



WAVE 3

National Income Dynamics
Study (NIDS) – Coronavirus
Rapid Mobile Survey (CRAM)

Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM

Servaas van der Berg - University of Stellenbosch

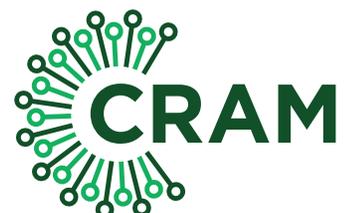
Leila Patel - University of Johannesburg

Grace Bridgman - University of Stellenbosch

17 February 2021



N.i.D.S.
NATIONAL INCOME DYNAMICS STUDY



CORONAVIRUS RAPID MOBILE SURVEY 2020

Hunger in South Africa during 2020: Results from Wave 3 of NIDS-CRAM

Servaas van der Berg, University of Stellenbosch

Leila Patel, University of Johannesburg

Grace Bridgman, University of Stellenbosch

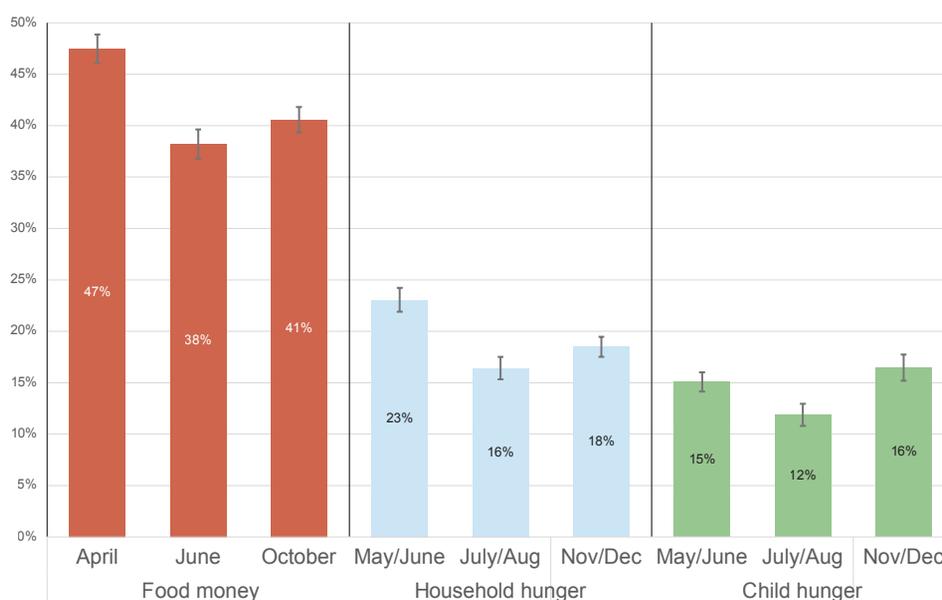
ABSTRACT

The first wave of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) provided strong evidence of drastic increases in household and child hunger during the initial period of the Coronavirus pandemic, as well as an increase in household food insecurity. Much of the improvement since 2000 in household and child hunger that was due to the expansion of the Child Support Grant had been almost entirely reversed by the hard lockdown and the coronavirus pandemic. The second wave of NIDS-CRAM showed improvement, although hunger and food insecurity remained disturbingly high. Wave 3, surveyed in November and December, provides an update to the widely reported and sobering findings from the first two waves. Indicators of hunger and food insecurity have again worsened after the improvement in Wave 2. One possible cause is the phasing out of the top-ups to some of the social grants since November. The magnitude of the problem of food insecurity is still such that the need for social relief efforts remains undiminished and that the reduction and phasing out of in some of the social grants will have severe consequences in terms of hunger.

Executive Summary

The first wave of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) provided strong evidence of drastic increases in adult and child hunger during the initial period of the Coronavirus pandemic. The second wave of NIDS-CRAM showed improvement in all three measures, although hunger and food insecurity remained disturbingly high. In Wave 3, surveyed in November and December, it appears that the improvement noted in Wave 2 had reversed, despite further relaxing of the lockdown restrictions. One possible cause is the phasing out of the top-ups to some of the social grants since November.

Figure 1: Lack of money for food and household and child hunger, Waves 1, 2 and 3



Source: Authors' calculations from NIDS-CRAM data. The different dates are because question on food money referred to the month before the survey fieldwork took place, while the questions on hunger refer to the previous week during the fieldwork period.

Overall, the proportion of households who reported running out of money for food went from 47% in Wave 1 to 38% in Wave 2 – a significant decrease. In Wave 3, however, the proportion rose again to 41%. This increase between Waves 2 and 3 was not statistically significant, but indicates a worrying trend. There is a similar pattern at play in household hunger between Waves 1, 2 and 3. A significant decline from 23% to 16% between Waves 1 and 2, and an insignificant increase in household hunger from 16% to 18% between Waves 2 and 3. In terms of child hunger, the proportion of households with children who reported a child going hungry at least once in the past week saw a significant decline from 15% to 12% between Waves 1 and 2. However, this statistic rose again to 16% in Wave 3 – a statistically significant increase and an alarming discovery.

The mixed picture in terms of trends between Waves 2 and 3 after the initial improvements from Wave 1 to Wave 2 shows that the situation regarding nutrition is still dire. The current reality is perhaps not quite as dire in comparison to the period during the hard lockdown, but it remains a bleak picture.

For those reporting hunger, the severity of hunger was measured by answers to questions regarding the frequency of being hungry. The answers to these frequency of hunger questions remained largely unchanged. For child hunger, just below 30% of households indicated that a child had gone hungry every day or almost every day in the past week in both Wave 1 and Wave 2, while 24% of households reported this in Wave 3. However, for household hunger, around 30% of households report that someone went hungry every day or almost every day in Waves 1, 2 and 3. This suggests that while the most intense child hunger seems to have declined slightly, household hunger more broadly has not improved.

Initially, the government support measures which were implemented to combat the effects of the pandemic were planned to end in October 2020, but the severe conditions on the ground led to the extension of the Covid-19 SRD grant to the end of January 2021. The top-up of all the other social grants was ended in October, when grant values reverted to their pre-Covid19 levels. TERS applications were extended by one month until mid-October 2020. The increased levels of hunger in the Wave 3 data could in part have been due to the phasing out of this government support. Together, the reach of the social grant system is now exceedingly large: More than two out of every three respondents in all three waves of the NIDS-CRAM survey indicated that someone in their households benefited from at least one grant. The reduction in grant values for the CSG and OAP (elimination of the top-up) reduced the safety net for a large proportion of the poor. Thus it is not a complete surprise that access to money for food and hunger increased again in Wave 3.

Wave 3 of the NIDS-CRAM survey provides an update to the widely reported and sobering findings from the first two waves. Indicators of hunger have again worsened. After discussing the new findings, this policy update concludes that the magnitude of this problem is still such that the need for social relief efforts remains undiminished and that the reduction in some of the social grants could have severe consequences in terms of hunger.

Overview

The first wave of the National Income Dynamics Study – Coronavirus Rapid Mobile Survey (NIDS-CRAM) provided strong evidence of drastic increases in household and child hunger, as well as food insecurity, during the initial period of the Coronavirus pandemic. Much of the improvement since 2000 in household and child hunger that was due to the expansion of the Child Support Grant (CSG) had been almost entirely reversed by the hard lockdown and the Coronavirus pandemic. The second wave of NIDS-CRAM showed improvement in all three measures, although hunger and food insecurity remained disturbingly high. In Wave 3, surveyed in November and December 2020, it appears that part of the improvement noted in Wave 2 has reversed, despite further relaxing of the lockdown restrictions between August and November 2020 and some improvement in economic and labour market conditions.

At the start of the pandemic, in Wave 1 of the NIDS-CRAM survey, 23% of households reported that at least one member of the household had gone hungry; 16% reported that a child in their household had gone hungry in the week before they were interviewed in May or June. For the month of April (the first month of the lockdown, before social relief measures were instituted), 47% of respondents reported that their household had run out of money to buy food in that month. In comparison, the General Household Survey (GHS) of 2018 reported only 25% running out of money for food *in the past year*, a far less strict measure. Loss of the main income source during April, the first full month of the lockdown, strongly increased the likelihood of household hunger and of running out of money to buy food (Van der Berg, Zuze & Bridgman, 2020).

BOX A: NIDS-CRAM Wave 3

This report draws on the third wave of the NIDS-CRAM survey. The first wave of this data was collected between 7 May and 27 June 2020 (during stages 3 and 4 of the national lockdown) and the second wave between 13 July and 13 August 2020 (during ‘advanced’ stage 3 of the lockdown). The third wave, that this paper reports on, was undertaken between 2 November and 13 December 2020. As there had been attrition in Waves 2 and 3, there was also a refresher sample added to Wave 3, to keep the achieved sample broadly representative of the national population. Around 5 670 participants from the Wave 1 sample participated in Wave 2 and 5 046 in Wave 3, while 1 084 new respondents were also included in Wave 3.

Wave 3 of the NIDS-CRAM survey provides an update to the widely reported and sobering findings from the first two waves. Indicators of hunger and a lack of money to buy food, or what we will refer to as ‘food insecurity’ for brevity, have again worsened. After discussing the new findings, this policy update concludes that the magnitude of this problem is still such that the need for social relief efforts remains undiminished and that the reduction and phasing out of some of the social grants could have severe consequences for increased hunger, and may compromise child well-being in the longer term.

Hunger and stunting

Hunger is just one manifestation of poor nutrition. It is often the more visible and also one of the most acute forms of nutritional deficiencies. Since 2002, Statistics South Africa had been reporting whether respondents in the annual GHS indicated that a child or a member in the household had experienced hunger in the past year, and if so, how frequently this had occurred. The latter has made this measure more visible for showing changes in nutritional status. The strong decline in households reporting child hunger, from 35% of households with children in 2002 to only 17% of households only five years later in 2007, is usually credited to the expansion of the reach and age-eligibility of the CSG.

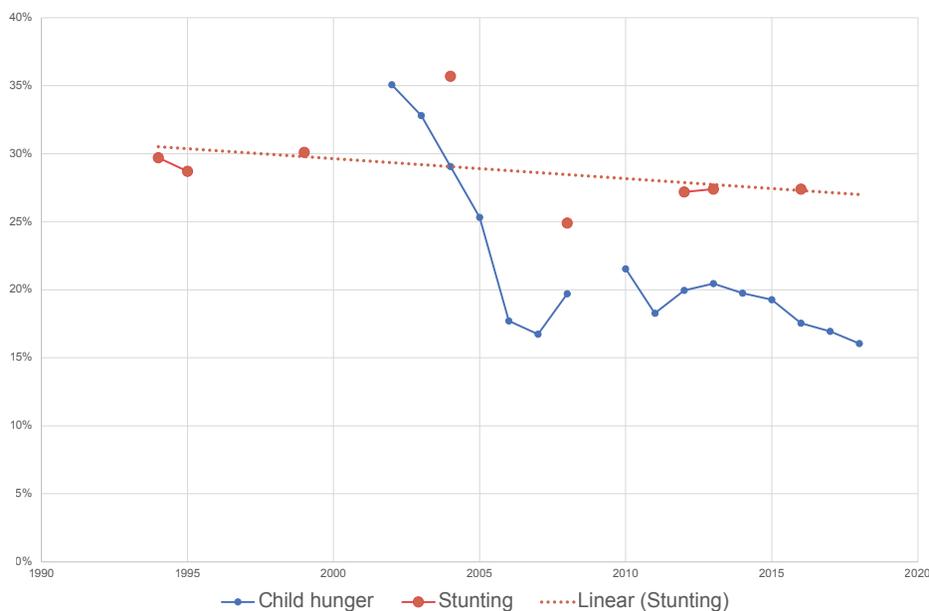
A second and more long term manifestation of child hunger is stunted growth. This measure has been viewed as a key indicator of long term malnutrition among other causes (Aguayo & Menon,

2016; Beal et al., 2018). Yet despite this decline in reported hunger in the GHS, stunting is still a major cause for concern in South Africa. As the WHO states,

Stunting is the impaired growth and development that children experience from poor nutrition, repeated infection, and inadequate psychosocial stimulation. Children are defined as stunted if their height-for-age is more than two standard deviations below the WHO Child Growth Standards median (WHO 2020).

As Figure 1 shows, there has not been a strong downward trend in stunting in South Africa since the political transition, which may have been expected given the decline in child hunger. Stunting rates remain inordinately high. The most recent data (from the 2016 Demographic and Health Survey) indicate that 27% of South African children below 5 years are stunted, while child hunger was measured at only 18% in the same year.¹ It would seem that the improvement in people’s economic circumstances, induced by the CSG, was not enough to translate into consuming more nutritious food, rather than consuming more food². Stunted growth in early life is a well-established constraint to individual productivity and life expectancy, and has serious implications for cognitive development in children (May & Timæus, 2014; Zere & McIntyre, 2003). In light of this, understanding child hunger in South Africa is a critical policy concern, as it is likely to impact child stunting in the long run.

Figure 1: Child hunger and stunting, 1994 to 2018



Source: Stunting from UNICEF 2020; Child hunger numbers calculated from GHS data.

1 Caution needs to be exercised in assessing stunting in South Africa as sample size and definitional differences may affect numerical values. A systematic review of stunting data by Said-Mohamed, Micklesfield, Pettifor & Norris (2015) deals in more detail with issues such as these. Unfortunately, it does not include the most recent data from the 2016 Demographic and Health Survey.

2 Although the GHS includes a number of questions on access to food and food security, these are limited in assessing nutritional outcomes. Responses are difficult to calibrate relative to more concrete nutritional outcome measures such as stunting.

How has the overall situation changed since the previous waves?

All three waves of the NIDS-CRAM survey asked multiple questions about child and household hunger, as well as a question regarding household food security (having enough money to buy food), as shown in Box B.

BOX B: Questions on food insecurity in Wave 3 of NIDS-CRAM

In the month of October did your household run out of money to buy food?

In the last 7 days has anyone in your household gone hungry because there wasn't enough food?

How often did they go hungry? (Options: Never; 1 or 2 days; 3 or 4 days; almost every day; every day)

In the past 7 days; has any child in your household gone hungry because there wasn't enough food?

How often did they go hungry? (Options: Never; 1 or 2 days; 3 or 4 days; almost every day; every day)

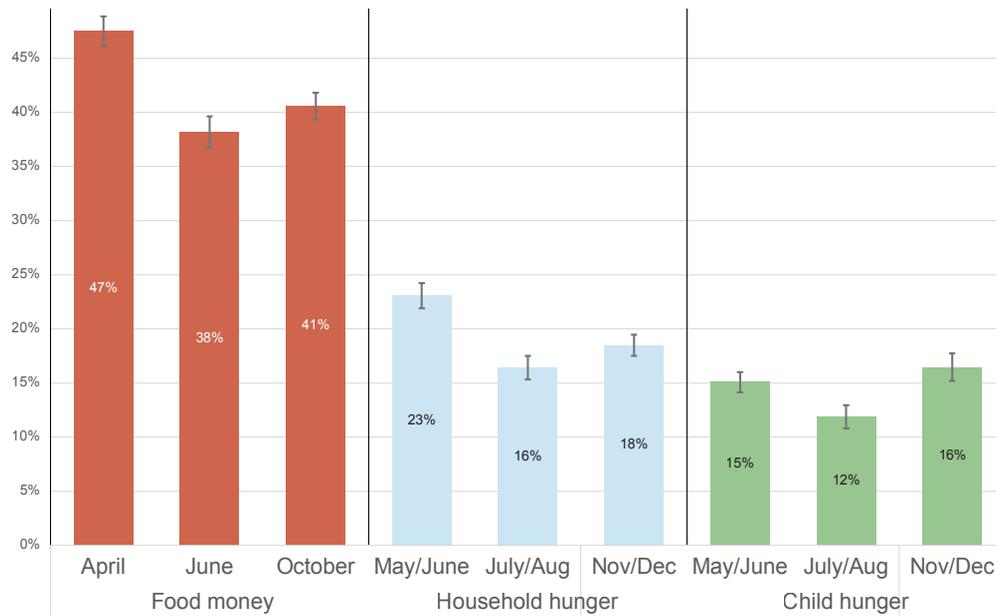
Note that the lack of money to buy food refers to October, and the questions on hunger to the last week before the interview, which was conducted in either November or December 2020.

Since the same questions were asked in all three waves, it is possible to shed light on how reported hunger and food security has changed. Overall, the proportion of households that reported running out of money for food went from 47% in Wave 1 to 38% in Wave 2 – a significant decrease. In Wave 3, however, the proportion rose again to 41%. This increase between Waves 2 and 3 was not statistically significant, but indicates a worrying trend. There is a similar pattern at play in household hunger between Waves 1, 2 and 3: a significant decline from 23% to 16% between Waves 1 and 2, and an insignificant increase in household hunger from 16% to 18% between Waves 2 and 3. In terms of child hunger, the proportion of households with children who reported a child going hungry at least once in the past week saw a significant decline from 15% to 12% between Waves 1 and 2. However, this statistic rose again to 16% in Wave 3 – a statistically significant increase and an alarming discovery.

The mixed picture in terms of trends between Waves 2 and 3 after the initial improvements from Wave 1 to Wave 2 shows that the situation regarding nutrition is still dire, even when measured by these proxy indicators. The reality is perhaps not quite as dire in comparison to the period during the hard lockdown, but it remains a bleak picture. As Box B shows, if survey respondents indicated that someone in their household had gone hungry because there was not enough food, they were then asked to indicate how often they had gone hungry or skipped a meal in the past 7 days.

For those reporting hunger, the severity of hunger as measured by answers to these questions remained largely unchanged between Waves 1, 2 and 3. For child hunger, just below 30% of households who had reported that a child had gone hungry, indicated that this had occurred every day or almost every day in the past week in both Waves 1 and 2, while 24% of households reported this in Wave 3. However, for households reporting that someone in the household had gone hungry in the past week, around 30% of households reported that this had happened every day or almost every day in Waves 1, 2 and 3. This suggests that while the most intense child hunger seems to have declined slightly, intense household hunger more broadly has not improved.

Figure 2: Lack of money for food and household and child hunger, Waves 1, 2 and 3



Source: Authors' calculations from NIDS-CRAM data. The different dates are because question on food money referred to the month before the survey fieldwork took place, while the questions on hunger refer to the previous week during the fieldwork period.

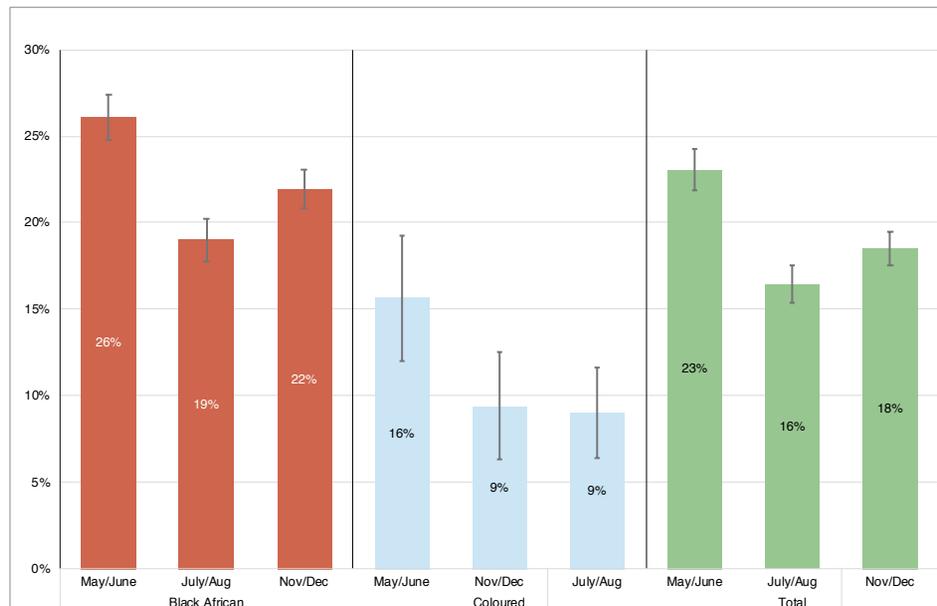
Regression analysis on changes between Waves 2 and 3 in access to money to buy food and the adequacy of food intake did not reveal any strong associations, apart from the population group of the NIDS-CRAM respondent. When other factors that could explain changes in hunger and food insecurity were explored, it was found that further employment losses were not the reason for the deterioration in food access for households between Wave 2 and Wave 3. However, the change in government support due to the phasing out of the top-ups to the social grants could have been a contributing factor to the rising hunger in an already desperate situation. The greater availability of school meals in Wave 3 may have limited this negative impact. It should be noted that it was not possible to observe the exact effect of the decline in grant support on the rate of hunger and food insecurity, but due to the targeting of CSG and SRD grants, it is likely that a decline in these sources of income would have affected households who are more vulnerable to experiencing hunger.

It is perhaps worth recalling what was observed in Wave 1 of NIDS-CRAM: hunger was limited to far lower levels than the lack of money for food, hinting that households found other means of staving off hunger (Van der Berg, Bridgman & Zuze, 2020). Two possibilities mentioned were borrowing or drawing on savings. As mentioned there, these sources were likely to be short-term solutions at best, which implies that the exhaustion of these possibilities may have contributed to the renewed rise in hunger observed in Wave 3. Adults shielding children from hunger is another factor that reduces child hunger. In all three waves, it seemed as if households shielded children from hunger, as reported hunger among the surveyed households exceeded that for children.

But perhaps the most important way in which households prevent hunger from rising, is substituting cheaper and less nutritious food for a healthy and varied diet. In the 2018 GHS, 80% of respondents who had run out of money for food indicated that one of the ways they had dealt with this was by reducing the variety of food purchased. This change in rates of stunting, in a society where stunting is already much higher than in countries with comparable economic resources. If this behaviour is once again at play in households that experience food insecurity, it is likely to have consequences for child stunting.

Who experiences food insecurity?

Figure 3: Someone in the household going hungry in the past seven days by race, Waves 1, 2 and 3



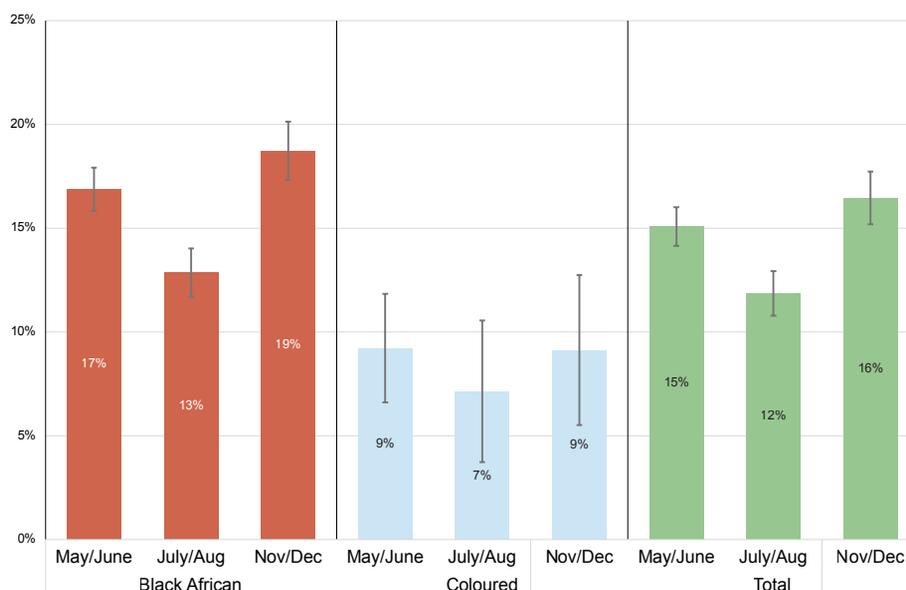
Note: The total bars also include Indians and whites. Due to small sample sizes and large confidence intervals, figures for these groups are not shown separately here. Source: Authors' calculations from NIDS-CRAM data.

As shown above, the total number of respondents reporting that they ran out of money for food in the month before the survey decreased between April and June, but rose marginally (not statistically significantly) between June and October 2020. For the two poorest race groups, black Africans and coloureds, a similar pattern applied. It was not possible to observe any significant patterns for Asian/Indians and whites over time because of their smaller number, and because far fewer households in these groups lack money for food.

As seen in Figure 4, when disaggregating household and child hunger by population group, the story is relatively consistent. Reported household hunger in the black African population group decreased from 26% in May/June to 19% in July/August before significantly rising again to 22% in November/December. For the coloured population, the decline was from 16% to 9% between Waves 1 and 2 (see Figure 3). As mentioned above, the sample sizes for the Asian/Indian and the white population groups are quite small, making it difficult to observe any clear changes in these measures. However, it is clear that hunger is less prevalent for these groups.

The incidence of child hunger also initially decreased for black Africans, from 18% of respondents indicating that a child had gone hungry in the past 7 days in May/June to 13% in July/August, before rising again sharply to 18% in November/December, though the Wave 3 level is not statistically distinguishable from the Wave 1 level (Figure 4). Sample sizes are too small to identify an accurate measure of change among other population groups. The overall picture of child hunger indicates that while there was a temporary decline in Wave 2, it is again as high as it was in May 2020.

Figure 4: Child hunger by population group



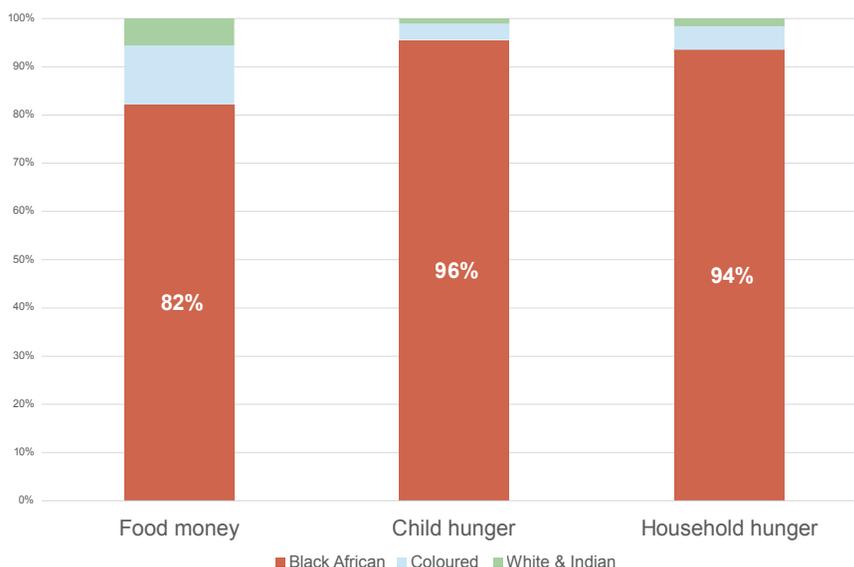
Note: The total figures also include Indians and whites. Due to small sample sizes and large confidence intervals, figures for these groups are not shown separately here.

Source: Authors' calculations from NIDS-CRAM Wave 3 data.

The increase in food insecurity between Waves 2 and 3 is the result of the worsening situation for the black population. While black Africans report lack of money for food that slightly exceeds their share of all households, their share of those reporting hunger is extremely high compared to their population share (Figure 5). That is to say, black African households reported relatively more food insecurity than other population groups.

Similarly, the increase in child hunger between waves 2 and 3 has been driven by an increase in child hunger in the black African population group, which indicates that child hunger has increasingly become concentrated among black children. Different individuals may have different standards in mind when responding to questions such as those regarding food security asked in the survey, yet the aggregate picture that emerges appears to be indicative of their real conditions. This is confirmed by the experience with the GHS questions on child hunger that showed a strongly declining trend as the CSG grant rollout gained momentum in the early to mid-2000s, but slowed down immediately in response to the worsening economic conditions during the 2008/9 recession. This confirms the sensitivity of such measures to real economic conditions on the ground.

Figure 5: Food insecurity by race, Wave 3

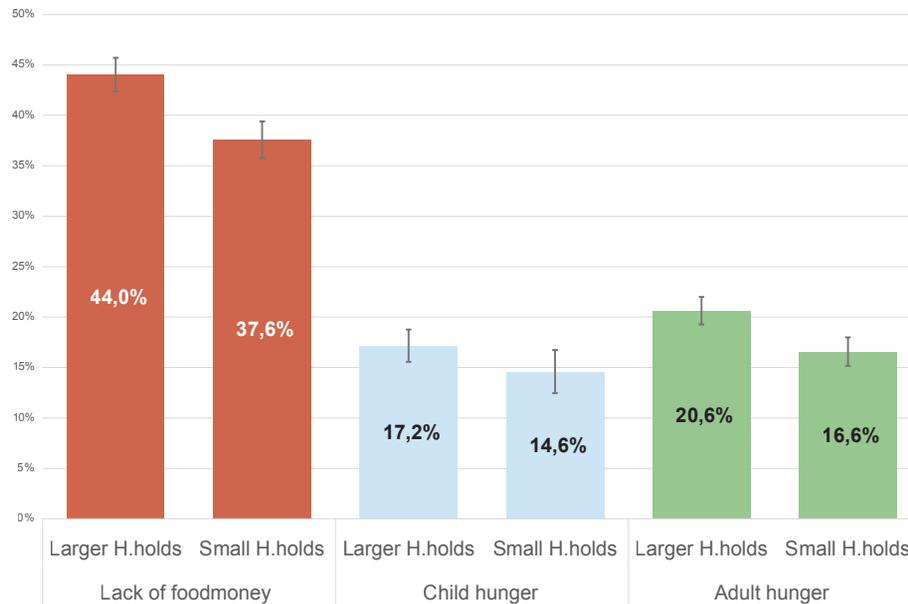


Source: Authors' calculations from NIDS-CRAM Wave 3 data.

Further analysis by region-type shows that urban areas were better off in Wave 3 in comparison with traditional rural areas with respect to money for food and experiencing hunger in the household, but surprisingly, region-type differences in child hunger are not significant. Due to small sample sizes, residents of commercial farm areas could not be compared with either of the other two region-types.

Household size seems to be associated with food insecurity, although not consistently. Figure 6 shows that small households (with no more than four members) are much less likely to run out of money for food, and also somewhat less likely to experience household hunger. However, child hunger is not statistically significantly different across small and larger households.

Figure 6: Food insecurity and household size, Wave 3



Note: Small households are defined here as those with up to four members.
Source: Authors' calculations from NIDS-CRAM Wave 3 data.

What does high food insecurity imply for child stunting in South Africa?

Many factors contribute towards stunted growth in children, including chronic malnutrition, low maternal education, low birth weight, socioeconomic status, maternal body mass index, living in a district that is peripheral to an urban area and chronic illness due to poor sanitation (Beal *et al.*, 2018; Bernal *et al.*, 2014; Darteh, Acquah & Kumi-Kyereme, 2014; Delpeuch *et al.*, 2000; Zere & McIntyre, 2003). However, in this literature, stunting is considered a consequence mainly of chronic diarrheal illness and malnutrition. Both malnutrition and poor sanitation play a role in contributing towards high stunting in South Africa (Bridgman, 2020).

Therefore, the high child hunger seen in Wave 3 is likely to contribute to increased malnutrition in children in South Africa, and further to higher rates of stunting. This phenomenon may take as many as 5 years to be seen fully as children who are young, and experience increased malnutrition now, fail to grow to their full potential. The reality of the consequences of increased child hunger implies that this is a pressing policy concern for South Africa in 2021.

What government support has been made available?

To mitigate the impact of the lockdown on employment, income and food poverty, the government introduced temporary emergency social support measures after the promulgation of the State of Emergency on 27 March 2020. These included (i) temporary 'top-ups' to existing social grants, (ii)

establishment of a Covid-19 Social Relief of Distress (SRD) grant, (iii) introduction of a Temporary Employee/Employer Relief Scheme (TERS), and (iv) localised social relief (Republic of South Africa, 2020; for discussion in the context of NIDS-CRAM, see Bridgman, Van der Berg & Patel 2020).

Initially, these measures were planned to end in October 2020, but the severe conditions on the ground led to the extension of the Covid-19 SRD grant to the end of January 2021. The top-up of all the other social grants was phased out from the beginning of October, with grant values reverting to their pre-Covid-19 levels from November. TERS applications were extended by one month until mid-October 2020.

Together, the reach of the social grant system is now exceedingly large: more than two out of every three respondents in all three waves of the NIDS-CRAM survey indicated that someone in their households benefited from at least one grant. The reduction in grant values for the CSG and OAP (brought about by the elimination of the top-up) reduced the safety net for a large proportion of the poor. Thus it is not a complete surprise that food insecurity increased again in Wave 3. Though analysis of the data shows no strong evidence that this is necessarily the main cause of the reversal in food security trends between Wave 2 and Wave 3, regression analysis does indicate that households receiving the CSG are more likely to have remained food insecure in Wave 3 relative to the initial survey, Wave 1.

Localised relief takes the form of emergency food assistance by government, non-governmental organisations (NGOs), faith-based organisations, the private sector and philanthropic initiatives. In Wave 1, 18% of households received support for food and shelter from external sources, as against only 12% in Wave 3 (some respondents received more than one type of support; the question was not asked in Wave 2). Government support reached 8% of households in Wave 1, but this halved to 4% in Wave 3. Support from NGOs (some of it government funded), faith-based organisations and humanitarian associations also declined from 6% to 4%, while support from family, neighbours and members of the community also declined, but somewhat less, from 9% to 7%. Interestingly, a much larger share of support from the community reaches households that have too little money for food, with NGOs and especially government less able to target its support towards those most in need.

Non-governmental and informal giving were significant channels of social provision during the early stages of the pandemic, with substantial reach. Approximately one million food parcels were distributed to five million beneficiaries by six organisations, estimated to be worth R400 million (Wills, Patel, Van der Berg and Mpeta, 2020). Questions about the nature and scope of external support received were not asked in Wave 2. In total, 800 968 food parcels were distributed between May and July 2020 by the Department of Social Development. Three quarters of the food parcels were distributed in May and June with sharply declining provision in July 2020.

The government's food relief programme has been mired in allegations of corruption, irregular payments and capture by public service officials, as documented in the preliminary report of the Auditor General (See Auditor General, 2020). These are now the subject of investigation by the Special Investigating Unit of the National Prosecuting Authority. Similar challenges of fraud and corruption have been encountered in payment of the TERS, also documented in the Auditor General's report. This resulted in the stalling of TERS payments, with negative impacts on access to much needed material assistance by those who qualified. Other systemic challenges of an administrative and technological nature also hampered the efficient roll out of the COVID-19 SRD grant at scale.

Data on the reach of social grants are broadly consistent with administrative information. Without more detailed information on household income, it is difficult to evaluate targeting accuracy. Moreover, grants and other forms of support in themselves affect income, and will affect the proxy for economic need that is used in Figure 7 below, whether households report that they have run out of money for food in the October, even more. As indicated, 41% of households ran out of money for food in October. Far more than 41% of grants or social support should thus go to households reporting that they ran out of food money for the support to be well targeted. However, there is a problem in this measure of targeting: There may be some reverse causality (endogeneity), where some households do not lack money for food precisely *because* of the grants or other support they receive. This should be remembered in interpreting this targeting measure.

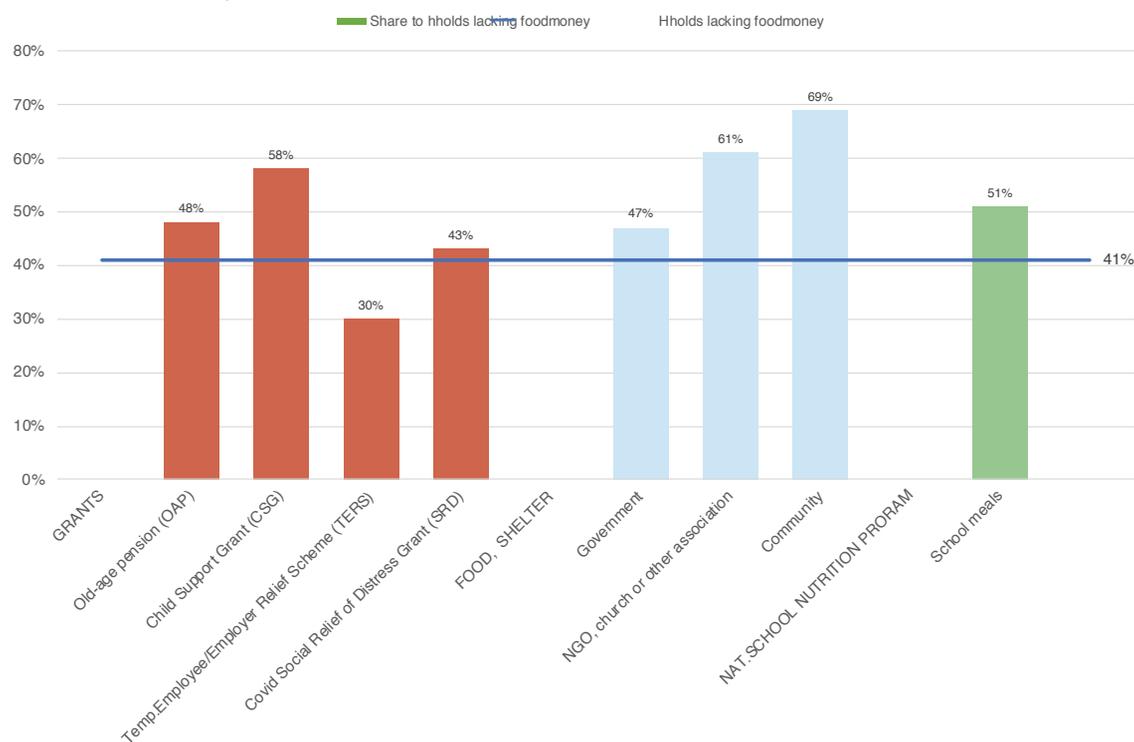
The figure shows that the least targeted grant was the TERS, which goes to people who have been temporarily laid off. Formerly employed persons are often not in the poorest households, and the relatively large value of the TERS (ranging between R3 500 and R6 838) may have raised some households' income to a level where they no longer lack money for food. Households receiving TERS may not have run out of money for food precisely because they received this grant.

The CSG is the best targeted of all the grants when this targeting proxy is used. That is to say, 58% of households who receive at least one CSG reported running out of money for food in October. This indicates that the CSG is well targeted at poorer households who experience greater food insecurity. 48% and 43% of households receiving at least one OAP or SRD grant respectively reported running out of money for food in October. But reverse causality is almost certainly an issue here: the larger OAP and even the SRD may raise some household incomes enough to prevent them running out of money for food. It should be noted, however, that the SRD is not particularly well targeted, and at R350, less likely to raise households above food poverty.

The share of household support for food and shelter that goes to households who have run out of food money is in all cases more than 41% (their share of all households), indicating some targeting accuracy. That is to say, 47% of households receiving food or shelter from the government reported that they lacked money for food in October, while 61% of households receiving support from NGOs, and 69% of households receiving such support from their community reported running out of money for food in October. This suggests that the best targeted support is that being received from the community and neighbours.

School meals are also to some extent targeted to households with too little money for food. Before the pandemic, the National Schools Nutrition Programme (NSNP) played an important role in providing relief of child hunger. The research generated by NIDS-CRAM Wave 1 accentuated the need to restart this programme even while schools remained closed. In Wave 2, about 21% of respondents indicated that children in their households were again receiving school meals during July/August, and this proportion more than doubled to 45% in November/December. These school meals are investigated in further detail in the report on education (Mohohlwane, Taylor & Shepherd, 2021)

Figure 7: Targeting of grants and support: The share of grants or support going to households that have run out of money for food in Wave 3



Source: Authors' calculations from NIDS-CRAM Wave 3 data.

How has government support affected household food security?

In the first wave of NIDS-CRAM, job loss during the lockdown was found to be a major contributor towards households running out of money to buy food. The government recognised this crisis in household food security and both added top-ups to existing grants and created two new instruments to provide relief, namely TERS and the SRD grant.

The reduction in hunger between the two waves, in April/June and July/August, may have been due to someone getting or returning to a job, or the expansion of social protection through the two new grants (TERS and the SRD) (Bhorat, Oosthuizen & Stanwix, 2020). Additionally, the NSNP, which had stopped during the hard lockdown, also recommenced in July, although it was only partially operational during the Wave 2 study period. Finally, public and private food assistance may have had a localised effect of reducing hunger. Existing grants such as the CSG, with their top-ups, would not have expanded since Wave 1, so they are less likely to have been associated with reduced hunger.

An increase in income from employment or business between Waves 1 and 2 did raise some households above the level of food insecurity, but this did not continue between Waves 2 and 3. Whereas the expansion of TERS was a factor in the reduction in food insecurity in Wave 2, in Wave 3 the only social grant change that played a role was the phasing out of top-ups to the CSG and OAP and related grants, which was one factor in the increased food insecurity in November and December.

Government policies to ameliorate the effects of low incomes and the economic consequences of the pandemic are quite well targeted to many of the food insecure. Thus, households that report child hunger are quite likely to benefit from grants or support: 27% of such households receive the OAP, 86% the CSG, 12% TERS and 36% the SRD. Both government support and community support are significantly higher for such households than for households unaffected by child hunger. Thus the continuation of child hunger during the pandemic appears less the result of poor targeting of vulnerable households than the fact that such support is insufficient for many households, given their size and composition and poor access to other income sources. The reduction in grant top-ups after the beginning of October has already weakened the safety net for such households. Phasing out of the SRD will further weaken this safety net, affecting both the 36% of food insecure households with children that receive this grant, as well as the 31% of other households that currently receive the SRD. Escaping poverty will become more difficult for the first group, and more of the latter group may plunge into food insecurity.

Conclusion: Policy to protect households from hunger

Earlier research papers based on Wave 1 suggested that the social grant system offered important protection from the worst economic effects of the lockdown and pandemic. The top-ups to the CSG and the OAP improved the financial situation of households with no other income sources. Whereas TERS and the SRD grant had not been fully operational during Wave 1, Wave 2 results showed that TERS had lifted many out of food insecurity. The CSG and SRD have been valuable, as have been the grant top-ups. Although the smaller grants, even with top-ups, were inadequate to keep households above the food poverty line, they do ameliorate poverty.

After Wave 2, we stated that the evidence indicates that it would be disastrous to prematurely end the top-ups to the grants or terminate the SRD. The phasing out of the top-ups may well have been one of the contributors to rising food insecurity, while the termination of the SRD in January will add to food insecurity. Additional job losses likely to stem from the stricter lockdown following the acceleration of the pandemic in December 2020 will place more people under greater financial stress and food security. The hunger levels that we are already observing are only the tip of the iceberg: they hide the malnutrition that is less easily observable but that will continue to leave many South African children stunted. It is therefore highly desirable that poverty relief should continue to enjoy great priority in fiscal and policy choices, despite the undoubtedly difficult fiscal trade-offs

that need to be made. Though we are cognisant of these difficult trade-offs and appreciate that a strong and growing economy provides the best long term safety net, it remains important to reduce the effects of the pandemic and lockdown on food security for the most vulnerable, especially as current food insecurity could have a lasting impact on the economic prospects of children.

REFERENCES

- Aguayo, V.M. & Menon, P. 2016. Stop stunting: Improving child feeding, women's nutrition and household sanitation in South Asia. *Maternal and Child Nutrition*. 12:3–11.
- Auditor General South Africa, (2020). First Special Report on the financial management of government's Covid-19 Initiatives. <https://www.agsa.co.za/Reporting/SpecialAuditReports/COVID-19AuditReport.aspx>
- Beal, T., Tumilowicz, A., Sutrisna, A., Izwardy, D. & Neufeld, L.M. 2018. A review of child stunting determinants in Indonesia. *Maternal and Child Nutrition*. 14(4):1–10.
- Bernal, J., Frongillo, E.A., Herrera, A. & Rivera, J.A. 2014. Food Insecurity in Children but Not in Their Mothers Is Associated with Altered Activities ., *The Journal of Nutrition*. 144(24):1619–1626.
- Bhorat, H., Oosthuizen, M., & Stanwix, B. (2020). Social Assistance Amidst the Covid-19 Epidemic in South Africa: An Impact Assessment. Cape Town: DPRU Working Paper 202006, University of Cape Town.
- Bridgman, G, Van der Berg, S & Patel, L.. 2020. Hunger in South Africa during 2020: Results from Wave 2 of NIDS-CRAM. NIDS-CRAM Wave 2 Working Paper 3.
- Bridgman, G. 2020. Orphans and stunted growth: Investigating the potential of spatial network effects in service delivery for reducing stunting in orphans. WIDER Working Paper 2020/154. Helsinki: UNU-WIDER.
- Darteh, E.K.M., Acquah, E. & Kumi-Kyereme, A. 2014. Correlates of stunting among children in Ghana. *BMC Public Health*. 14(1).
- Delpeuch, F., Traissac, P., Martin-Prével, Y., Massamba, J.P. & Maire, B. 2000. Economic crisis and malnutrition: Socioeconomic determinants of anthropometric status of preschool children and their mothers in an African urban area. *Public Health Nutrition*. 3(1):39–47
- May, J. & Timæus, I.M. 2014. Inequities in under-five child nutritional status in South Africa: What progress has been made? *Development Southern Africa*. 31(6):761–774.
- Mohohlwane, M., Taylor , S., & Shepherd, D. 2021. Schooling during the COVID-19 pandemic: An update from Wave 3 of the NIDS-CRAM data. NIDS-CRAM Working Paper (forthcoming).
- National Income Dynamics Study-Coronavirus Rapid Mobile Survey (NIDS-CRAM). 2020, Wave 3 [dataset]. Version 1. Cape Town: Allan Gray Orbis Foundation [funding agency]. Cape Town: Southern Africa Labour and Development Research Unit [implementer], 2020. Cape Town: DataFirst [distributor], 2018.
- Republic of South Africa (2020). Government Gazette No 11107, Vol 659, No. 53300, 9 May 2020. Pretoria: Government Printers. www.gpwonline.co.za.
- Said-Mohamed, R., Micklesfield, L.K., Pettifor, J.M. & Norris, S.A. 2015. Has the prevalence of stunting in South African children changed in 40 years? A systematic review. *BMC Public Health* 15, 534 <https://doi.org/10.1186/s12889-015-1844-9>
- UNICEF. 2020. *South African Nutrition Brief*. <https://www.unicef.org/southafrica/sites/unicef.org/southafrica/files/2020-07/ZAF-Nutrition-brief-2020.pdf>

Van der Berg, S., Zuze, L., & Bridgman, G. 2020. Coronavirus, Lockdown and Children: Some impacts of the current crisis in child welfare using data from NIDS-CRAM Wave 1. NIDS-CRAM Working Paper 11.

Wills, G., Patel, L., Van der Berg, S., & Mpeta, B. 2020. Household resource flows and food poverty during South Africa's lockdown: Short-term policy implications for three channels of social protection. NIDS-CRAM Working Paper 12.

World health Organization (WHO). 2020. *Stunting in a nutshell*. Available at: <https://www.who.int/news/item/19-11-2015-stunting-in-a-nutshell>

Zere, E. & McIntyre, D. 2003. Inequities in under-five child malnutrition in South Africa. *International Journal for Equity in Health*. 2:1–10.

For further information please see cramsurvey.org