



Food and Agriculture Organization  
of the United Nations

## Global Forum on Food Security and Nutrition • FSN Forum

### TEMPLATE FOR SUBMISSIONS

15.05.2023 – 23.06.2023

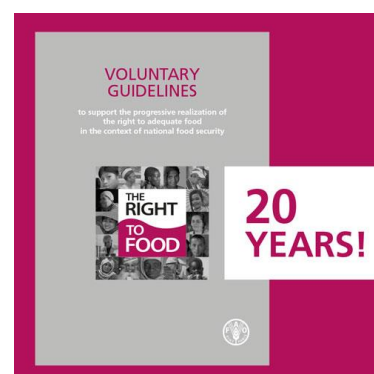
➤ <https://www.fao.org/fsnforum/call-submissions/20th-anniversary-right-food-guidelines>

## 20th anniversary of the Right to Food Guidelines – Call for inputs on the realization of the Human Right to Adequate Food

### Template for submissions

Please use this **submission template** to share your experience on the realization of the human right to adequate food, including in the use and application of the [Voluntary Guidelines to Support the Progressive Realization of the Right to Adequate Food in the Context of National Food Security](#) (RTFG).

**The Call for Submissions is open until 23 June 2023.**



For the necessary background and guidance, please refer to the topic note and other relevant documents available [here](#). Please keep the length of submissions limited to 1,000 words.

You can upload the completed form here or, alternatively, send it to [fsn-moderator@fao.org](mailto:fsn-moderator@fao.org).

Submissions can be made in any of the UN languages (Arabic, Chinese, English, French, Russian and Spanish). You can add links or attachments with case studies or additional information to your contribution.

### Template for submissions

<b>Title of your submission</b>	<b>Towards a child-centred food system – what’s needed to stop the slow violence of malnutrition?</b>
<b>Geographical coverage</b>	<p><i>Please indicate if your submission covers one or several countries or regions, or if it is global.</i></p> <p>Global with a South African perspective</p>
<b>Country(ies)/ Region(s) covered by your submission</b>	South Africa
<b>Contact person</b>	<p>Name: Katie Pereira-Kotze / Lori Lake / Chantell Witten / Julian May</p> <p>Organization: University of the Western Cape / University of Cape Town / University of the Witwatersrand / University of the Western Cape</p> <p>Email address: <a href="mailto:kpereirakotze@gmail.com">kpereirakotze@gmail.com</a> / <a href="mailto:lori.lake@uct.ac.za">lori.lake@uct.ac.za</a> / <a href="mailto:chantell.witten@wits.ac.za">chantell.witten@wits.ac.za</a> / <a href="mailto:jmay@uwc.ac.za">jmay@uwc.ac.za</a></p>
<b>Affiliation</b>	<p><input type="checkbox"/> Government</p> <p><input type="checkbox"/> UN organization</p> <p><input type="checkbox"/> Civil Society / NGO</p> <p><input type="checkbox"/> Private Sector</p> <p><input checked="" type="checkbox"/> Academia</p> <p><input type="checkbox"/> Donor</p> <p><input type="checkbox"/> Other (specify)</p>
<b>Awareness of the Right to Food Guidelines and CFS policy agreements</b>	<p><i>How did you become aware of the Right to Food Guidelines (e.g., CFS meeting or event, other UN Organizations, internet, colleagues, government, civil society organization)?</i></p> <p>Through postgraduate training</p> <p><i>Have you taken any actions to make the Right to Food Guidelines known to your colleagues, partners or other stakeholders?</i></p> <p><input type="checkbox"/> No</p> <p><input checked="" type="checkbox"/> Yes</p> <p><i>If yes, please explain:</i></p> <p>Have used the data and information to advocate to decision makers in government, development partners and implementing agencies to align and facilitate child-centered programming for better nutrition outcomes, and incorporated the guidelines in teaching</p> <p><i>What would you recommend to Member States, UN Agencies and /or other stakeholders to make the Right to Food Guidelines more widely known? Please explain:</i></p>

	<p>Be more active on social media – allocate resources to media campaigns around certain awareness days (e.g. World Food Day). The FAO should either create a hashtag or make better use of the hashtag #righttofood during advocacy campaigns.</p> <p>FAO should actively drive alignment of the Right to Food in other UN agencies' and development partners' agendas. Concerted effort to promote and advocate for a Right to Food approach to support equity and food justice for all. Regional Offices should promote the Right to Food approach in their engagements with National Governments and with regional initiatives such as those being implemented by the African Union.</p>
<b>Use of the Right to Food Guidelines</b>	<p><i>Have you/ your government/ or any multistakeholder group you are representing in this form used the Right to Food Guidelines?</i></p> <p>The Children's Institute and Centre of Excellence in Food Security at UWC have made use of the Right to Food Guidelines in informing our thinking around the 2020 issue of the Child Gauge, and the COE-FS commissioned several papers on this topic from the Dullah Omar Institute.</p> <p>In March 2014 (to coincide with national Human Rights day, celebrated annually on 21 March), the South African Human Rights Commission (SA HRC) launched a Right to Food campaign - <a href="https://www.gov.za/south-african-human-rights-commission-launch-right-food-campaign">https://www.gov.za/south-african-human-rights-commission-launch-right-food-campaign</a> with a fact sheet about the Right to Food, based on the South African Constitution and the principles of the Right to Food Guidelines:</p> <p><a href="https://www.sahrc.org.za/home/21/files/brochure_A3_English.pdf">https://www.sahrc.org.za/home/21/files/brochure_A3_English.pdf</a></p> <p>The Right to Food is a principle under pinning the National Food and Nutrition Security Policy. This policy is said and intended to guide the food and nutrition activities of each province. There is a National Food and Nutrition Security Technical Committee to co-ordinate and catalyze intersectoral and inter-departmental programming for improved food and nutrition outcomes. The appointment of a National Food Council is finally in progress.</p> <p><a href="https://www.gov.za/sites/default/files/gcis_document/201409/37915gon637.pdf">https://www.gov.za/sites/default/files/gcis_document/201409/37915gon637.pdf</a></p> <p><i>At what level were the Guidelines used? - Sub-national, national, regional or/and global?</i></p> <p>National and sub-national at Provincial level</p> <p><i>For what purpose were the Guidelines used?</i></p> <p><i>Some examples: training; awareness raising; capacity development; development/ assessment of projects, national strategies, plans of action, legislative or policy framework; investments by national governments or international financial institutions in favor of smallholders and/ or other vulnerable groups; formulation and implementation of specific national strategies for sustainable agriculture, food security and nutrition; other.</i></p> <p>Training, advocacy.</p>


<p><b>Have your say where it matters!</b></p>	<p><i>The FAO Right to Food Team and the Committee on World Food Security (CFS) invite stakeholders to:</i></p>
<p><b>(i) Experiences and good practices</b></p>	<p><i>(i) Share your experiences and good practices on the realization of the right to food for everyone, always:</i></p> <p>This submission draws on the findings of the <a href="#">2020 South African Child Gauge</a> an annual report of the Children's Institute, University of Cape Town that tracks progress towards children's rights and makes the latest research accessible to support evidence-based policy and programming.</p> <p>The Child Gauge identified three core principles that should guide our approach to the double burden of child malnutrition and that could be used to ensure that the Guideline 10 on nutrition of the Right to Food Guidelines adequately upholds children's rights perspective:</p> <p><i>1. Intervene early and across the life course</i></p> <p>Exposure to malnutrition during sensitive periods of development can have an irreversible impact on their long-term health and development. Therefore, we need to intervene early to disrupt an intergenerational cycle of malnutrition and poverty, and make use of every point of contact with children and families to promote optimal nutrition – starting early (even preconception) and continuing through the critical first 1000 days of life through to adolescence – as these early investments are more effective and cost effective than treating NCDs later in life.</p>  <p><b>Intervene early</b> It is therefore essential to intervene early – starting even preconception and continuing through the critical first 1000 days of the child's life course, to adolescence. This is essential to support children's optimal nutrition, health and development.</p> <p><b>Pregnant women</b></p> <ul style="list-style-type: none"> <li>• Pregnancy weight gain monitoring and dietary counselling</li> <li>• Micronutrient supplementation</li> <li>• Mental health screening and support</li> </ul> <p><b>Infants and young children</b></p> <ul style="list-style-type: none"> <li>• Exclusive breastfeeding (0 – 6 months)</li> <li>• Optimal complementary feeding support</li> <li>• Growth monitoring and nutrition counselling</li> <li>• Treatment of severe malnutrition</li> <li>• Primary health care health services</li> <li>• Parenting education and support</li> <li>• Childcare</li> </ul> <p><b>Older children and adolescents</b></p> <ul style="list-style-type: none"> <li>• National school nutrition programme</li> <li>• Nutrition education</li> <li>• Food gardens</li> <li>• School health services including health promotion, screening and referrals</li> <li>• Youth-friendly clinics</li> <li>• Sport and recreation</li> </ul> <p>Social assistance and employment • Water and sanitation • Universal health care</p> <p><i>2. Adopt double-duty actions</i></p> <p>Countries to adopt double-duty actions that simultaneously prevent or reduce the risk of undernutrition, overnutrition or diet-related non-communicable disease. For example, exclusive breastfeeding for the first six months has been found to reduce both stunting and obesity. Existing interventions can be adapted to ensure that efforts to address one form of malnutrition do not cause further harm. For example, food-relief parcels and school meals should not only meet children's energy requirements, they should also be high in nutrients and low in salt, sugar and saturated and trans fats.</p>

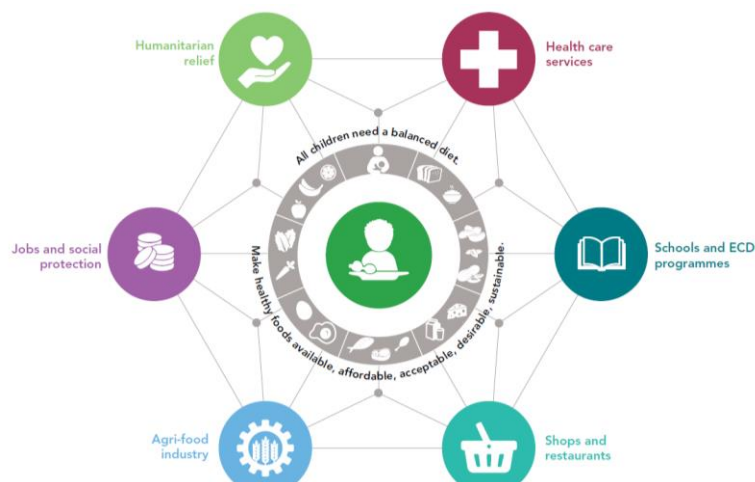
Figure 26: Potential candidates for double-duty action



Source: World Health Organization, Double-duty actions for malnutrition: Policy brief. Geneva: WHO, 2017.

### 3. Build a child-centred food system

There is much that we can do as individuals to protect and promote our own health and that of our children, but we cannot do this in isolation. We need to create a more healthy, equitable and child-centred food system and to make use of every point of contact with children and families to promote optimal nutrition. Creating such an enabling environment requires a whole of society approach and collective action from government, civil society and the private sector to ensure that child health comes before profit. This includes representation from the children's sector on National Food and Nutrition Security Committee/Council to ensure that children's nutrition is prioritised.



Organizations like Food ForwardSA and the community action networks have used the principle of the Right to Food to provide food to communities, especially during the hard lockdown measures that were put in place to prevent the spread of COVID-19. These community networks were able to reach many more households than the government-initiated interventions. The government initiative interventions lacked adequacy and appropriateness for children.

<https://theconversation.com/food-aid-parcels-in-south-africa-could-do-with-a-better-nutritional-balance-136417>

#### (ii) Gaps, constraints and challenges

(ii) Identify any gaps, constraints and challenges encountered in realizing the right to food or in implementing the Right to Food Guidelines:

While there is reference made to children, and infant and young child feeding (including breastfeeding) in the Guidelines, we feel that children's right to adequate

food and basic nutrition should be allocated more priority to ensure our responses are better tailored to meet the key challenges impacting on child nutrition in South Africa:

*Poverty and inequality*

- Despite progressive policies, South Africa (SA) has struggled to uproot the legacy of colonialism, and income inequality has intensified in the post-apartheid period. 39% of children live below the food poverty line and a staggering 63% below the upper-bound poverty line.<sup>i</sup>
- Poverty is also gendered with individuals in female dominated households 4 times more likely to be living in poverty than those in male dominated HH<sup>ii</sup>. Only 1 in 3 children live with their biological fathers, leaving mothers and grandmothers to carry the burden of child care.
- Poverty compromises children's access to water (30%), sanitation (21%) and health care services (20%) giving rise to frequent infections that further undermine child health and nutrition.<sup>iii</sup>

*Unhealthy food environments*

- Individual food choices are shaped in powerful ways by local food environments and the broader food system which is increasingly profit-driven.
- Global food corporations are expanding their markets in the global South, directly targeting children as consumers, and flooding local markets with cheap ultra-processed foods.<sup>iv</sup>
- These foods – low in micronutrients, high in sugar, salt and saturated fats – are fueling a rapid rise in obesity and NCDs – with many children living in 'food deserts' where healthy foods are unaffordable or unavailable.
- Producers of commercial milk formula products for infants continue to violate local regulations and exert undue influence on women's choices concerning infant feeding.

*COVID-19 further intensified these challenges*

- Rising unemployment coupled with food price inflation pushed families even deeper into poverty: By November/December 2020, 1 in 6 households reported that a child went to bed hungry in the week before the NIDS-CRAM survey.
- Child hunger was just the tip of the iceberg. Mothers attempted to shield their children from hunger by eating less themselves and purchasing cheaper, less nutritious meals. These empty calories are likely to further exacerbate already high rates of stunting, micronutrient deficiencies and obesity.
- Their voices confirm that: "Children eat the same food every day. Starch every day. People are not okay. It is not healthy to eat starch every day. We do want to eat right but we don't have a choice. We can only buy the basic foods now. We buy the same things over and over again. We have no choice; we have to survive." Du Noon, Cape Town, November 2020
- Over 9 million children were denied access to school meals following the closure of schools and early childhood development (ECD) centres; and the disruption of routine health care services made it harder to identify and

	<p>support children at risk of malnutrition. This raises concerns about how the rights of vulnerable children are sidelined in emergencies such as COVID, civil unrest, climate change and the current economic recession:</p> <ul style="list-style-type: none"> <li>• With the war on Ukraine, food and fuel prices have continued to soar, with food price inflation standing at 13.5% in January 2023 at a time when the Child Support Grant (R500/child/month in June 2023) is 25% less than the Food Poverty Line (R663 in 2022), and austerity budgets are eroding expenditure on health services threatening to further compromise children's health and nutrition as evidenced by suboptimal immunisation and measles outbreaks across the country</li> </ul> <p><b>A call to prioritise and protect children's rights in the context of crises and austerity</b></p> <ul style="list-style-type: none"> <li>• The South African Constitution outlines the State's commitment to uphold children's rights and prioritise their best interests. And unlike adult socio-economic rights, Section 28 of the Bill of Rights affirms the state's immediate obligation to respect, protect, promote and fulfil children's right to basic nutrition and basic health care services - which are not subject to progressive realisation.</li> <li>• In addition, the Gauteng High Court in its judgement calling for the reinstatement of the National School Nutrition Programme during lockdown upheld the UN Committee on the Rights of the Child's stipulation that "even in an economic crisis, the State may only introduce regressive measures as a last resort and must ensure that children are the last to be affected"<sup>v</sup>.</li> <li>• In addition, the UN Secretary General and Committee on the Rights of the Child called on states to prioritise children in their COVID-19 response plans, and to "activate immediate measures to ensure that children are fed nutritious food during periods of emergency, disaster or lockdown".<sup>vi</sup></li> <li>• This should include surveillance systems to identify and support children at risk of severe acute malnutrition; a standardised food package that meets children's specific dietary needs; expanded social protection; and using health facilities, community health workers, schools and ECD programmes to support those children most in need.</li> </ul>
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	<p>With reference to specific guidelines in the Right to Food Guidelines:</p> <ul style="list-style-type: none"> <li>• <b>Guideline 4: Market systems</b></li> </ul> <p>While guideline 4.4 mentions the importance of conforming with WTO agreements, there is recent evidence<sup>12</sup> to demonstrate that the commercial milk formula industry and the governments of dairy-producing nations have used trade and investment liberalization in the WTO to create tensions that undermine the protection, promotion, and support of breastfeeding and appropriate implementation of the WHO International Code of Marketing of Breastmilk Substitutes.</p> <ul style="list-style-type: none"> <li>• <b>Guideline 10: Nutrition</b></li> </ul> <p>We further feel that it is a gap that ultra-processed foods have not been referred to in the Guidelines, given the recent wealth of evidence on the rise in UPF consumption and harms to human health, including a report published in the UK in June 2023, but relevant to many contexts: <a href="#">Ultra-Processed Foods marketed for infants and young children in the UK</a>.</p> <p>The South African government developed a comprehensive <a href="#">National Food and Nutrition Security Plan (NFNSP) 2018-2023</a> (published November 2017). This is a 236-page document and includes one small reference to the Right to Food Guidelines – Pg 172, Annexure 2, even though representatives from the FAO were involved in the development of the plan. This seems to be a missed opportunity and draws attention to why the Right to Food Guidelines were not integral to such a document and the slow implementation of the Plan.</p> <p>With regard to the impact of food and nutrition on climate and the environment, we feel that adequate consideration should be allocated in the Right to Food Guidelines for the impact that food consumption patterns have on climate change<sup>3</sup>. Specifically, breastfeeding has been economically undervalued for its maternal and child health cost-saving impacts, and a recent publication shows that the role of breastfeeding in contribution to transformational change to the environment has also been unrecognized as a climate change policy response<sup>4</sup>.</p>
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<sup>1</sup> Baker P, Smith JP, Garde A, et al. The political economy of infant and young child feeding: confronting corporate power, overcoming structural barriers, and accelerating progress. *The Lancet*. 401: 10375; 503-524. [https://doi.org/10.1016/S0140-6736\(22\)01933-X](https://doi.org/10.1016/S0140-6736(22)01933-X)

<sup>2</sup> Russ K, Baker P, Byrd M, et al. 2021. What you don't know about the Codex can hurt you: how trade policy trumps global health governance in infant and young child nutrition. *Int J Health Policy Manag*. 10: 983-97. <https://doi.org/10.34172/ijhpm.2021.109>

<sup>3</sup> United Nations. Food and Climate Change: Healthy diets for a healthier planet. <https://www.un.org/en/climatechange/science/climate-issues/food#:~:text=Food%20needs%20to%20be%20grown,emissions%20is%20linked%20to%20food>.

<sup>4</sup> Smith JP, Borg B, Iellamo A, et al. 2023. Innovative financing for a gender-equitable first-food system to mitigate greenhouse gas impacts of commercial milk formula: investing in breastfeeding as a carbon offset. *Front. Sustain. Food Syst*. 7: 1155279. <https://www.frontiersin.org/articles/10.3389/fsufs.2023.1155279/full>



<p><b>(iii) Lessons learned and suggested recommendations</b></p>	<p><i>(iii) Share any lessons learned and suggest recommendations for improvement in realizing the right to adequate food:</i></p> <p>The Child Gauge identified six actions to enhance child nutrition:</p> <p><b>1. Invest in maternal health and nutrition</b></p> <p>Women's nutritional needs increase dramatically during pregnancy, and food insecurity, micronutrient deficiencies, overweight, gestational diabetes and pre-eclampsia pose a threat to the health of mother and unborn child. It is therefore essential to adopt a double-duty approach and not only provide micronutrient supplements, but also monitor weight gain and integrate dietary counselling into routine antenatal care with an emphasis on nutrient density and dietary diversity. Yet, the 2012-2016 Strategic Plan for Maternal, Newborn, Child and Women's Health (MNCWH) and Nutrition makes no mention of maternal nutrition, and while the maternal care guidelines speak to the identification of malnutrition, they don't include any actionable measures to address the problem.</p> <p>Ideally, we should intervene even earlier to optimise women's health, weight and micronutrient status preconception. For example, by providing micronutrient supplements through the Integrated School Health Policy.</p> <p>Food insecurity increases the risk of domestic violence, depression and anxiety that can further compromise mothers' capacity to feed and care for their children.<sup>vii</sup> It is therefore vital to extend social assistance to pregnant women, integrate mental health screening and support into antenatal and postnatal care, and scale up prevention of teenage and unwanted pregnancies.</p> <p><b>2. Improve infant and young child feeding practices</b></p> <p>Only 32% of infants in SA are exclusively breastfed during the first six months of life, and only 23% of children 6 – 23 months are fed a minimum acceptable diet.<sup>viii</sup> Greater efforts are needed to promote optimal infant and young child feeding practices as this is when children are most vulnerable to stunting and SAM. This includes scaling up support for breastfeeding women (eg parental leave, child care and breastfeeding breaks), improving health workers' nutrition knowledge and counselling skills, promoting local, nutrient-dense and affordable complementary foods, and strengthening local regulations to protect women from the marketing of commercial formula milks. Facility- and community-based surveillance and support systems must be strengthened in the context of rising hunger and food insecurity.</p> <p><b>3. Invest in early childhood development</b></p> <p>Early learning programmes offer a platform for supporting nutrition of preschool children. While registered ECD centres qualify for a subsidy of R15 - R17 per child per day and 40% of which is earmarked for nutritious food, stringent registration requirements have until recently excluded centres serving those communities most in need. Only 10% of young children benefit from the subsidy – in marked contrast to the National School Nutrition Programme (NSNP) which supports 77% of learners. We therefore need to increase access and the value of the ECD subsidy.</p>
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#### **4. Use schools to support older children and adolescents**

The NSNP provides a daily meal to over 9 million learners but in context of rising food prices, we need to monitor and enforce the DBE's guidelines to improve the nutritional quality of school meals and limit the sale of unhealthy, obesogenic foods. Schools also provide a platform for nutrition education, food gardens and school health services.

SA's children are increasingly sedentary: Less than half of learners get enough exercise to promote health and prevent chronic disease, and 1 in 3 schools are without sporting facilities.<sup>ix</sup> Greater effort is needed to scale up the National School Sport Programme and provide safe spaces for physical activity – esp. for adolescent girls.

#### **5. Create a healthy, equitable and child-centred food system**

Direct intervention by the state is needed to ensure that the food system supports, protects and promotes children's health, nutrition and food security. This includes draft regulations to protect children from the marketing of unhealthy foods; front-of-pack labelling to enable consumers to make informed choices; taxes to limit the consumption of unhealthy foods, and subsidies to make a basket of healthy foods more affordable.<sup>3</sup>

#### **6. Expand social protection**

South Africa has one of the largest social assistance programmes in the world, as reported in the World Bank review from 2021, [Social Assistance Programs and Systems Review: South Africa](#). However, the relationship between social assistance and child nutrition is complicated and the impact has been less than hoped for<sup>5</sup>.

The Child Support Grant (CSG) provides a lifeline for nearly 13 million children and over 7 million caregivers.<sup>x</sup> But the grant amount (R500 a month/ R17 a day in June 2023) is not enough to meet children's dietary needs.

Take up remains low – especially in the first year of life – with 1 in 3 infants in poor households not benefiting from social assistance.<sup>xi</sup> This is worrying as infants are particularly vulnerable to the immediate shock and long-term effects of malnutrition.

Academics and civil society are therefore advocating for an increase of the CSG to the food poverty line (R663/per month), the extension of social assistance to pregnant women, and the introduction of basic income support in the context of high unemployment.

<sup>5</sup> Zembe-Mkabile, W., Ramokolo, V., Sanders, D., Jackson, D., & Doherty, T. (2016). The dynamic relationship between cash transfers and child health: Can the child support grant in South Africa make a difference to child nutrition? *Public Health Nutrition*, 19(2), 356-362. doi:10.1017/S1368980015001147; Devereux, S., Jonah, C. and May, J., 2019. How many malnourished children are there in South Africa? What can be done. Reoleen, K (ed) *Putting Children First: New frontiers in the fight against poverty in Africa* CROP International Poverty Studies, 7, pp.157-86.

	<p>The Black Sash have explored how social assistance is able to address food insecurity and reported that the child support grant is not enough to support optimal nutrition even for a single mother and her child. All the households included in this study reported hunger and levels of distress due to insufficient food in the house.</p> <p><a href="https://www.blacksash.org.za/images/Report/0606_BS_-_Children_Social_Assistance_and_Food_Security_Research_Report_V15.pdf">https://www.blacksash.org.za/images/Report/0606_BS_-_Children_Social_Assistance_and_Food_Security_Research_Report_V15.pdf</a></p>
<b>(iv) Concrete plans</b>	<p><i>(iv) Next steps: are there any concrete plans to (further) use and apply the Right to Food Guidelines?</i></p> <p>Child-centered planning, and the Right to Food have recently been adopted as guiding principles by South Africa's National Planning Commission, and a dedicated Early Childhood Development Task Team has been established. The Right to Food is a guiding framework for a large multi-year, multi-sectoral research project being undertaken in the Western Cape that applies a place-based approach to food system governance. The Right to Food Guideline also inform the future activities of the recently renewed UNESCO Chair in Science and Education for African Food Systems.</p>
<b>Link(s) to specific references</b>	<p><i>Please include attachment(s) or add here link(s) to documents with specific references (e.g., laws, decrees, regulations, programs, etc.) on how the Right to Food Guidelines have been used or applied by you/your organization.</i></p>
<b>Link(s) to additional information</b>	<p>For more information about the <i>Child Gauge</i> see the <a href="#">full report</a>, <a href="#">poster</a> and <a href="#">policy brief</a>, and references below.</p>

<sup>i</sup> See [www.childrencount.uct.ac.za](http://www.childrencount.uct.ac.za) for a child-centred analysis of 2019 survey data.

<sup>ii</sup> Posel D, Hall K & Goagoses L (2023) Going beyond female-headed households: Household composition and gender differences in poverty. *Development Southern Africa*. DOI: [10.1080/0376835X.2023.2182760](https://doi.org/10.1080/0376835X.2023.2182760)

<sup>iii</sup> See [www.childrencount.uct.ac.za](http://www.childrencount.uct.ac.za). Also Voth-Gaeddert, L.E., Jonah, C., Momberg, D., Ngandu, B., Said-Mohamed, R., Oerther, D.B. and May, J., 2020. Assessment of environmental exposure factors on child diarrhea and systemic inflammation in the Eastern Cape. *Water Research*, 169, p.115244.

<sup>iv</sup> Swart R, van der Merwe M, Spires M, Drimrie S. Child-centred food systems: Ensuring health diets for children. In: J M, Witten C, Lake L, editors. *South African Child Gauge 2020*. Cape Town: Children's Institute, University of Cape Town; 2020.

<sup>v</sup> Equal Education and others v Minister of Basic Education and others (22588/2020) [2020] ZAGPPHC 306 (17 July 2020) para 23.

<sup>vi</sup> United Nations Committee on the Rights of the Child. *CRC - COVID-19 Statement*. Geneva: UNCRG; 2020. [https://tbinternet.ohchr.org/\\_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CRC/STA/9095&Lang=en](https://tbinternet.ohchr.org/_layouts/15/treatybodyexternal/Download.aspx?symbolno=INT/CRC/STA/9095&Lang=en) ;

United Nations Executive Office of the Secretary General. *Policy Brief: The Impact of COVID-19 on children*. Geneva: UN; 2020.

<sup>vii</sup> Abrahams Z, Boisits S, Schneider M, Prince M, Lund C. Domestic violence, food insecurity and mental health of pregnant women in the COVID-19 lockdown in Cape Town, South Africa. *Research Square* [Internet]. 2020.

<sup>viii</sup> Department of Health, Statistics South Africa, Medical Research Council, ICF. *South African Demographic Health Survey 2016. Key Indicator Report*. Pretoria: DOH, Stats SA, MRC & ICF; 2017

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<sup>ix</sup> Draper CE, Tomaz SA, Bassett SH, Harbron J, Kruger HS, Micklesfield LK, et al. Results from the Healthy Active Kids South Africa 2018 Report Card. *South African Journal of Child Health*. 2019;13:130-6.

Department of Basic Education. *National Education Infrastructure Management System Standard Report, August 2019*. Pretoria: DBE; 2019

<sup>x</sup> Conradie I, Hall K, Devereux S. Transforming social protection to strengthen child nutrition security. In: May J, Witten C, Lake L, editors. *South African Child Gauge 2020*. Cape Town:

<sup>xi</sup> Children's Institute, University of Cape Town; 2020. 11 Hall K, Sambu W, Almeleh C, Mabaso K, Giese S, Proudlock P. *South African Early Childhood Review 2019*. Cape Town: Children's Institute, University of Cape Town and Ilifa Labantwana 2019.