

Transforming social protection to strengthen child nutrition security

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This chapter looks at the role of social protection in contributing to food security in South Africa, particularly as it relates to the nutrition security of children. In addition to social protection measures that directly target children, we also consider others, such as the COVID-19 relief grants, that may have indirect impacts on children. This is especially important during and after the COVID-19 pandemic, where a weaker economy has drastically reduced income opportunities for the poor. The impact of these dynamics on children in South Africa, already the most unequal society in the world, must as far as possible be anticipated and prevented by focused and creative action.

In this chapter we first define social protection, then we consider the nutritional challenges faced by South Africa's children before reviewing several policy instruments and programmes that impact directly or indirectly on children's nutrition. We conclude by offering several recommendations for what should be done differently or better.

What is social protection?

Social protection is commonly understood as a set of public policy measures intended to ensure that all people have access to sufficient resources to live with dignity throughout their life. Social protection programmes can be subdivided into non-contributory social assistance (cash or food transfers, usually targeted at the poor, such as social grants or school meals) and contributory social insurance (such as unemployment insurance or contributory retirement pensions). Broader definitions include access to basic services such as health and education, labour market activation programmes, and social justice measures (such as anti-discrimination legislation).¹

In this chapter we concentrate on social protection programmes that strengthen the access of children from vulnerable families to good nutrition. These programmes include school feeding and social grants that target children directly, notably the Child Support Grant (CSG) the biggest of the three grants for children in terms of reach, as well as social insurance schemes. We also consider some social

services such as Early Childhood Development (ECD) and the Integrated Nutrition Programme, which could potentially contribute to such access.

The notion of a safety net has long been a dominant idea in social protection; a minimum economic threshold below which nobody should fall. The South African social protection system has also remained dominated by the idea of safety nets. Until the COVID-19 pandemic, people of working age (without a disability) did not qualify for social grants, whatever the structural conditions that impacted on their lives. Chief among these structural conditions is the nature of the post-apartheid economy, where large sections of the population are excluded from the formal labour market, and where the informal labour market is largely unprotected in terms of labour laws and social insurance. Many of these informal workers are women, and especially rural women. Women with lower levels of education are furthermore more likely to be economically excluded, making them particularly vulnerable.²

Why social protection now?

Although it is too soon to know the exact extent to which the COVID-19 pandemic has damaged the South African economy and what the longer-term impacts will be, it is clear that both formal as well as informal employment declined significantly during 2020. According to Statistics South Africa, the country shed 2.2 million jobs between the first and the second quarter of 2020 due to the COVID-19 pandemic, while the "not economically active" category increased by 5.2 million people to 20.6 million during the same period. At the same time the unemployment rate, using the expanded definition, increased from 39% in 2019 to 42% by the end of the second quarter of 2020.^{3,4}

The hard lockdown at the end of March 2020 shut down the economy. In addition to the closure of workplaces and transport systems, the regulations initially prohibited informal trade completely. This had a severe impact on a large group of people as informal employment accounted for about a

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third of all employment in South Africa in February 2020.⁵ In addition to the jobs that were lost between February and April, a further 1.5 million people were furloughed (they believed they had a job to return to but had not worked or been paid since lockdown began).⁵ Women, who bear the main burden of responsibility for children, also bore the brunt of rising unemployment, accounting for two out of three jobs lost in the first months of lockdown.

As the stringent lockdown regulations were relaxed it was hoped that employment would pick up. However, the jobs lost in the first months of the year had still not been restored by the end of the second quarter of 2020. Only half of those who had been furloughed had returned to work while 40% had joined the unemployed.⁵

Carefully designed social protection programmes are needed to address both the current crisis and possible future livelihood crises. This support is important not only during crisis periods but could also provide a platform for longer-term income security and development. Cash transfers at a sufficient level over a longer period can improve the living standards of the poor, and can potentially break the intergenerational transmission of poverty, as has been shown to some extent in the case of the *Bolsa Familia* in Brazil.⁶ The opposite is also true. If the health and education status of the poor decline beyond a critical threshold, it will be very difficult to assist the poor in recovering to previous levels or to improve on these levels.

The current challenge is therefore one where social protection strategies need to target children while also recognising that resources are shared within households and even beyond. Although social grants are targeted to individuals, for example on the basis of their age or disability status, they effectively contribute to the total income of households. Older Persons Grants not only support the elderly; they also help to support other members of the household. Similarly, although CSGs are meant to be spent directly on children, they may have to support other members too, especially when adults are unemployed or earn very little.

Half of the 16.7 million households in South Africa include children, while the other half are adult-only households. Households that include children are substantially larger (with an average household size of five people) than those without children (which have an average of just 1.8 household members, and many are single-person households). Over half of all working-age men and three-quarters of working-age women are co-resident with children. Yet, adult unemployment rates are higher in households with children

than in those only with adults, and households with children are poorer even when taking into account social grants.^{iv}

The challenge is that grants for children are then likely to get dissipated in order to support the household in the absence of sufficient income from employment. Yet it is necessary for grants to be targeted to individuals rather than households, because the size and composition of households is dynamic.

The fluidity of households in South Africa has been well documented, especially in the context of apartheid-era migrant labour and influx control which meant that many families were stretched across urban and rural nodes.⁷ These dynamics of family fragmentation persist in South Africa today, alongside changing trends in household and family formation: households are getting smaller, fertility rates are declining, marriage rates continue to fall, and more children have biological parents who are not in a union. These dynamics echo global trends. What is unusual in South Africa is the extent of parental absence from the households where their children live: most children live in 'extended' households that include aunts, cousins, grandparents or other kin. Only a third live with both their parents and one in five live with neither parent.⁸ These arrangements are not static: children are highly mobile and may be cared for by a succession of relatives as families strategise to secure income, housing, education and other needs while also providing childcare. It is for these reasons that the Lund Committee, when it first proposed the CSG in the 1990s, recommended that the grant be paid to the de facto caregiver of the child, rather than assuming it should be paid to a biological parent. The committee also established the principle that the grant should "follow the child" in recognition that children, like adults, are mobile and caregivers may change. Thus, although grants targeted to children may in practice support the broader household, and grants to other household members may help to support children, it is important that children's grants are individually targeted and that they can move with children.

A new social contract

Antonio Guterres, secretary-general of the UN, called for a new social contract in the early months of the pandemic: "The New Social Contract, between Governments, people, civil society, business and more, must integrate employment, sustainable development and social protection, based on equal rights and opportunities for all."⁹ Such a new social contract should be formulated to address, among other issues, the food and nutrition needs of children, by

iv Own analysis of General Household Survey 2018, raw data published by Statistics South Africa.

transforming the social protection system into one which will guarantee sufficient nutrition for all families, but also one that provides access to good quality health, education, and social welfare services. It would signify a commitment by members of government and civil society to create a society of greater equality. It would also put South Africa on track towards achieving Sustainable Development Goal (SDG) 2: “End hunger, achieve food security and improved nutrition”.

What are some of the biggest problems regarding the nutrition security of children?

Nutrition insecurity is a multidimensional problem, where poor nutrition outcomes are not only due to lack of access to adequate nutritious food but reflect complex systemic challenges where different problems intersect. Other prerequisites for good nutrition include access to clean water, hygienic sanitation practices, and exclusive breastfeeding of infants up to six months of age, wherever possible.

Approximately one in four children under the age of five in South Africa is stunted due to chronic malnutrition,¹⁰ and a further 15% are overweight or obese. Stunting rates have remained unchanged since 1994,¹¹ despite the many pro-poor programmes that have subsequently been introduced, not least the extensive expansion of social grants.

The underlying driver of child malnutrition is poverty, which is in turn driven by high unemployment rates and low levels of income for many of those who are employed, particularly women. These factors are exacerbated by problems in the food system that result in lack of access to sufficient nutritious food by many children, such as the ready availability of highly processed fast foods and the power of advertising in distorting dietary choices. Other important issues include the huge inequality between the private and the public health care system in South Africa, specifically the uneven response of the public primary health care system to the nutrition

security of young children, and weak government support for ECD services, where young children could potentially receive additional meals. More immediate challenges relate to the low value of the CSG which is inadequate to purchase a balanced diet for the child, a gap in the uptake of the CSG for very young children, and the relative neglect of the needs of refugee and migrant children.

Social grants in South Africa before and during COVID-19

South Africa has a well-established set of social grants that mainly targets children, older persons, and persons with disability. Despite the persistent and structural problem of unemployment, low-income and unemployed working-age adults have historically been excluded from these social assistance programmes. By the end of March 2020, as South Africa went into lockdown, 18.3 million social grants were paid each month.

Two grants, the CSG and the Older Persons Grant, account for 90% of all social grants.

- The **CSG** is targeted to children under 18 provided their caregivers pass the low means test. Seventy percent of all grants are CSGs (nearly 13 million grants), but CSGs comprise only 37% of the grant budget, because the value is very low.
- The **Older Persons Grant** is targeted to persons aged 60 years and over. These grants make up 20% of all grants, yet account for nearly half (45%) of all grant expenditure because of the relatively large amount

The other 10% of grants are targeted to specific categories of children and adults:

- The **Disability Grant** is for adults who have physical or mental disabilities or are chronically ill and unable to work;
- The **Care Dependency Grant** is for children who have a disability or are chronically ill and require full-time care;

Table 15: Overview of social grants as at 1 April 2020ⁱ

	Child Support	Foster Child	Care Dependency	Disability	Older Persons
Beneficiaries	12,784,324	355,610	154,760	1,042,029	3,676,798
Share of all grants	70%	2%	1%	6%	20%
Value 2020 (pre-COVID-19)	R440 ⁱⁱ	R1,050	R1,860	R1,860	R1,860
Share of grants budget	37%	2%	2%	13%	45%

Source: Own calculations from SocPen numbers, provided by the SASSA DataWarehouse.

ⁱ In addition, the Grant-in-Aid is a small grant to help cover care costs for those who are unable to care for themselves; it is an add-on to an existing grant (disability / older persons or care dependency). The War Veterans Grant is an old military grant for those who fought in the Second World War or the Korean War. Only 62 War Vet grants were paid at the end of March, and soon this grant will disappear altogether

ⁱⁱ The CSG increased by R10 to R450 on 1 October, as planned and announced in the February budget speech.

- The **Foster Child Grant** is for children who have been placed in foster care by a court.

Social grants play an important role in mitigating the effects of poverty for children and their families. Multiple studies have shown that despite its low value, receipt of a CSG is linked to improved nutritional and health outcomes for children as well as numerous other positive effects – in addition to reducing income poverty.¹²

Social grants not only ameliorate poverty but can also cushion poor households against major financial shocks. A study of the impact of the 2008 – 2009 global economic recession on child poverty in South Africa found that state support, and specifically the CSG, substantially reduced the impact of the economic crisis for children.¹³

South Africa's hard lockdown raised immediate concerns that the economic effects of the lockdown and rising

Case Study 22: A maternity grant to support the health of pregnant women and their newborns

Alex van den Heever

A number of years has passed since the Department of Social Development (DSD) initiated a process to consider expanding the system of social grants to support pregnant women, mothers and newborns.²⁶ However, progress has been slow, and to date no programme implemented. This is possibly due to the perception that such a programme would be a burden rather than a benefit to economic growth and employment prospects.

Approximately 6.2% of all women in South Africa between the ages of 10 and 54 are pregnant in any given year (around 1.2 million).²⁷ Of these, roughly 69.2% occurred in income-compromised households prior to the COVID-19 pandemic.²⁸ It is possible that this percentage could be as high as 80% at present. Many pregnant women and women with young children are likely facing very difficult circumstances, with possible long-term intergenerational implications.

Social grants are important tools to directly and indirectly address poverty, inequality and unemployment.²⁹⁻³³ Not only do they offset inherent tendencies in market economies to concentrate incomes and wealth, but they foster growth and boost employment.³⁴ A better distribution of income results in a more diverse and resilient domestic economy. Inequality is now understood to retard growth,^{33,36} requiring that governments offset income inequality with redistributive measures^{36,37}. Social grants are therefore important to support vulnerable households and enable them to thrive.

The proposals for a grant to support pregnant women and mothers with young children are designed to improve the nutritional, income and mental health outcomes of income-compromised households.³⁸⁻⁴² The support measures respond to the specific needs of pregnant women and mothers with newborns. The Centre for Health

Policy^{26,28} argues in an analysis produced for the DSD that the support framework should encompass a range of interventions including (in 2019 prices): cash transfers for the period of pregnancy equivalent to the Old Age Grant at a value of R1,780 per month (R6.7 billion) and for 24 months thereafter (R16 billion); nutritional support at R534 per person per month (R3.1 billion); and transport services for access to health services at R200 per person per month (R2.1 billion). The total 2019 cost of the package comes to R30.6 billion per annum. All these benefits are in addition to the Child Support Grant which is designed to support the child rather than the primary caregiver.

While the financial cost appears large, particularly given current fiscal constraints, this expenditure primarily involves a restructuring of consumption and the organisation and supply of economic production. When these effects are combined with the positive social outcomes arising from improved ante- and postnatal nutrition and improved maternal mental health, the benefits strongly outweigh any perceived costs.

Given the need for urgent interventions to assist vulnerable households and the beneficial social and economic consequences that flow from social transfers, serious consideration should now be given to a maternity grant. This expansion can reduce exposure to the social context in which 70% to 80% of South Africa's children are born by providing support from the antenatal period through to the child's second birthday. This would strengthen nutrition, mental health and caregiving during the first 1,000 days of a child's life. Additional grants are also important to ensure the general protection of vulnerable families and contribute positively to economic growth and employment.

unemployment would push many more households into extreme poverty and hunger, and that the existing social protection system was not an adequate safety net: there were large gaps in the net, and – particularly in the case of the CSG, which was substantially below even the food poverty line – the benefits were insufficient to plug the holes. The existing social assistance programme, impressive and extensive as it was, was not sufficient in its design or in the value of the transfers to protect households from the immediate economic crisis or the anticipated recession that would follow.

Even as lockdown happened, the cost of a staple basket of food increased and there were worrying signs of shifts in purchasing behaviour as low-income shoppers selected non-perishable foods and soap over more nutritious and fresh foods.¹⁴ Alongside rising food prices, rising food insecurity was immediately apparent: nearly half of all households ran out of money to buy food in April. In 18% of households, a child had gone hungry in the preceding seven days, and this was despite poignant evidence that adults were making extra food sacrifices to protect their children from hunger.¹⁵ These dynamics are in line with estimates across sub-Saharan Africa as a whole. One regional study found that “19.3% of the population can no longer afford their pre-COVID-19 level of food consumption at the end of an 8-week lockdown” and that 3.9 million children were already very severely food deprived.¹⁶

Food parcels were a core part of the civil society and private sector solidarity response as well as a much-touted (though relatively insignificant in scale) component of the state’s response. But it was clear that food parcels, for a variety of reasons, could not be the cornerstone of the government’s disaster relief programme: the system was slow, cumbersome, administratively costly, open to corruption and looting, privileged monopoly franchises over small and informal businesses as suppliers, and caused tension within communities as the targeting was not clear.

During March and April, there were strong civil society calls for urgent disaster relief through cash transfers. The arguments were that the administrative systems for transferring cash are well established, that the administrative overheads are very low relative to other poverty alleviation interventions, and that cash provided greater flexibility for households, who could spend them where they wanted and also use them to pay for other necessary costs such as data, electricity and transport. The two main calls were for:

1. a R500 increase to the CSG as an urgent temporary measure, on the basis that this was the most efficient

existing mechanism to transfer cash directly into poor households where it would not only provide protection for children but also for co-resident adults. In addition to reaching a substantial share of the poorest households, it also reached a majority of households that relied on income from informal work; and

2. a grant for working-age adults who were unemployed / low wage earners / reliant on informal sector income, in recognition of the existing gap in the social protection net, the existing high rate of unemployment, and the increase in unemployment due to COVID-19.

The disaster relief package announced by the President on 21 April 2020 and clarified over the subsequent days by the Ministers of Social Development and Finance, consisted of the following additions and adjustments to the social grants package:

- **A “COVID-19 Social Relief of Distress” grant.** This was an entirely new and temporary grant of **R350** per month for adults who were unemployed, earning no income, and were not in receipt of any other social grants, a National Student Financial Aid Scheme grant or funds from the Unemployment Insurance Fund (UIF). This new grant was welcomed as an important protection measure for the “missing” age group (18 – 59) but was also critiqued as being insufficient as the value of the grant was well below the food poverty line, and those working in informal, insecure, and low-wage employment were excluded. Serious implementation problems meant that initial uptake was very slow, eroding the value of support for individuals over the planned 6-month duration of this temporary grant as grants were not back-paid even when it was found that individuals had been erroneously excluded. By August 2020, the linked data systems for verifying eligibility enabled SASSA to implement a zero-income means test by checking bank accounts.¹⁷ In effect, adult applicants were required to be living on nothing in order to qualify for the COVID-19 grant, and after receiving the grant they would need to live on no more than R350 per month, although it is not possible for anyone to survive on this amount of money. Civil society groups challenged this zero-income rule¹⁸ and lobbied for the grant to be continued beyond the planned October 2020 cut-off. At the time of writing, the government had committed to extending the grant until the end of January 2021.¹⁹
- **A “caregivers’ allowance” of R500** per caregiver who is already in receipt of a CSG for child/ren. This was an unexpected addition to the grants package. It was

probably introduced as a cost-saving measure: attaching the increase to just over 7 million caregivers rather than the nearly 13 million child beneficiaries would almost halve the cost of the increase to the state. The CSG received a top-up of R300 per child for one month only, in May. From June, the CSG reverted to its previous value of R440/month. The caregiver grant was an interesting departure as, for the first time since the CSG replaced the old State Maintenance Grant, there was some income support for poor caregivers as well as for the children in their care. This, however, does not alter the fact that children cannot survive on the CSG and, in the absence of a substantial increase to the CSG, it was inequitable. The caregiver allowance was discontinued after the October pay-run.

- **Temporary increases of R250** to all the other existing grants, which could be increased easily and immediately, as happens each year when the increases are announced. After October, the grants reverted to their planned pre-COVID values.
- **No increase to the CSG** – an inexplicable omission, given its pro-poor reach and the fact that it is the only existing grant with a value below the food poverty line.

School feeding and nutrition of children and adolescents

Chapter seven of this volume provides a detailed discussion of school feeding in South Africa. The National School Nutrition Programme (NSNP) will be briefly considered here because of its role in providing nutrition security to school-going children. About 9.5 million learners receive one or two meals on every school day, consisting of at least three ingredients: a starch, a protein, and a vegetable or fruit. These meals are prepared by volunteer food handlers, many of whom receive a stipend under the Expanded Public Works Programme (EPWP).

International evidence on the nutritional impacts of school feeding schemes is inconclusive. Impacts are limited by the fact that meals are provided only on schooldays, not at weekends or during school holidays, and by the extent to which meals at school partly or fully substitute for meals at home, rather than providing 100% additional nutrients. In South Africa, however, an evaluation of a school breakfast scheme introduced in the Eastern Cape found a significant reduction in child stunting, wasting and overweight.²⁰

Schools in South Africa were closed early in the lockdown. Learners from only two grades returned to school during lockdown level three of the COVID-19 lockdown in June 2020. Thus about 9 million children had been without these meals during lockdown, at a time when household incomes

were severely compromised (the Western Cape Education Department did in fact serve 1.2 million meals under lockdown). Later in June, the Department of Basic Education was instructed by a court order brought by two public interest organisations to provide meals to all learners, including those not attending school at the time. This order was intended to ensure that the meals for school-age children would be received throughout and after the pandemic. It also raised public awareness on the importance of the NSNP.

Early Childhood Development and nutrition

Although ECD is not an inherent part of social protection systems, well-functioning ECD centres typically provide a nutritious meal to pre-school children on the days they attend the centre, similar to the meals served by the NSNP. As was shown in chapter six, one of the biggest problems in the field of ECD in South Africa is the divide between registered and unregistered pre-school centres. Because of the cost related to providing a facility and service which can be registered, a large number of ECD centres operate on an informal and therefore unsubsidised and unregulated basis. These centres are largely invisible to government, but nevertheless fulfil a crucial need. Even though they provide essential care, they are often, under normal circumstances, unable to also afford nutritional meals for children based on the fees they receive from parents and carers.

A survey was conducted in April 2020 investigating what was happening to ECD centres under lockdown. Responses were received from more than 8,500 ECD providers and over 99% reported that their centres had not received any fees from parents and carers, as they had no money. No salaries could be paid by 83% of operators, and 96% of these centres did not have enough income to cover their costs, including meals. This source of additional nutrition for pre-school children has therefore not been accessible during the lockdown period and is likely to also be unavailable in the post-lockdown period. These problems are exacerbated by government policies regarding registration of informal ECD centres, where 20,000 – 30,000 operators run the risk of closure – a risk which has been aggravated during the pandemic, due to a fall in their income.²¹

The relatively small but innovative organisation, the Grow Great Campaign, founded in 2018, has the logo: “Zero stunting by 2030.” Its aim is to accompany mothers of children, particularly during the first 1,000 days of the baby’s life, and to make education and support available to as many South African mothers as possible in order to prevent stunting.²² During lockdown Grow Great addressed the

problem of access to food for children and other vulnerable groups by providing families with “CoCare” digital vouchers as outlined in case 23.

As with social grants and the school feeding programme, civil society pressure has been central to ensuring that social protection measures continue to support those who are most vulnerable to the economic effects of lockdown. The Minister of Social Development was taken to court over the contraction of ECD services for young children. In July 2020, the court

ordered that the Department could no longer prohibit ECD and partial care facilities from reopening. In October, the court is considering a second application to compel the Minister and the MECs of eight of the nine provinces to pay ECD centres their full subsidies in the light of the re-opening of formal schools (only the Western Cape has continued to do so). ECD subsidies, though very small in per-child terms, are an essential source of income, particularly for centres that serve poor communities.

Case Study 23: CoCare voucher programme

Anna-Marie Müller and Nicola Eley

In response to the anticipated impact of the COVID-19 lockdown on household food security, the CoCare voucher programme was launched as a partnership between the DG Murray Trust, Grow Great and other civil society organisations. We were particularly concerned about the most vulnerable members of society: young children, pregnant women and people not receiving social grants. A third of infants in the poorest 40% of households do not receive the Child Support Grant⁴³, vital social assistance to poor households.

Reaching families under COVID-19 lockdown conditions was difficult and put both beneficiaries and care workers at risk of infection. Delivering food parcels to households is resource intensive. Evidence suggests that vouchers are preferable to food distribution as they lead to increased nutrient intake per unit cost and improved dietary diversity.⁴⁴ Furthermore, making vouchers unconditional works best to increase access to nutritious foods, according to research in humanitarian settings.³ Vouchers are not a perfect solution: limitations include the potential for the local economy to suffer in favour of large retailers. Through collaborating with technology companies with experience in servicing the informal economy, we mitigated this anticipated impact and strategically ensured that beneficiaries could redeem their Co-Care vouchers at Spaza shops and local general dealers.

In the pilot phase, 3,084 vouchers were redeemed by beneficiaries in four provinces.ⁱⁱ For example, in Limpopo and Mpumalanga, Community Health Workers (CHWs) participating in the Grow Great Champions

programme identified pregnant women in their areas to receive vouchers. Although the CoCare vouchers were unconditional (i.e. redeemable for any goods sold in Spaza shops), they were complemented with a series of text messages on the “ten best buys” that encouraged beneficiaries to spend their R200-vouchers on nutritious food for their families. Contrary to popular concerns that unconditional vouchers will be misused, an internal survey conducted with 217 voucher beneficiaries found that 94% of recipients mostly used their vouchers for food, with eggs, beans, tinned fish, peanut butter and full cream milk powder being amongst the most reported purchased products.

The pilot aimed to improve food access and utilisation – both essential elements of food security. By pairing an economic supplement with digital technology and health promotion communication on nutritious foods, the pilot presented an efficient and cost-effective mechanism for delivering social assistance with potential for scale-up nationally. Following the pilot phase, CoCare has been rolled out nationally with a total of 11,200 vouchers redeemed by the end of September 2020 through a growing list of partner organisations. For example, Ilifa Labantwana supported the rollout of food vouchers to unregistered ECD centres that then serve as local nodes for identifying and responding to children at risk.ⁱⁱⁱ CoCare has demonstrated a mechanism for reaching those often untouched by formal social assistance, with significantly reduced operational costs. Given resource constraints, we suggest this innovation should be widely adopted as a complementary measure to other forms of social assistance.

i Grow Great

ii Greater Letaba and Greater Giyani sub-districts in Limpopo, wards 16 and 19 in Nkomazi sub-district, Mpumalanga, Ugu District, KZN, OR Tambo District, EC, Buffalo City Metro, EC.

iii The centres receive a voucher calculated at a per-child contribution, based on pre-lockdown attendance figures, and children either receive a meal at the centre or a parcel.

Recommendations to improve the nutrition security of children

In this section we explore different possibilities for the improvement of the food and nutrition security of children and their households in South Africa. In doing so, we consider the immediate crisis, which is the result of the current pandemic, and also the longer-term potential for creating a transformative social protection system.

1. The continuation of the COVID-19 relief programmes

The emergency relief package, announced in April, was defined as temporary: the grant top-ups and new relief grants to caregivers and the unemployed would last only six months, ending in October 2020. However, the extent of economic insecurity and household poverty has demonstrated that the existing labour and social protection policies were not sufficient to protect the population in times of crisis.

The emergency social relief programme opened up possibilities for the future: it demonstrated that social grants are an important mechanism by which relief can be quickly, safely, and cost effectively channelled directly into households that need it, and so it is important to address the targeting gaps and secure those channels for all vulnerable households.

The emergency grants also demonstrated that it is possible to achieve the seemingly impossible: the special COVID-19 social relief of distress grant was initiated and implemented at impressive speed, albeit with substantial teething problems. It was possible to create an online application process and establish a system of linked administrative databases for verification of eligibility. These achievements provide an important basis for redesigning an improved social assistance programme that can be strengthened and sustained in the future – for example, where administrative data systems are used to verify the eligibility of applicants, it is important to ensure that the data is up to date (many applicants were excluded because of UIF data that was out of date), and that there needs to be a clear and accessible appeals process for applicants to invoke when they are wrongly excluded.

2. Increase the CSG

There are long-standing arguments for increasing the CSG. It is the most pro-poor of all the grants and is essential for countering the intergenerational transmission of poverty and inequality. Yet the value of the grant is far below those that received top-ups under the disaster relief package. The Older Persons and Disability grants, for example, were R1,860 per month and received an

increase of R250, bringing them to R2,110 per month. The CSG did not receive a top-up and remains at R450 in October 2020, less than a quarter of the value of the other grants. It is not enough to provide a child with the basic daily nutrition required for survival. The Minister of Social Development publicly acknowledged that the CSG was below the food poverty line and needed to be increased.²³ We strongly support increasing the CSG to the level of the food poverty line as a minimum (R575 in 2020).

The importance of social grants as the first line of social protection has once again highlighted the importance of addressing long-standing errors of exclusion, particularly for very young children, children without birth certificates, and the children of refugees.

3. Basic Income Support (BIS)

A concerning gap in South Africa's social protection system is the lack of provision for 18–59-year-olds who have no reliable employment or income. Many of these adults live in households that receive some form of social assistance, such as the CSG or Older Person's Grant, but these grants are not designed to cover the needs of co-resident household members. In the absence of sufficient income from work or from additional social grants, working-age adults are forced to depend on the grants targeted to children and older persons, diluting the poverty-alleviating effect of the grants. According to Stats SA,²⁴ about one million unemployed adults live in households without children or older persons and so do not have even indirect access to social protection unless they are part of the minority who are able to receive UIF (and UIF is awarded for only a limited period). They are not eligible to receive social assistance themselves, and the only exception has been the small emergency Social Relief of Distress Grant introduced during the lockdown.

A coalition of NGOs is campaigning for BIS for the unemployed adult population, to be set at the upper-bound poverty line of R1,268 per person per month. The households they support, the majority of which contain children, would have improved food security because of their additional purchasing power. Some of this money might also be invested in transport and child care costs to facilitate job seeking, as has been seen in earlier evaluations of social protection in South Africa.²⁵

At a time when the 2020 global COVID-19 pandemic has been adding impetus to changes in global employment trends, ever larger groups of people without high-level work skills have been marginalised and excluded from the market economy in South Africa. It is vital that these groups

should be assisted towards a subsistence level which will ensure their survival during the post-pandemic economic recession and that would also enable them to re-enter the economy as active and productive citizens, provided there is a labour market where there are job opportunities.

4. School feeding

The NSNP should be given all necessary support to continue delivering meals to school-aged children even when schools are not open, as for instance during lockdown periods or during school holidays. This should continue during the post-pandemic period. Also, at present, schools in two provinces (Gauteng and Western Cape) provide two meals a day, breakfast and lunch, but learners in other provinces get only one meal. This should be standardised at two meals a day across all provinces, to ensure that all learners in South Africa derive equal nutritional support from the NSNP.

5. ECD

Government should continue its support of the formal ECD sector, but it should also pay urgent attention to the difficult problem of how to support and subsidise informal ECD centres. These centres are a first port of call for many impoverished families, and many children who would otherwise not have had nutritious meals could receive daily meals in these centres.

6. Maternity grant

Case 22 motivates for a maternity grant to prevent *in utero* and intergenerational transmission of malnutrition. A child born to a well-nourished and healthy mother is already in a much better position to thrive.

Conclusion

Social protection in South Africa has been found to reduce household food insecurity but to have negligible impacts on child malnutrition. One response is to campaign for higher social grants, especially for children, to achieve the social contract implicit in our constitutional right to adequate food and other basic needs. This is important, but care must be taken not to place unreasonable expectations on what social protection can achieve on its own. Urgently needed are stronger linkages between social protection and access to other social services, such as primary health care. The Integrated Nutrition Programme, for instance, monitors children between birth and the age of five for weight gain and growth, and refers under-nourished children for food supplements. The fact that child malnutrition rates in South Africa remain persistently high suggests that more comprehensive monitoring, referral and treatment regimens are required, in addition to enhanced social grants that, as an absolute minimum, could ensure that each child has enough food to survive and thrive.

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