CHILDREN AND COVID-19
ADVOCACY BRIEF
Nutrition and food security

Michael Hendricks, Katharine Hall, Hilary Goeiman, Nicolette Henney, Andrew Boraine, Jaco Murray, Lynn Hendricks and Lori Lake

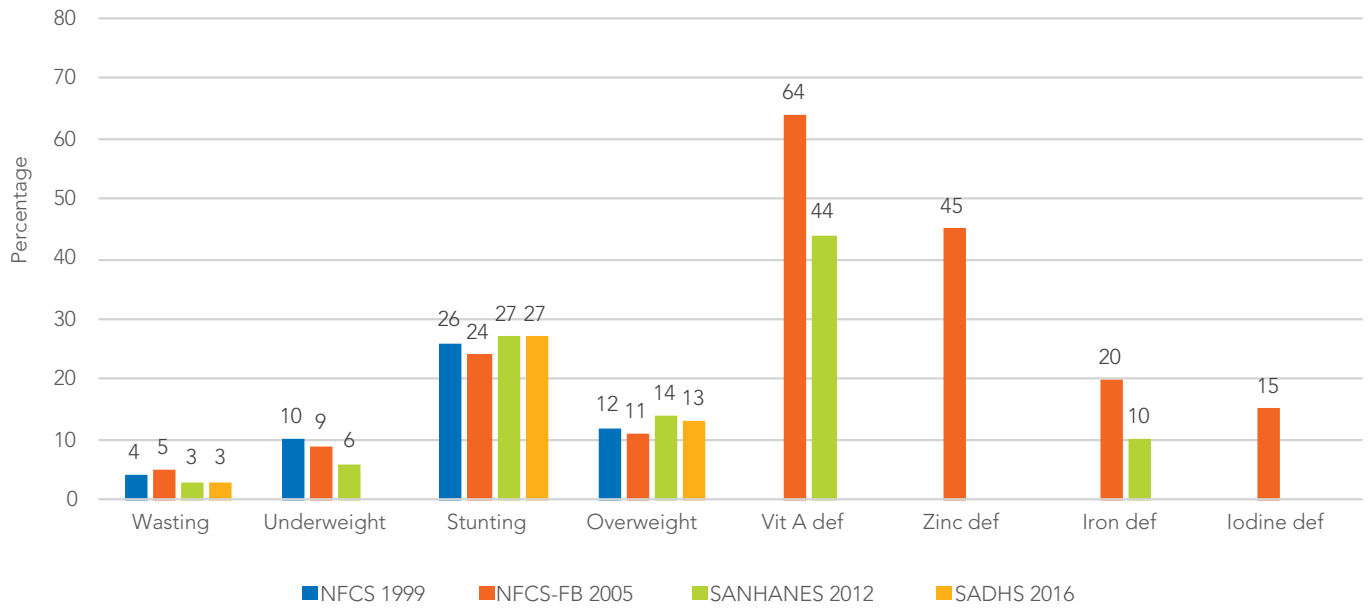
Early investments in children's nutrition provide a solid foundation for lifelong health and economic development. It is therefore vital that the state puts in place measures to uphold children's rights to basic nutrition, health care services and social assistance, and takes decisive action to protect children from both the immediate shock and long-term effects of rising hunger.

This advocacy brief tracks the impact of COVID-19 on children's nutrition and food security with a particular focus on the Western Cape as an early epicentre of the pandemic. It documents the threats posed by rising food prices and unemployment, the disruption of routine health care services, closure of schools and early childhood development programmes, and limited social assistance; outlines efforts to respond to these challenges; and draws on lessons learnt to identify opportunities to better safeguard child nutrition now and in future crises.

What was children's nutritional status before the pandemic?

Prior to COVID-19, children in South Africa already faced a triple burden of undernutrition, overnutrition and micronutrient deficiencies[1] (Figure 1) that compromised their health, survival, cognitive development, school achievement, and economic productivity in adult life. These high levels of child malnutrition have persisted for many years, and it is against this worrying baseline that the COVID-19 pandemic exacerbated poverty and hunger.

Figure 1: Trends in children's nutritional status in South Africa



Sources: NFCS: National Food Consumption Survey; NFCS-FB: National Food Consumption Survey Fortification Baseline; SANHANES: South African National Health and Nutrition Examination Survey; SADHS: South African Demographic Health Survey.

Children's nutrition and food security: A human rights imperative

Children's rights to basic nutrition are enshrined in the South African Constitution. Section 27 (1) (b) states that: "Everyone has the right to have access to health care services; sufficient food and water; and social security." Section 27 (2) requires that, "the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights."

In addition, Section 28 (1) states that, "Children have the right to basic nutrition, shelter, basic health care services and social services." The state must use legal measures to ensure that children's parents and families can care for them and meet their basic nutritional needs; and provide for the nutritional needs of children whose parents are absent, too poor or lack the capacity to do so, through policies and programmes such as the Child Support Grant.[2]

Section 28 places a heightened obligation on the state to ensure the realization of children's right to basic nutrition as this right is not subject to progressive realization or resource constraints, and these goods and services should be prioritized and made immediately available.

In addition, a Gauteng High Court judgment affirmed that, even in an economic crisis, government may only introduce regressive measures[i] as a last resort after considering all other options and ensuring that children are the last to be affected.[2] The state therefore has an immediate obligation to address the increase in hunger and food insecurity affecting children during the COVID-19 pandemic.

i For example, closing an existing programme like the National School Nutrition Programme during lockdown.

- 27% of children under five years were stunted – or too short for their age. This is a sign of chronic malnutrition that stunts the developing body and brain.
- 13% of young children were overweight with rates increasing across the life course and driving a burden of hypertension, heart disease and diabetes in adult life.
- A high proportion of children were deficient in micronutrients that are essential for survival, a healthy immune system and cognitive development.
- 2.5% of young children were wasted – their weight was too low for their height – a sign of recent weight loss and a key driver of under-five mortality.

How did COVID-19 impact children's nutrition and food security?

Before the pandemic, 59% of South Africa's children lived in households with an income below Stats SA's poverty line of R1 183 per person per month, while 30% of children lived below the food poverty line of R585 per month or R20 a day.[3] This meant that a third of children lived in households with not enough money to meet their daily energy requirements. In 2018, child hunger affected 2.1 million children (11%) nationally, of whom 197 000 lived in the Western Cape.[4]

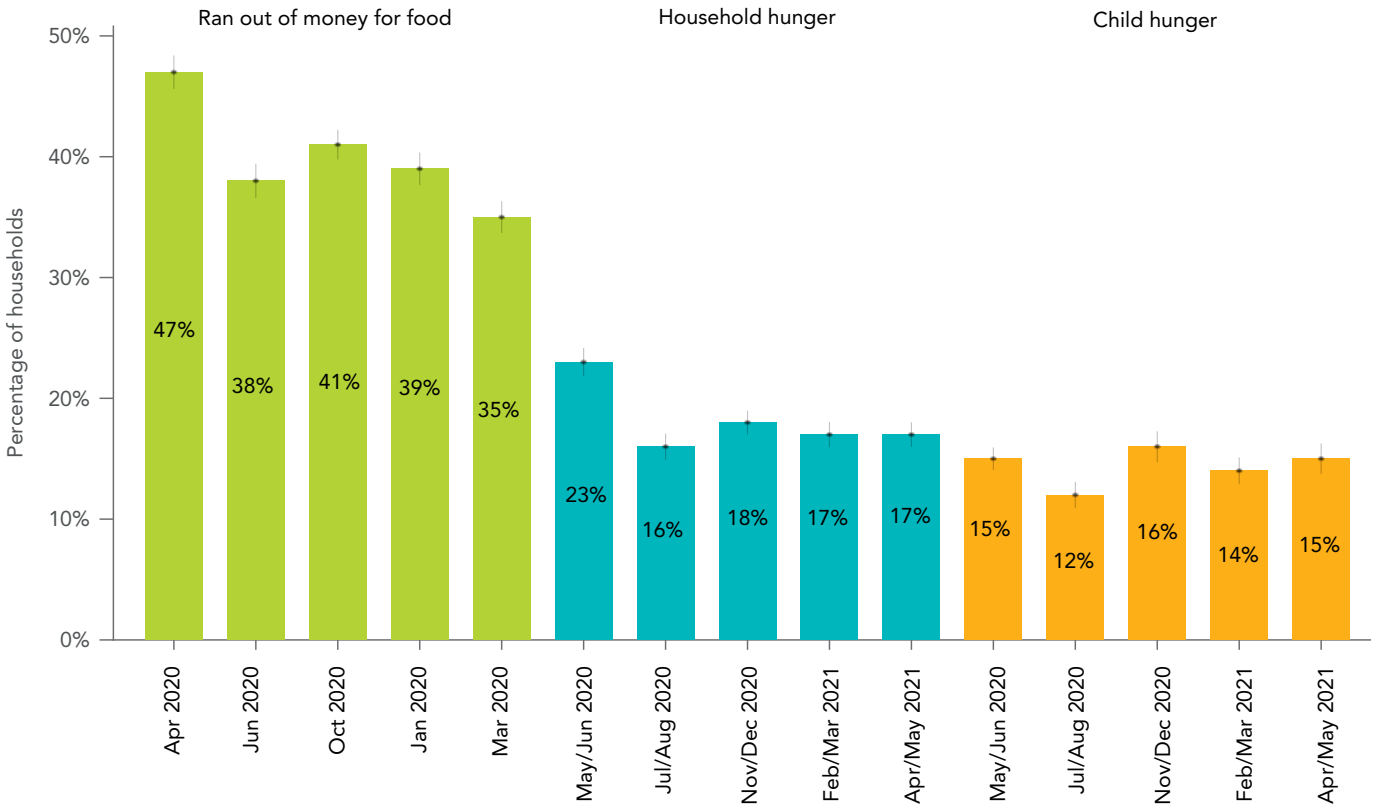
Rising hunger and food insecurity

Hard lockdown measures precipitated a dramatic increase in unemployment and food insecurity, and intensified the threats to children's nutrition and health. In April 2020, the month of level 5 lockdown, 47% of households reported running out of money for food. Child hunger was reported in 15% of households (Figure 6).[5]

Food prices rose dramatically with a 12.6% increase in the cost of a basic household food basket between March 2020 and March 2021.[6] These challenges at household level were compounded by the closure of schools and the suspension of the National School Nutrition Programme (NSNP), that provides daily nutritious meals to more than 9 million children during the school terms. Early childhood development (ECD) facilities were also closed, so that young children fed at these facilities lost this form of nutrition.

In May 2020, national government launched its disaster relief programme to mitigate the effects of the lockdown through top-ups to social grants, the introduction of the COVID-19 Social Relief of Distress (SRD) grant and COVID-19 caregiver allowance, the Temporary Employer/ Employee Relief Scheme (TERS), and emergency food assistance.[7] The positive effect of these programmes was evident in the lower rates of household and child hunger recorded in July/August. Yet, by November/December, household and child hunger increased sharply following the termination of the top-up grants and Caregiver Allowance at the end of October. Households receiving the Child Support Grant were worst affected by the withdrawal of the grant top-ups and Caregiver Allowance. Levels of food insecurity remained persistently high with one in seven households reporting child hunger in February and April 2021.[8] Food insecurity and hunger predominantly affected poorer populations, those living in rural areas and in larger households.[7]

Figure 2: Households running out of money for food, and reporting household and child hunger, NIDS-CRAM Waves 1 - 5



Source: Spaull N, Daniels RC, et al. NIDS-CRAM Wave 5 Synthesis Report. University of Stellenbosch, University of Johannesburg, February 2021.

The Integrated Food Security Phase Classification (IPC) survey projected that by March 2021, 11.8 million people nationally would be facing high levels of acute food insecurity (IPC 3 or above)[ii] and need urgent action.[9] In the Western Cape it was projected that 1.3 million people (16% of the population) would be experiencing acute food insecurity (IPC 3 or above), making it the province with the third highest level of food insecurity. The IPC estimated that, within the Western Cape, 70% of those who were food insecure would be residing in the Metro.

High levels of food insecurity in the Cape Metro were already documented prior to the pandemic. A city-wide survey of 2 500 predominantly low-income households in Cape Town in 2018 showed that only 45% of households were food secure, while 18% were mildly or moderately food insecure, and 36% were severely food insecure. Severe food insecurity was more likely where households were female-headed; had a high Lived Poverty Index which assesses the frequency of access to basic necessities over the previous year; did not have a formally employed wage earner; and had mixed migrant household members (i.e. born in and outside of Cape Town).[10]

There is poignant evidence that adult family members tried to shield children from hunger.[5] Women also reported changes in buying patterns as they purchased cheaper foods that were filling but low in nutrients. For example, a woman working for the Pietermaritzburg Economic Justice and Dignity Project described the awful predicament that caregivers faced in Du Noon, Cape Town:

> *"Children eat the same food every day. Starch every day. Starch 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."*

This is likely to increase the already high levels of childhood stunting, overweight and obesity, and micronutrient deficiencies. The withdrawal of the COVID-19 relief grant in April 2021 in the absence of a Caregiver Grant and a decrease in the real value of the CSG will further undermine families' capacity to shield children from hunger. In addition, the unrest in Gauteng and in July 2021 KwaZulu-Natal may impact on food supplies and food prices countrywide.

ii IPC 3 is where households either have food consumption gaps with high or above-usual acute malnutrition or are able to marginally meet minimum food needs through depletion of livelihoods or through crisis coping strategies.

Table 1: Key nutrition indicators, Western Cape, 2019 & 2020

Indicators	2019	2020
Primary health care headcount for children under five	2 072 002	1 588 727
Coverage Vitamin A 12-59 months	51%	44%
Incidence of severe acute malnutrition*	21	13
Coverage of food supplementation*	109	85
Exclusive breastfeeding at 14 weeks	39%	38%

Source: District Health Information System * per 1000 children under five years old

Reduced access to health and nutrition services

COVID-19 disrupted young children's access to routine health care services. In the Western Cape this led to a 23% drop in the under-five primary health care utilization rate between 2019 and 2020 (Table 1).[11] Coverage of essential nutrition interventions also declined, including deworming, vitamin A supplementation and the number of malnourished children enrolled in the Nutrition Therapeutic Programme. This decline was driven by a range of factors, including travel restrictions, clinic closures, the de-escalation of services, and caregivers' fears around acquiring COVID-19 during clinic visits.

The critical role of breastfeeding in preventing illness and providing optimal nutrition has been recognized in the neonatal and paediatric clinical guidelines. Exclusive breastfeeding rates in the Western Cape remained steady at 38% for infants at 14 weeks; far more work needs to be done to achieve the WHO exclusive breastfeeding target of 50% at 6 months by 2025.

Impact on children's nutritional status

Despite the rise in child hunger, the incidence of severe acute malnutrition cases presenting to facilities decreased substantially from 2019 to 2020. There was also a decrease in hospital admissions due to severe acute malnutrition and moderate acute malnutrition by 40% and 55%, respectively (Table 2). The case fatality rate for severe acute malnutrition increased marginally from 0.9% to 1.6% over the same period but this increase should be interpreted with caution as the numbers remain small. It is important to recognise that district health data only report malnutrition cases presenting to facilities. There may have been an increase in childhood malnutrition and stunting that is not reflected in the administrative data because the cases were not seen and recorded – and therefore not treated.

What measures were put in place to address children's nutrition needs?

The profound impact of the COVID-19 pandemic and lockdown on children's nutrition and food security triggered a wide range of responses from both government and civil society, some of which are outlined below.

Social solidarity and community action networks

The Cape Town Together Community Action Networks (CANs) were established in response to COVID-19. The CANs helped mobilise networks of volunteers across different communities in the City of Cape Town to address widespread hunger during hard lockdown and supported community kitchens across the city through donations and labour. A year later, the CANs continue to support their immediate communities and the wider population in Cape Town, supporting food relief, food gardens, after-school educational programmes and ECD programmes. Children under the age of five, those with disabilities, and the elderly were identified as priority groups, and food support for young children was chanelled through ECD centres with meals tailored to meet their nutritional needs, including soft vegetables, fresh fruit, boneless meat, and protein-rich peanut butter snacks.

Table 2: Children with severe and moderate acute malnutrition and case fatality rates (CFR), 2019 & 2020

	Severe Acute Malnutrition			Moderate Acute Malnutrition		
Year	Cases=n	Deaths=n	CFR	Cases=n	Deaths=n	CFR
2019	863	8	0.93%	405	1	0.25%
2020	507	7	1.38%	261	1	0.38%

Source: District Health Information System

Early childhood development programmes

Even before the COVID-19 pandemic, the ECD sector was under-resourced (see the ECD brief). Government provides limited support to registered ECD programmes in the form of a R15 subsidy per child per day – of which 40% is meant to be spent on food. This means that for young children attending registered facilities that receive subsidies, there is an allocation of just R6 per child per day for food. Yet most non-profits serving poor communities struggle to meet the registration requirements and children attending those facilities do not benefit from the subsidy at all.

All ECD programmes were instructed to close during hard lockdown and remained closed until 6 July 2020. Without access to fees and the subsidy, many programmes faced permanent closure, and others struggled to pay for the costs of the personal protective equipment they needed to reopen safely.

The Western Cape was the only province to continue paying the subsidy, and approximately 60% of ECD centres in the province were encouraged to use their subsidies to make food parcels for registered children.[12]

Inceba Trust is an NGO that offered strategic support to 70 ECD programmes that serve the most vulnerable children in the more rural Drakenstein District. During the lockdown, the Trust distributed 2 396 food parcels and vouchers, and then helped ECD programmes to reopen safely with COVID-19 precautions in place. Inceba also helped programmes fast-track registration (for access to the government subsidy) through the Vangasali campaign. Other nutrition interventions included training and support to ensure children received two nutritious meals a day from onsite kitchens, and a health and nutrition awareness campaign targeting parents and ECD practitioners.[13]

School feeding

The NSNP provides a daily meal to over nine million learners in South Africa, but the closure of schools and NSNP during hard lockdown prevented children from accessing this essential source of nutrition support. Unlike other provinces, the Western Cape tried to find innovative ways to keep the NSNP running by allowing eligible learners to collect meals from schools, allowing those living far from school to collect food from a school closer to home, and providing food parcels in rural areas. Despite these efforts, the programme reached only 9% of eligible learners in May 2020.

In July a High Court order compelled the Departments of Education in other provinces to provide meals to all eligible learners even on days when they were not attending school (see case 1).

Rates improved as schools partially reopened. Yet the rotation of classes continued to pose logistical challenges and by November 2020 only 50%[iii] of eligible learners in the Western Cape received a daily school meal.[14]

Child health and nutrition services

Early in the pandemic, primary health care (PHC) services were cut back to ensure social distancing and to focus on patients with COVID-19. This led to a marked drop in clinic attendance, especially during the hard lockdown.

Existing child health forums and those developed at the start of the pandemic provided a platform to address the backlog in essential services such as immunisation (see the routine health services brief). The two local authorities in the Metro put in place a communication strategy to encourage caregivers to visit health facilities, and rendered services at libraries and townhalls adjacent to the PHC sites to minimize the risk of infection. Community health workers conducted home visits to review Road to Health Books, counsel caregivers about feeding, administer vitamin A supplements, and measure the mid-upper arm circumference to identify and refer children with acute malnutrition to PHC facilities.

Malnourished children were also referred to the South African Social Security Agency (SASSA) offices so that their families could access social relief of distress in the form of a cash transfer or food parcel.[15] In addition, the COVID-19 case and contact tracing systems were used to identify food-insecure households and ensure they were able to access food parcels during isolation and quarantine, with over 2 000 parcels delivered to cases and contacts in the Cape Metro from May 2020 – May 2021[16].

While food parcels can provide short-term emergency relief for households that are unable to access other forms of social protection, they are logistically challenging, prone to leakage, have relatively limited reach, tend to offer once-off relief rather than regular benefits for the households that receive them, and, unlike social grants, they do not enable households to pay for other essential goods and services such as transport, airtime and electricity.

Economic relief through social assistance

South Africa has an established social assistance programme to support poor children as well as the elderly and people with disabilities. Before COVID-19 arrived, over 18 million individuals were receiving social grants every month. Social assistance was a central pillar of the disaster relief response.

As soon as the lockdown was announced, economists started to simulate the likely impacts of shutting down the economy and to explore different options for expanding social assistance. The analyses showed that increasing the

iii This excludes the delivery of food parcels.

Child Support Grant (CSG) would not only protect children from extreme poverty and hunger but was also by far the quickest way to channel income support to millions of vulnerable households, including those that rely on informal sector income and would not qualify for income protection through UIF or TERS.[17] The COVID-19 SRD grant was an important complementary measure to reach vulnerable households who weren't receiving the CSG (mainly unemployed adult men), but would take longer to implement.

A broad advocacy campaign led by researchers and civil society groups called for a substantial increase to the CSG for six months. The proposed increase of R500 would have more than doubled the value of the CSG from R440 per month (which was substantially below the food poverty line) to R940 per month (offering a measure of support to children, their caregivers and other household members).

The disaster relief package announced by the President in late April 2020 included a R300 top-up to the CSG, and only for the month of May. This reached 13 million children and their households. All other grants received a R250 per month top-up for six months. From June the CSG top-up was discontinued and a new "caregiver allowance" of R500 was introduced, reaching just over 7.1 million caregivers of children who received the CSG, until it was discontinued in October 2020. A special COVID-19 SRD grant of R350 per month for unemployed adults was introduced in May. It was also meant to last for six months, until October, but was extended until April 2021.

The NIDS-CRAM study showed that the grant top-ups and caregiver allowance provided much-needed protection for children and were accompanied by a decrease in child hunger. But after the grant top-ups and caregiver allowance were discontinued in October 2020, the rate of reported child hunger increased to its highest level in a decade.[7]

There are strong arguments for increasing the CSG substantially over the medium term, and at the very least ensuring that it is not eroded in the short term, despite fiscal constraints. Even before COVID-19, several human rights bodies and expert committees recommended that the South African government increase the CSG amount.[iv] The CSG is the only grant below the food poverty line (R585 per person per month in 2020 Rands). The Minister of Social Development has acknowledged this inequity in the grant structure, stating that the CSG needs to be increased permanently and that her department would engage Treasury.[14]

Intersectoral collaboration and coordination

The Western Cape Food Forum was initiated by the Western Cape Economic Development Partnership in response to the food crisis during hard lockdown. Under the banner of 'Connect, Communicate, Collaborate', it harnessed the efforts of government, the private sector and civil society organisations (including the larger food NPOs, CANs, community kitchens and faith-based organisations) to provide a coordinated response to rising hunger and food insecurity during the pandemic.

The forum adopted an action-oriented and agile approach to the unfolding crisis emphasising collaborative attitudes and behaviours, speedy and accurate communication, collective problem-solving, and mutual accountability. Specific forum outcomes included more effective food relief distribution (by connecting organisations that might otherwise have worked in isolation, and by introducing grassroots community structures to intermediary food providers), the development of mechanisms to measure the impact of civil society relief efforts, the development of innovative digital voucher distribution systems that enabled community kitchens to buy from local spazas to improve local impact.[18]

Case 3: Taking government to court to uphold children's rights to basic education and basic nutrition

In July 2020, Equal Education, Section 27 and two Limpopo school governing bodies and the Equal Education Law Centre took the Minister of Education and eight provincial MECs to court to challenge the closure of the NSNP which had left more than 9 million children without access to a daily school meal since the beginning of lockdown in March 2020.

The North Gauteng High Court ordered the Department of Basic Education to resume the NSNP for all qualifying learners, regardless of whether they had resumed classes.[74] The Court held that the Minister of Basic Education and the MECs have a constitutional and statutory duty to provide basic nutrition in terms of section 29(1)(a) of the Constitution, and that nutrition was an integral part of children's right to basic education. It also held that in addition to the positive obligations to fulfil the rights contained in the Constitution, government has negative obligations not to impair access to these rights. In the words of the Court, "hunger is not an issue of charity, but one of justice".

iv These include the African Committee on the Rights and Welfare of the Child, the UN Committee on the Rights of the Child, the UN Committee on Economic, Social and Cultural Rights, and the Treasury-appointed Expert Panel on Mitigating the VAT increase.

What are the recommendations?

The state has a duty to uphold children's rights to basic nutrition, education, health care services and social assistance in crises such as the COVID-19 pandemic. The following measures would help to protect children from the immediate shock and long-term effects of rising hunger and food insecurity.

1. Increase the value of the Child Support Grant, aligning it to the food poverty line at the very least, to ensure that families can meet children's daily nutritional requirements. Work to address the obstacles to early access to grants by linking birth registration and grant application processes. In cases where birth registration is delayed, ensure that SASSA officials allow caregivers to use alternative identification to apply for the CSG as provided for by Regulation 11(1) of the Social Assistance Act[19].
2. Use taxes, subsidies and price controls to limit food price inflation and ensure that a healthy basket of food is affordable to poor households.
3. Maintain and strengthen the ECD subsidy and National School Nutrition Programme so that children can continue to receive a daily nutritious meal through schools and ECD programmes.
4. Sustain the delivery of routine child health and nutrition services through primary health care facilities and community health workers and strengthen surveillance and referral systems to identify and support children at risk of malnutrition.
5. Create forums that bring together government, civil society and the private sector at local, provincial and national level in order to better coordinate and target food relief efforts, and start building a more equitable and sustainable food system.
6. Ensure that measures introduced to alleviate hunger (such as food parcels) are nutritionally balanced and do not increase the burden of overnutrition and micronutrient deficiencies.

References 1 Sanders D, Hendricks M, Kroll F, et al. Malnutrition in South African Children and Adolescents: Impact, causes, policy implementation and recommendations. Cape Town: Children's Institute, University of Cape Town; 2019. 2 May J, Witten C, Lake L, Skelton A. The Slow Violence of Malnutrition. In: May J, Witten C, Lake L, eds. South African Child Gauge 2020. Cape Town: Children's Institute, University of Cape Town; 2020. 3 Hall K, Sambu W. Child Poverty. 2019. http://childrencount.uct.ac.za/indicator.php?domain=2&indicator=98 (accessed 1 July 2021). 4 Sambu W. Nutrition. In: Shung-King M, Lake L, Sanders D, Hendricks M, eds. South African Child Gauge 2019. Cape Town: Children's Institute, University of Cape Town; 2019. 5 Van der Berg S, Zuze L, Bridgman G, . The impact of the coronavirus and lockdown on children's welfare in South Africa: Evidence from NIDS-CRAM Wave 1, University of Stellenbosch, July 2020. Stellenbosch: Department of Economics, University of Stellenbosch, 2020. 6 Pietermaritzburg Economic Justice and Dignity. Pietermaritzburg Household Affordability Index – March 2021. 2021. https://pmbejd.org.za/wp-content/uploads/2021/03/March-2021-PMB-Household-Affordability-Index_31032021.pdf (accessed 1 July 2021). 7 Van der Berg S, Patel L, Bridgman G F. Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM. Stellenbosch/Johannesburg: University of Stellenbosch, University of Johannesburg,, 2021. 8 Van der Berg S, Patel L, Bridgman G. Food Insecurity in South Africa- Evidence from the NIDS-CRAM Wave 5. Stellenbosch/Johannesburg: University of Stellenbosch, University of Johannesburg, 2021. 9 Integrated Food Security Phase Classification. South Africa: Impact of Covid-19 on Food Security. Preliminary Results Pending Government Approval. IPC Acute Food Insecurity Analysis September 2020-March 2021 issued February 2021. 10 Crush J, Caesar M, Haysom G. The State of Household Food Security in Cape Town, South Africa; Hungry Cities Partnership. Hungry Cities Report. Vol. 12., 2018. 11 District Health Information System. 12 Thorogood C, Goeiman H, Berry L, Lake L. Food and nutrition security for the preschool child: Enhancing early childhood development. In: May J, Witten C, Lake L, eds. South African Child Gauge 2020. Cape Town: Children's Institute, University of Cape Town; 2020. 13 Inceba Trust. Drakenstein ECD Support Programme (DESP). Term Report 1. December 2020. 14 Lindelwa Dlulemnyango-Sopotela Coordinator of the NSNP, Western Cape Department of Basic Education,. 15 Western Cape Department of Health. SASSA Social Relief of Distress Programmes: Accessing the resource. Circular Minute H 156 of 2017. Cape Town: WC DoH, 2017. 16 Nicolette Henney Assistant Director: Integrated Nutrition Programme, Western Cape Department of Health [personal communication]. 17 Bassier I, Budlender J, Zizzamia R, Leibbrandt M, Ranchhod V. Locked down and locked out: Repurposing social assistance as emergency relief to informal workers. *World Development* 2021; 129(105271). 18 Western Cape Economic Development Partnership. Co-ordinating Food Relief during COVID-19: Lessons from the NGO-Government Food Relief Forum in the Western Cape, April - September 2020. Cape Town: WCEDP, October 2020. 19 Regulation 11(1) of the 2008 Regulations to the Social Assistance Act 13 of 2004.

This is one of a series of advocacy briefs that trace the impact of COVID-19 on children in order to identify opportunities to better support children during the COVID-19 pandemic and future crises.

Suggested citation: Hendricks H, Hall K, Goeiman H, Henney N, Boraine A, Murray J, Hendricks L & Lake L. Nutrition and food security. In: Lake L, Shung-King M, Delany A & Hendricks H (eds) Children and COVID-19 advocacy brief series. Cape Town: Children's Institute, University of Cape Town. 2021.

For more information, contact Michael Hendricks at michael.hendricks@uct.ac.za.

46 Sawkins Road, Rondebosch, 7700, South Africa | +27 650 1473 | info@ci.uct.ac.za | www.ci.uct.ac.za

The series is published by the Children's Institute in partnership with the Children's Hospital Trust and Michael & Susan Dell Foundation.
Design: Mandy Lake-Digby

children's institute
child rights in focus
Research • Advocacy • Education

University of Cape Town • iYunivesithi yaseKapa • Universiteit van Kaapstad

The Children's Hospital Trust
In support of Red Cross Children's Hospital
Healing is in Your Hands

Michael & Susan Dell FOUNDATION