chemical toilets [2]	106,856	toilets
Unit cost of chemical toilets [5]	500	R/toilet/per month
Total cost for emergency sanitation	53,427,840	R/month
Grand total	\$ 9,159,058.29	USD for 0-3 months response
Hygiene facilities [6-8]		
	Quantity	Unit
Handwashing facilities [6]	5343	units
Cost per facility [7]	18000	R/unit
Refilling soap [8]	1335696	R/m
Refilling water [9]	901595	R/m
Total cost for handwashing stations	102,881,984.40	R/ 3months
Grand total	\$ 5,878,970.54	USD for 0-3 months response
WASH Supplies [10,11]		
	Quantity	Unit
Extremely vulnerable people [10]	2,900,000	people
Households	725,000	HH
Cost of WASH kit [11]	550.00	kit
Total cost for WASH kit	398,750,000.00	Rand
Grand total	\$ 22,785,714.29	USD for 0-3 months response
Hygiene promotion		
	Quantity	Unit
Mass media campaigning	10,000,000	lump sum
Grand total	\$ 571,428.57	USD for 0-3 months response
Water quality monitoring		
	Quantity	Unit
Water quality sample analysis [12]	15,000,000.00	R/ 3 months
Remote Water trucking monitoring [13]	13,000,000.00	R/ 3 months
Grand total	\$ 1,600,000.00	USD for 0-3 months response

Early recovery month 4-7		
Water supply	Quantity	Unit
Continuation of water trucking 50% of population in need [18]	1,294,938	people
Daily volume per person increased supply [2]	25	L
Total daily volume	32,373,450	L
Unit cost of water trucking [4]	0.0625	R/L
Total cost water trucking pd	2,023,340.63	R per day
Total cost water trucking pm	60,700,218.75	R per month
Total	\$ 13,874,335.71	USD 4 months
Sanitation		
	Quantity	Unit
Water supply through rudimentary schemes [19]	1,530,144	people
Total daily volume	38,253,600	L
Cost for conversion		
Estimated price to drill 50m, develop and install [14]	45,000	R/BH
Tapstands and pipes	10,000	R/site
Number of boreholes proposed [15]	1,600	
Number of tapstands	1,600	
Cost of supplying and installing solar system - no battery [20]	1,155,000	Rand
Cost equipping all BH's	1,848,000,000	Rand
Solar system O&M for 25 Years [21]	385,000	Rand
Total costs for O&M for 25 Years all BH's equipped	2,464,000,000.00	Rand
Solar system O&M for 4 months	5,133.33	Rand
Total costs for O&M for 4 months all BH's equipped	8,213,333.33	Rand
Total for conversion	111,097,904.76	USD
Total	111,097,904.76	USD
Sanitation		
	Quantity	Unit
HH without sanitation [16]	232,000	HH
Cost of pit latrine [17]	9000	R/unit
Maintenance of existing infrastructure		
Sub total	2,088,000,000.00	R
Total	\$ 119,314,285.71	USD once off
Hygiene facilities		
	Quantity	Unit
Limited or no service [1]	31,745,529	people
Number of HH hwws needed	7,936,382	HH
HH facility (tippy tap)	50	R/unit
Total cost for handwashing stations	396,819,112.50	Rand
Grand total	\$ 22,675,377.86	USD once off

Reference

- [1] JMP 2017
- [2] Sphere standards
- [3] Average price for storage tank per liter based on 5000L tank costing R5000.00
- [4] US\$3.4/m3 According to current costs of water tankering as received by DWS (R15M per month delivering 8ML/d)
- [5] Average price for portable toilet rental in SA including servicing and cleaning
- [6] Based on 4 tap hand washing facility and a ratio of 1 basin per 5 latrines (RDP Standard)
- [7] Based on a quote received that includes delivery, installation, all components (4xtaps, basins, drainage, soap dispenser etc)
- [8] Based on average soap usages through dispenser 25L can last a month
- [9] Based on average use (1-2L pcd Sphere standard) and refilling a 2700L tank
- [10] Extremely vulnerable people in South Africa (COVID Vulnerability mapping CSIR)
- [11] Estimation from off the shelf products, minimum COVID kit suggested by UNICEF
- [12] Estimate provided by the Dept of Water (includes inhouse savings)

Reference

- [14] Average cost taken from 4 quotes in Gauteng, drilling and developing 60 m
- [15] Taken from <https://city-press.news24.com/News/r41m-for-41-boreholes-20160312>
- [16] StatsSA General Household Survey 2018
- [17] SA Yearbook 2015/2016
- [18] JMP 2017 data, 50% of population in need taken as the assumption is the remainder will receive water through the conversion of tanks to rudimentary water schemes (drilling of boreholes etc).
- [19] JMP 2017 data, rural population taken
- [20] Estimated for a solar system without battery based on cost estimation from Swiss Development Cooperation costing exercise Juba
- [21] Estimated for a solar system without battery based on cost estimation from Swiss Development Cooperation costing exercise Juba

[13] Based on estimated costs for sensors, gps trackers and software costs installed on 1300 tankers

Table 49. Water supply comparisons

Water trucking	Quantity	Unit
Population in need	1 530 144	people
Daily volume	25	L
Total daily volume	38 253 600	L
Unit cost of water trucking	0	R/L
Cost per month	71 725 500	R/month
Cost per year	860 706 000	R/year
Cost per 25 years	21 517 650 000	R/25years
*not considering the costs of road accidents including loss of life		
*not considering the environmental impact		
*not including storage and tapstands at water points		
Rudimentary water schemes (Groundwater source)	Quantity	Unit
Population in need	1 530 144	people
Daily volume	25	L
Total daily volume	38 253 600	L
Estimated price to drill 50m, develop and install [14]	45 000	R/BH
Estimated # of BH (rural communities requiring water supply) [15]	1 600	BHs
Cost of supplying and installing solar system - no battery [20]	1 155 000	Rand/BH
Solar system O&M for 25 Years [21]	385 000	Rand/BH
Cost per month	8 213 333	R/month
Cost per year	98 560 000	R/year
Cost per 25 years	2 464 000 000	R/25years
*not including storage and tapstands at water points		
*assuming boreholes are drilled successfully and can supply required amounts at potable quality		
*assuming no theft to equipment		
*assuming appropriate geohydrological conditions in areas where water is needed		
Water trucking vs Rudimentary water schemes		
To supply 1.5M people with 25L of water per day it could cost 9 times more supplying through water trucking compared to converting to rudimentary schemes		

Table 50. Sanitation supply comparison

Mobile chemical toilets	Quantity	Unit
HH without sanitation [16]	232 000	HH
People without sanitation (Ave people per household = 4)	928 000	people
Emergency chemical toilets (1 per household)	232 000	toilets
Unit cost of chemical toilets [5] including maintenance	500	R/toilet/month
Cost per month	116 000 000	R/month
Cost per year	42 340 000 000	R/year
Cost per 25 years	1 058 500 000 000	R/25 years
Sanitation	Quantity	Unit
HH without sanitation [16]	232 000	HH
People without sanitation (Ave people per household = 4)	928 000	people
Cost of pit latrine [17]	9 000	R/unit
Cost of O&M for 25 years (emptying 2xper year @R500)	25 000	R/25years
Cost per month	26293333	R/month
Cost per year	315520000	R/year
Cost per 25 years	7888000000	R/25years
Mobile chemical toilets vs Costs of pit latrines		
To supply about 1M people with basic sanitation could cost 4.5 times more supplying through mobile chemical toilets compared to the construction and maintenance of pit latrines		





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for the most vulnerable groups



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