



# SOUTH AFRICA AT WAR: FOOD INSECURITY, MIGRANT EXCLUSION AND COVID-19 POLICIES

South Africa At War:  
Food Insecurity, Migrant  
Exclusion and COVID-19  
Policies

JONATHAN CRUSH AND SEAN SITHOLE

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Cover photo: A signboard in Cape Town, South Africa, during the COVID-19 lockdown (Credit: Majority World CIC/Alamy)

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*This war we find ourselves in, is not a war against any citizen of this country, but is a war against a common enemy, the corona virus. Whoever breaks the law and chooses to join the enemy against the citizens, will face the full might of the law and police will decisively make sure that we defend the people of South Africa (South African Minister of Police, Bheki Cele, 28 March 2020)*

## EXECUTIVE SUMMARY

**Purpose:** This executive summary provides a detailed overview of the policy audit’s key findings and recommendations, emphasizing the need for inclusive and equitable policy responses to future crises. The policy audit critically examines the South African government’s response to the COVID-19 pandemic, particularly focusing on the militaristic enforcement of lockdowns and the resulting food insecurity and exclusion of migrant populations. The report aims to inform policy-makers about the impacts of these policies and provide recommendations for crisis management.

**Background:** On 27 March 2020, South Africa imposed a nationwide lockdown to combat the spread of COVID-19. This lockdown, enforced by the police and the military, was characterized by stringent measures including curfews, bans on inter-provincial travel, and the closure of non-essential businesses. These measures, while necessary to control the pandemic, had significant socio-economic repercussions, especially for the country’s large migrant population.

### Key Findings

#### 1. Militaristic Response and Enforcement

The South African government’s approach to enforcing lockdown measures was heavily militaristic. Police Minister Bheki Cele emphasized a “war” against the virus, leading to a security-focused implementation strategy. Over 24,000 police officers and army personnel were deployed to enforce regulations, resulting in over 400,000 arrests for lockdown violations by April 2021. Reports of police brutality, particularly in low-income and migrant communities, were widespread, with several high-profile cases of excessive force leading to fatalities.

#### 2. Impact on Migrants

Migrants in South Africa were particularly vulnerable to the impacts of the lockdown. Many were excluded from government relief measures, such as the COVID-19 Social Relief of Distress (SRD) grant, which was primarily avail-

able to South African citizens. This exclusion left migrants without access to crucial financial support, exacerbating their vulnerability to food insecurity and economic hardship. Migrants, who predominantly work in the informal sector, faced significant job losses and reduced incomes due to lockdown restrictions on informal trade.

### **3. Food Insecurity**

The COVID-19 pandemic significantly worsened food insecurity in South Africa. National surveys reported a sharp increase in moderate to severe food insecurity, with migrants experiencing disproportionately higher levels due to their exclusion from relief measures and disruptions in informal food supply chains. The report underscores the critical role of informal food vendors, who were initially excluded from operating during the first lockdown, exacerbating food access difficulties for low-income households.

### **4. Economic Impact**

The economic fallout from the pandemic and subsequent lockdowns was severe, with significant job losses across both formal and informal sectors. Statistics South Africa estimated that 2.2 million jobs were lost between April and June 2020, with nearly 1.5 million jobs lost in the informal sector alone. Migrants, many of whom are employed in informal jobs such as street vending and domestic work, were disproportionately affected by these job losses, exacerbating their economic precarity.

### **5. Exclusion from Relief Programs**

Government relief programs, such as the SRD grant and other social protection measures, largely excluded migrants. Legal challenges led to some policy reversals, allowing asylum seekers and special permit holders to apply for SRD grants. However, bureaucratic hurdles, documentation issues, and delays continued to limit migrant access to these supports.

### **6. Civil Society Response**

In the face of government shortcomings, community action networks, faith-based organizations, non-profits and other civil society organizations played a crucial role in providing food relief and other support to vulnerable populations, including migrants.



## **Recommendations**

### **1. Inclusive Policy Design**

Future crisis management policies should be inclusive, ensuring that migrants and other vulnerable groups are considered in relief measures. This includes expanding eligibility for social grants and other support programs to include non-citizens. Ensuring equitable access to these programs will help mitigate the socio-economic impacts of crises on all residents.

### **2. Decentralized Decision-Making**

Enhance the role of provincial and municipal governments in policy formulation and implementation. A decentralized approach can ensure that local contexts and needs are better addressed, leading to more effective and responsive crisis management. Local governments should have a more significant say in decision-making processes, and their input should be considered in the development of national policies.

### **3. Rights-Based Approach**

Adopt a human-rights-based approach to enforcement and relief distribution. Ensure that enforcement agencies are trained to handle public health crises without resorting to excessive force and that relief measures reach all segments of the population. Policies should prioritize the protection of human rights and dignity, and mechanisms should be in place to hold enforcement agencies accountable for any abuses.

### **4. Support for the Informal Sector**

Provide targeted support for the informal sector, recognizing its critical role in the livelihoods of low-income households, including migrant households. This includes facilitating access to permits, credit and other resources necessary for informal businesses to thrive. Policies should be designed to support the sustainability and growth of informal-sector enterprises, ensuring that they can continue to provide essential services during crises.

### **5. Strengthening Food Security**

Implement comprehensive food security strategies that address both short-term needs and long-term resilience. This involves supporting local food systems, improving food distribution networks, and ensuring that all community members have access to affordable and nutritious food. Investments in agricultural

development, food production and distribution infrastructure are essential to enhance food security and resilience against shocks.

## **6. Enhanced Communication and Transparency**

Improve communication and transparency in government actions and policies. Clear, consistent messaging can build trust and ensure that all community members are informed about available resources and measures. Transparency in the implementation of relief programs can also reduce corruption and ensure that aid reaches those who need it most.

## **7. Strengthening Legal Protections**

Strengthen legal protections for migrants and other vulnerable groups to ensure their rights are upheld during crises. This includes addressing documentation issues, streamlining legal processes and ensuring that migrants have access to justice and legal support.

## **Conclusion**

The COVID-19 pandemic exposed significant weaknesses in South Africa's crisis management policies, particularly concerning the treatment of migrants and workers in the informal sector. The government's militaristic and centralized response, while effective in some respects, exacerbated the vulnerabilities of marginalized populations. By adopting more inclusive, decentralized and human-rights-based approaches, South Africa can better protect all its residents in future crises.

# INTRODUCTION

On 4 April 2022, South African President Cyril Ramaphosa announced the lifting of the National State of Disaster, which had been in force across the country for over 700 days (SA Presidency, 2022). Ramaphosa recalled invoking the National Disaster Act in March 2020 as a necessary response to an unprecedented global health emergency. In his words, this action empowered the national government “to take the measures that prevented many more people from becoming severely ill and saved countless lives.” He asserted that pandemic measures had slowed the rate of infection, eased pressure on hospitals, and provided the time to develop the infrastructure, resources and capacity to manage a large number of people who became ill as a result of COVID-19. He enumerated several additional positive achievements, including the introduction of a special Social Relief of Distress (SRD) grant, wage support to millions of workers, financial relief to small businesses, and the management of the pandemic in educational institutions.

Ramaphosa’s rosy version of the state’s policy response to COVID-19 is consistent with the plaudits South Africa received from the World Health Organization (WHO) (Meyer, 2020) and various commentators (Carlitz and Makhura, 2021; Köhler and Hill, 2022; Mabuka et al., 2023; Noyoo, 2023; Staunton et al., 2020). The speed of the response was also favourably contrasted with the tardy reaction to HIV/AIDs by former President Thabo Mbeki (Gumede et al., 2022). Mbeki’s prevarication, AIDS denialism, and opposition to antiretrovirals led to the deaths of over 300,000 people between 2000 and 2005 by some accounts, including an estimated 33,000 newborns (Chigwedere and Essex, 2010; Chigwedere et al., 2008; Natrass, 2007).

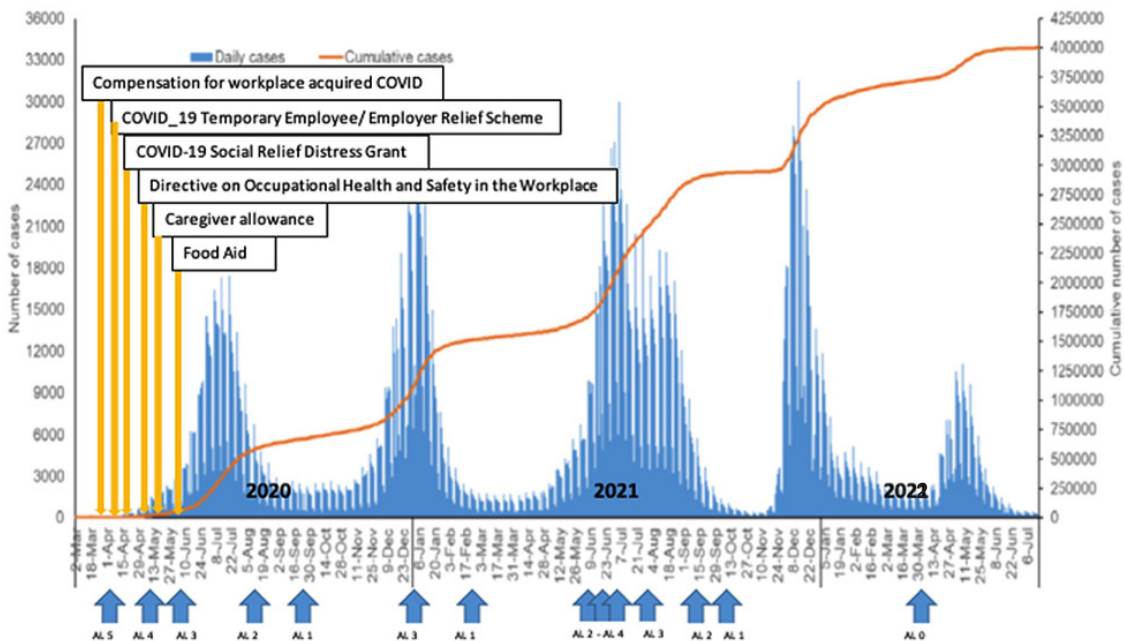
Critics of South Africa’s policy response to COVID-19 argue that it copied policies from Europe and North America that were inappropriate in the African context (Friedman, 2021a, 2021b; Naudé and Cameron, 2021; Ndlovu-Gatsheni, 2020). First, it had a devastating impact on the precarious livelihoods and food security of the urban and rural poor (Anakpo et al., 2023; Hart et al., 2022; Simon and Khambule, 2022; Visagie and Turok, 2021). Second, it imposed a particularly heavy cost on international migrants in the country (Mukumbang et al., 2020; Odunitan-Wayas et al., 2021; Ramachandran et al., 2024). And third, it was centralized and exclusionary in its decision-making about the pandemic (Naicker, 2020; Steytler and De Visser, 2021). The national response was coordinated and implemented by an inter-ministerial body called the National Coronavirus Command Council (NCCC), headed by the President (Seekings and Natrass, 2020). Other levels of government, including the country’s nine provincial governments and numerous municipal governments across the country, had minimal input into the decisions of the NCCC. They were charged with implementing the policies and regulations promulgated in a top-down fashion.

Other voices – including those of parliament, trade unions, civil society organizations and NGOs – were excluded from decision-making. As Naicker (2020) has noted, ordinary citizens were shut out of policy decisions about “what was practical and implementable, coherent and aligned”.

This policy audit focuses on the militaristic response of the government to COVID-19 and its impact on South Africa’s international migrant population. In many respects, the challenges for migrants of navigating pandemic policies were not very different from those confronting their South African counterparts. However, as we show, migrants were especially vulnerable to pandemic precarity and were systematically excluded from most pandemic relief measures. The next section provides a description and timeline of the various elements of the government’s lockdown strategy. The sections that follow focus on the implementation and policing of the lockdown and the impact of government relief measures. The conclusion identifies some of the knowledge gaps that remain, particularly as they pertain to the experiences of international migrants in South African cities.

## POLICING THE PANDEMIC

On 5 March 2020, South Africa recorded its first confirmed case of COVID-19, when a South African tourist returning from Italy tested positive for SARS-CoV-2. At the peak of the first of five waves, in July 2020, over 15,000 people per day tested positive (Figure 1). By 30 September 2020, over 4 million cases and 100,000 deaths had been recorded. South Africa’s reported infection rate during the period February to September 2020 placed it in the top 10 most heavily affected countries globally, following the United States, India, Brazil, Russia, Peru, Colombia and Mexico. Pandemic prevalence and mortality figures are now widely regarded as underestimates. For example, sero-epidemiological surveys in Gauteng province (with a population of 16 million people) in January 2021 found that 19% of the population was seropositive for SARS-CoV-2 (Madhi et al., 2022). By November 2021, seropositivity had risen to 68% for the two-thirds of the population who had not received a COVID-19 vaccine. In November 2022, seropositivity for SARS-CoV-2 reached 91%, despite only 27% of individuals having received a vaccine. In terms of adjusted mortality, Table 1 shows the number of excess deaths during each wave of the pandemic. During the first wave, almost 50,000 deaths (reported plus excess) are attributable to COVID-19, compared with the reported figure of less than 19,000.

**FIGURE 1: Daily Confirmed COVID-19 Cases in South Africa, March 2020 to September 2022**

Source: Naidoo and Naidoo (2022)

**TABLE 1: Reported COVID-19 Deaths and Excess Natural Deaths**

|              | No. of Reported COVID-19 Deaths | No. of Excess Natural Deaths | Ratio of Reported to Excess Deaths (%) |
|--------------|---------------------------------|------------------------------|--|
| Wave 1       | 18,457                          | 48,857                       | 38%                                    |
| Wave 2       | 33,128                          | 108,061                      | 31%                                    |
| Wave 3       | 36,268                          | 116,343                      | 31%                                    |
| Wave 4       | 5,333                           | 22,483                       | 24%                                    |
| <b>Total</b> | <b>93,186</b>                   | <b>295,135</b>               | <b>31%</b>                             |

Source: Bradshaw et al. (2021)

Table 2 provides a timeline of government actions in response to the arrival of SARS-CoV-2 in the country. Eleven days after the first diagnosed case, the government declared a State of Disaster under the Disaster Management Act of 2002 (Table 2). Travel bans, visa cancellations or denials, and border closures were imposed on the same day, and all schools and universities countrywide were shuttered. Inter-provincial travel was also banned. On 27 March 2020, a nationwide lockdown came into effect, and the police and army were mobilized to enforce it. The initial lockdown lasted 35 days to 1 May 2020. Most businesses, government offices, and shops were forced to close. Essential services, such as hospitals and supermarkets, remained open, but only essential workers in the health, emergency, security services, food production, food distribution, supply or delivery, and municipal services remained at work. None of the food

activities in the country's massive informal economy were deemed essential services, despite their importance in supplying affordable food and other necessities to low-income households (Khambule, 2021a). A general stay-at-home order meant that, with the exception of essential workers, no-one was allowed to leave their place of residence between 8 p.m. and 5 a.m. During daylight hours, movement from the residence was restricted to collecting a social grant, accessing medical care, and purchasing food and other necessities. All sales and public consumption of alcohol and tobacco were outlawed.

**TABLE 2: Timeline of COVID-19 Lockdown in South Africa, 2020**

|               |  |
|---------------|--|
| 5 March 2020  | First confirmed case of COVID-19 in South Africa.  |
| 15 March 2020 | President announces initial measures to combat COVID-19, including prohibition on gatherings of >100 people.   |
| 16 March 2020 | Government declares a State of National Disaster under the Disaster Management Act of 2002. The National Coronavirus Command Council is established to develop a national response.  |
| 16 March 2020 | Ports of entry closed (35 out of 53 land ports and 2 of 8 seaports).   |
| 17 March 2020 | Travel ban on foreign nationals from several high-risk countries, including China, Italy, the United States and the United Kingdom.  |
| 18 March 2020 | First government regulations published. Closure of all schools, universities and colleges. Restrictions on alcohol and tobacco sales.  |
| 20 March 2020 | South Africa starts to build 40km fence on the border with Zimbabwe supposedly to control the spread of COVID-19.  |
| 23 March 2020 | Business support measures announced by the government include tax subsidies for small businesses and individuals, lower contributions to the Unemployment Insurance Fund, and a relief fund for affected businesses.   |
| 25 March 2020 | Minister of Police announces that those found guilty of contravening COVID-19 Disaster Management Regulations to be fined or imprisoned for up to 6 months.  |
| 26 March 2020 | Hard national lockdown imposed and regulations released, including the closure of restaurants, bars and cafes, recreational parks and non-essential shops. Prohibition on all gatherings. Ban on inter-provincial travel. Home confinement with strict curfew, including ban on exercise outside the home. Some essential activities allowed between 8 a.m. and 5 p.m., including collecting social grants, accessing medical care, purchasing food. |
| 27 March 2020 | First recorded death from COVID-19. Over 170 roadblocks set up on highways nationwide to turn back motorists. SAPS officers mobilized to enforce regulations, supported by the Defence Force and Metro Police. 55 people arrested across the country for breach of lockdown. All informal-sector activities forced to close.   |
| 28 March 2020 | Police and soldiers fire rubber bullets at shoppers outside a supermarket in Johannesburg.   |
| 30 March 2020 | Police shut down migrant-owned informal food businesses (spazas).  |
| 2 April 2020  | Police remove 500 asylum seekers and refugees from a church in Cape Town, citing lockdown regulations. Government notice reverses policy on informal food trading but only with written permission from a municipal authority.   |
| 5 April 2020  | Government announces a plan to decrease the population in 29 overcrowded informal settlements by relocating thousands of residents from their homes to try to slow the spread of COVID-19.   |

|                   |   |
|-------------------|---|
| 09 April 2020     | Lockdown extended until the end of April.   |
| 10 April 2020     | Collins Khosa is first person to die from blunt-force trauma after assault by police and soldiers enforcing lockdown.   |
| 17 April 2020     | Government announces food aid program to deliver food packages to 250,000 households with South African identity documents.   |
| 20 April 2020     | Government interventions to address the livelihoods of vulnerable groups announced.   |
| 21 April 2020     | Government announces a fiscal stimulus package of ZAR502 billion, of which ZAR40 billion is for wage protection and ZAR50 billion for social assistance in the form of SRD grants and top-ups to existing social grants.  |
| 22 April 2020     | Police in Cape Town enforcing lockdown attacked by crowd of 100.  |
| 23 April 2020     | 75th COVID-19-related death. Government announces risk-adjusted strategy (Alert Levels 1-5).  |
| 01 May 2020       | Lockdown conditions reduced from Alert Level 5 to Alert Level 4. Border closures to international travel continue. Travel between provinces still prohibited apart from the movement of commodities and for special situations such as funerals. Public transport is permitted to function, but with restrictions on the number of commuters and strict hygiene requirements. Gatherings, except for work and funerals, still not allowed. Closure of specific social spaces continues, including shebeens, bars, restaurants, parks, and events such as conferences, sports and concerts, and social, cultural and religious gatherings. General curfew from 8 p.m. to 5 a.m. Outdoor exercise allowed between 6 a.m. and 9 a.m. but not in organized groups or more than 5 km from home. Decision to allow cigarette sales announced and then rescinded. Sales of alcohol and cigarettes remain prohibited. Schools, colleges and universities still closed except for the return of final-year medical students. |
| 11 May 2020       | Total of 22,583 confirmed cases of COVID-19 and 429 deaths.   |
| 15 May 2020       | Four police officers assault a journalist photographing their operations. Journalist lays charges and goes into hiding, later leaving the country.  |
| 22 May 2020       | Court case launched in Pretoria High Court to extend SRD benefits to asylum seekers and migrants holding special permits.   |
| 01 June 2020      | Lockdown moved from Level 4 to Level 3. North Gauteng High Court found rules governing Levels 3 and 4 are “unconstitutional” and “invalid.” The Court wrote that the regulations “in a substantial number of instances are not rationally connected to the objectives of slowing the rate of infection or limiting the spread thereof” and that their encroachment on and limitation of rights was not justifiable.   |
| 19 June 2020      | Court order grants asylum seekers and migrants with special permits the right to apply for SRD grants.  |
| 30 June 2020      | Nearly 50,000 people referred to the National Prosecuting Authority for breaking lockdown regulations. Of these, 24,000 prosecuted, primarily for failure to confine themselves to place of residence and for internal travel in contravention of regulations.  |
| 01 July 2020      | Supreme Court of Appeal overturns ruling of the North Gauteng High Court.   |
| 12 July 2020      | State of Disaster extended to 15 August. Reintroduction of alcohol ban and national curfew imposed from 9 p.m. to 4 a.m.  |
| 23 July 2020      | Closure of all schools for four weeks.  |
| 17 August 2020    | Restrictions lowered to Alert Level 2.  |
| 21 September 2020 | Restrictions lowered to Alert Level 1.  |
| 14 December 2020  | Restrictions return to Alert Level 3. Curfew reintroduced from 9 p.m. to 6 a.m., the sale and distribution of alcohol banned, and all public amenities closed.  |

The government introduced a lockdown grading system on 23 April 2020, which ranged from Alert Level 1 (the lowest level) to Alert Level 5 (the highest). The effectiveness of the Level 5 lockdown in slowing the spread of COVID-19 is disputed (Garbaa et al., 2020; Muller, 2021). Schroder et al. (2021) maintain that the data show “strongly reduced but still supracritical growth after lockdown” while Smart et al. (2021) argue that the early, stringent lockdown did not provide South Africa with “breathing space” by slowing the spread of the disease. On 1 May, the Level 5 national lockdown was downgraded to Level 4. Some aspects were relaxed, but most, including restrictions on personal mobility, remained in place.

**FIGURE 2: South African Lockdown Alert Levels**

| ALERT LEVEL 5   | ALERT LEVEL 4  | ALERT LEVEL 3  | ALERT LEVEL 2   | ALERT LEVEL 1  |
|---|--|--|---|--|
| <b>OBJECTIVE</b>  |  |  |   |  |
| Drastic measures to contain the spread of the virus and save lives. | Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume. | Restrictions on many activities, including at workplaces and socially, to address a high risk of transmission. | Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus. | Most normal activity can resume, with precautions and health guidelines followed at all times. Population prepared for an increase in alert levels if necessary. |

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REPUBLIC OF SOUTH AFRICA

Borders continued to be closed to international travel, except for transportation of essential goods and services. Travel between provinces was still prohibited except for transportation of commodities and special events such as funerals. Public transport was permitted to function, but with restrictions on the number of passengers and strict load and hygiene requirements. All gatherings, except for work and funerals, were still prohibited. Restaurants, bars, cafes, and recreational parks and facilities remained closed. Sales of alcohol and cigarettes continued to be prohibited. The national stay-at-home order remained in place, although outside exercise was allowed for three hours per day not more than 5 km from the place of residence. On 1 June, 56 days after the imposition of the hard lockdown, the government announced a further relaxation to Level 3. On the same day, the Gauteng High Court found that Levels 3 and 4 regulations contravened the Bill of Rights in the Constitution. Government appealed the judgment and the decision was reversed by the Supreme Court (Thomson and Lewin, 2020).



From 1 June onwards, most workers were allowed to return to work if they and their employers followed public health guidelines. Employees who did not need to be in the workplace were urged to continue to work from home. Exercise during the day was permitted, but not in groups. Gatherings remained banned, apart from funerals and workplace meetings. Entertainment, cultural, recreational and sporting venues and beaches remained closed. The sale of alcohol was permitted for home consumption, for restricted hours, and on stipulated days. The sale of tobacco products continued to be banned. Between June and December, the national lockdown moved progressively from Level 3 to Level 1. However, in December 2020, South Africa experienced a second COVID-19 wave and Level 3 was re-imposed at the end of December. At that stage, South Africa had over one million confirmed cases and 28,000 deaths from COVID-19 (Figure 3).

**FIGURE 3: COVID-19 Status in December 2020**



Source: Sacoronavirus (2020)

# MILITARISTIC ENFORCEMENT

On the eve of the lockdown in March 2020, the South African Minister of Police characterized the lockdown as a “war against a common enemy” (SAG, 2020). Government announcements threatened the populace with dire consequences if they broke harsh lockdown regulations (Figures 4 and 5). To enforce the regulations, over 24,000 police officers were mobilized, augmented by municipal police departments and the army (Lamb, 2023; Mkhwanazi et al., 2020). When he commissioned the army detachments prior to their deployment, President Ramaphosa controversially appeared in full battle fatigues and commissioned the assembled ranks thus: “I am dressed in your uniform as your Commander-in-Chief to signify my total support as you begin this most important mission in the history of our country. It is unprecedented in our history to have a 21-day lockdown. Go out and wage the war against an invisible enemy, the coronavirus” (Mlambo, 2020). Throughout the lockdown, government ministers regularly used military metaphors to describe and justify the state response. Militaristic words licensed militaristic actions. As Kriegler et al. (2022: 241) note, lockdown enforcement by armed police and the army resulted in “a dramatic expansion of police duties, surveillance, and visibility.”

**FIGURE 4: Criminalizing Lockdown Breaches**



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**CORONAVIRUS UPDATE**

**What happens if you break the rules?**


 Anyone breaking the rules could be punished with imprisonment for up to one month or with a fine.

The full national lockdown will begin at **midnight on Thursday 26 March**, and will continue for **21 days**.


 REPUBLIC OF SOUTH AFRICA

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**FIGURE 5: Criminalizing “Fake News” About COVID-19**

Because breach of lockdown regulations was a criminal offence punishable by a fine or imprisonment, the police saw their role as a conventional crime-fighting operation. According to Lamb (2023: 142), the police and army viewed large sections of the South African population as “potentially criminal (who) should be targets of aggressive forms of policing.” At the same time, officials and politicians were quick to celebrate the fact that the lockdown had reduced the incidence of serious crime (Lamb, 2023). They were less forthcoming about the increase in gender-based domestic violence that accompanied the stay-at-home order (Nduna and Tshona, 2021). Boots-on-the-ground enforcement by the police and army focused on informal settlements and other over-crowded low-income neighbourhoods (Langa and Leopeng, 2020; Nyashanu et al., 2020). As Parker (2023: 45) recalls, “over-reach and brutality by soldiers and police immediately followed – a response particularly evident in impoverished township settings.”

Compliance with stay-at-home and social distancing orders was all but impossible in these areas (Durizzo et al., 2021; Van Wyk and Reddy, 2022), which allowed the police and army to dramatically improve their crime-fighting statistics through mass arrests. Apprehensions for breach of lockdown reached 300,000 by June 2020, more than in any other country globally. Complaints about brutal police and army treatment abounded on social media, and there were several widely publicized deaths at the hands of the enforcers (Faull et al., 2021; Lamb, 2023). By April 2021, the total number of arrests had exceeded 400,000. Veteran South African journalist Ferial Haffajee called the lockdown enforcement “death by jackboot” with a “breathtaking level of police violence.”

For his part, President Ramaphosa dismissed the actions of the police and army as “over-enthusiasm” (Haffajee, 2020).

Migrants and refugees in low-income neighbourhoods were caught up in the enforcement dragnet. Chew et al. (2020: 47-48) argue that the lockdown had a disproportionate impact on migrant communities mainly because the regulations criminalized anyone who violated the regulations. Misconduct by law enforcement produced a “slew of human rights violations and deprivations.” The South African police came into the pandemic with an unhappy record of xenophobic targeting and abuse of vulnerable migrants, refugees and asylum seekers (Tawodzera and Crush, 2023). With the new weapon of lockdown in their arsenal, misconduct towards migrants intensified. Raids in localities with sizeable concentrations of international migrant populations occurred. Arbitrary arrests of non-citizens for minor transgressions were common, and the police were also able to arrest undocumented migrants at their places of residence (Chew et al., 2020). Most South Africans arrested for violation of lockdown regulations were quickly released on payment of a fine. In contrast, some non-citizens experienced indefinite detention.

In October 2019, the Cape Town city police used rubber bullets and pepper spray to remove refugees protesting at the UNHCR offices about their treatment in South Africa (Mafolo and Shoba, 2019). Over 600 refugees subsequently took shelter in the church of the Central Methodist Mission in Cape Town. As one of their banners read: “No more SA (South Africa). Refugees are not welcome. No protection. No future for us. Only xenophobia is our food that we eat” (Mafolo and Shoba, 2020). The protesters demanded that the UNHCR arrange their relocation to a safe third country. For several months, the City of Cape Town tried unsuccessfully through court orders to evict the refugees from the church. In late February 2020, the City obtained an interdict to evict a group of refugees camped outside the church. And on 2 April, under cover of COVID-19 lockdown regulations, police wearing riot gear forced their way into the church and took the refugees to two encampments on the outskirts of the city. There, they were subject to all the lockdown restrictions. In late 2022, 500 refugees, including many children, were still living in a Cape Town camp where circumstances were wretched (Washinyara, 2022).

The South African mining industry remains a major employer of contract migrants from Lesotho and Mozambique. While on year-long contracts, most migrant workers live in crowded single-sex hostels. These living conditions produced higher rates of COVID-19 infection in mines that remained open, and with those that closed migrants lost employment and income as they returned home early (Naidoo and Jeebhay, 2021). Prior to the pandemic, migrants from countries including Lesotho and Zimbabwe were recruited in increasing numbers for work on large commercial farms and estates. Although labourers on

farms were considered essential workers, they were not spared from the pandemic's impacts, particularly as accommodation on many farms is extremely poor and rudimentary (Visser, 2023). Food supply chains were also disrupted by the pandemic, leading to widespread lay-offs and food dumping in some areas and farm lockdowns of workers in others (Addison, 2023). In the Western Cape, the Women on Farms Project has documented the working conditions of women migrants from Lesotho, Malawi and Zimbabwe on fruit farms (Fortuin, 2021). During the pandemic, most migrant women were unemployed on farms as restrictions on movement meant that they could not leave to find other work or to return home.

Many migrants in South Africa are informally employed in sectors such as street vending, casual day labour, and domestic work. Employment and incomes in all three sectors were severely affected by the pandemic. A significant number of refugees and migrants in South Africa depend on employment and self-employment in the urban informal economy for their livelihoods. They play a particularly important role in making food accessible in low-income settlements and townships through street vending and the operation of small shops (spazas). When the lockdown was first imposed, the government announced that only supermarkets would remain open for food purchases, which effectively choked off the food supply to the urban poor (Battersby, 2020). The policy was quickly reversed under pressure from civil society organizations, but initially only South African-owned spazas were allowed to operate. The police forced many migrant-owned spazas to stay closed (Sizani, 2020). According to Skinner and Watson (2020), government policy was aimed at accomplishing the longer-term strategic objectives of formalizing the informal economy while excluding foreign nationals.

The informal food vendors who were allowed to resume operating after two weeks of lockdown, had to prove that they sold only uncooked foods and had a municipal permit. The chaotic permit system put up another barrier for migrants. All traders in the informal sector faced challenges, including problems in getting permits and an absence of information on where to access them (Skinner and Watson, 2020). Further, when food traders went to municipal offices, many found no system in place for issuing permits or officials who made unreasonable and obstructive demands (Wegerif, 2020, 2024). Other difficulties included the closure of fresh-produce wholesale markets, transport problems, and confiscation of supplies by the police (Skinner and Watson, 2020). In many municipalities, only South Africans were issued with permits, and law enforcement began aggressively shutting down migrant-owned businesses. Migrants who were denied or did not have permits adopted various methods to continue to operate while avoiding the long arm of the lockdown law (Mbeve et al., 2021; Rwafa-Ponela et al., 2022).

# MIGRANT EXCLUSIONS

The economic and labour market impact of rolling lockdowns was particularly devastating for poorer communities. One-third of the workforce lost earnings through temporary lay-offs during the hard lockdown. Statistics South Africa (2020) further estimates that 2.2 million jobs were lost between April and June 2020 compared with the same period in 2019 (Figure 6), primarily in services, manufacturing, construction and finance. The number of domestic workers in private households declined by 311,000, while the agricultural sector shed 66,000 jobs. Almost 30% of informal jobs were lost, compared to 8% of formal sector jobs (giving an overall decline of 13%). This means that nearly 1.5 million informal jobs and 840,000 formal jobs were lost in the early months of the pandemic. Other sources estimate that as many as 3 million jobs, formal and informal, were lost between February and April 2020 (Ranchhod and Daniels, 2021). Women in the informal economy saw a decrease of 49% in the typical hours worked in the early months of the pandemic, while men in informal employment saw a 25% decrease in typical hours (Rogan and Skinner, 2020). Among the informal self-employed who were working, average earnings decreased by 27% and typical earnings by 60%. By the end of 2020, despite two quarters of employment growth, the number of employed people had fallen by nearly 1.5 million from pre-pandemic levels, and the wages of workers who still had jobs had fallen by 10-15% (World Bank, 2021).

**FIGURE 6: Pandemic-Related Job Losses in South Africa**



Source: Skinner et al. (2021: 4)

On 21 April 2020, the government announced it was allocating ZAR500 billion for pandemic relief. This included ZAR370 billion to businesses in the form of loan guarantees, tax and payment deferrals, and wage subsidies. Only 10% was directed to social protection programs (Muller, 2021). South Africa’s subsequent expansion of social protection in the second half of 2020 has been described as

a tale of “bold promises, constrained capacity, and stumbling delivery” (Seekings, 2020). The longer-term implications for South Africa’s system of social protection are also uncertain (Bassier et al., 2021; Noyoo, 2023). Government rolled out three forms of cash assistance to individuals and households: (a) the SRD grant, (b) financial top-ups to existing social protection grants; and (c) the Temporary Employer-Employee Relief Scheme (TERS).

(a) COVID-19 Social Relief of Distress grant. The SRD grant was announced three weeks into the lockdown as part of the fiscal stimulus and social relief package. It was intended for unemployed individuals in poor households. As many as 10 million individuals were eligible for the ZAR350 per person per month grant, while 4.3 million applications were approved by June 2020; a figure that had risen to over 6 million in early 2021 (Bhorat et al., 2021). According to Moses and Woolard (2023: 170), the SRD was poorly targeted and “beleaguered by both errors of inclusion and errors of exclusion.” For example, an estimated 15 million South Africans were eligible for the SRD program. By early June 2020, 6.5 million applications had been received, but only 600,000 grants paid. Around 60% of rejected applicants were actually eligible for the grants (Schotte and Zizzamia, 2023). Skinner et al. (2021: 12) conclude that “the vast majority of informal wage workers who lost their jobs in 2020 have been left without any income or only the minimal support offered through the COVID-19 SRD Grant.” After several extensions, the SRD grant was terminated in April 2021.

(b) Social protection grants. Prior to the pandemic, the government provided 18 million social grants every month, of which the child support grant was the most important. ZAR400 per month was paid to caregivers for each child, which amounted to 12.8 million individual grants. Top-ups to existing social grant beneficiaries were introduced in May 2020. Child support grants were topped up by an additional ZAR300 per child for May, and by ZAR500 per caregiver (regardless of the number of children) from June to October. Other grant benefits (such as old-age pensions) were topped up by an additional ZAR250 per month for six months. Table 3 shows the number of top-up recipients of each type of grant and the amounts. Bassier and Leibbrandt (2020) estimate that the caregiver’s allowance and SRD grant prevented over 5 million people from falling below the food poverty line. Before the pandemic, applicants for social grants had to be South African citizens, permanent residents or recognized refugees living in South Africa, which meant that only these groups were eligible for the top-ups, excluding many migrants from benefitting from this form of pandemic assistance.

**TABLE 3: Timeline and Expenditure on Pandemic Social Grants, 2020**

|   | July            | August          | September       | October         | November        | December        |
|---|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>Child support</b>                      |                 |                 |                 |                 |                 |                 |
| Beneficiary                               | 7,176,924       | 7,201,867       | 7,215,275       | 7,227,030       |                 |                 |
| Top-up value per beneficiary              | 500             | 500             | 500             | 500             |                 |                 |
| Expenditure (ZARm)                        | 3,588           | 3,601           | 3,608           | 3,614           |                 |                 |
| <b>Old age, including war veterans</b>    |                 |                 |                 |                 |                 |                 |
| Beneficiary                               | 3,695,946       | 3,697,156       | 3,697,549       | 3,705,893       |                 |                 |
| Top-up value per beneficiary              | 250             | 250             | 250             | 250             |                 |                 |
| Expenditure (ZARm)                        | 924             | 924             | 924             | 926             |                 |                 |
| <b>Disability</b>                         |                 |                 |                 |                 |                 |                 |
| Beneficiary                               | 1,064,944       | 1,060,392       | 1,056,921       | 1,053,996       |                 |                 |
| Top-up value per beneficiary              | 250             | 250             | 250             | 250             |                 |                 |
| Expenditure (ZARm)                        | 266             | 265             | 264             | 263             |                 |                 |
| <b>Foster care</b>                        |                 |                 |                 |                 |                 |                 |
| Beneficiary                               | 361,175         | 359,852         | 370,005         | 373,528         |                 |                 |
| Top-up value per beneficiary              | 250             | 250             | 250             | 250             |                 |                 |
| Expenditure (ZARm)                        | 90              | 90              | 93              | 93              |                 |                 |
| <b>Care dependency</b>                    |                 |                 |                 |                 |                 |                 |
| Beneficiary                               | 157,157         | 157,056         | 157,260         | 157,542         |                 |                 |
| Top-up value per beneficiary              | 250             | 250             | 250             | 250             |                 |                 |
| Expenditure (ZARm)                        | 39              | 39              | 39              | 39              |                 |                 |
| <b>Social relief of distress</b>          |                 |                 |                 |                 |                 |                 |
| Paid recipients                           | 5,565,222       | 5,962,787       | 6,023,725       | 6,115,659       | 5,943,494       | 5,225,609       |
| Value per beneficiary                     | 350             | 350             | 350             | 350             | 350             | 350             |
| Cost based on paid recipients (ZARm)      | 1,948           | 2,087           | 2,108           | 2,140           | 2,080           | 1,839           |
| <b>TOTAL (ZARm)</b>                       | <b>6,856.10</b> | <b>7,006.50</b> | <b>7,036.40</b> | <b>7,076.70</b> | <b>2,080.20</b> | <b>1,839.50</b> |
| <i>Source: van Seventer et al. (2021)</i> |                 |                 |                 |                 |                 |                 |

(c) The TERS was a wage subsidy scheme designed to support firms and workers in the formal sector. The policy targeted workers who suffered income loss because of full or partial closure of their employer's operations (Köhler and Hill, 2022). Pandemic benefits ranged from 38% to 60% of a worker's wage subject to lower (ZAR3,500) and upper (ZAR6,730) limits. Government used existing structures, databases and legislation to roll out the benefits. Around 1.8 million workers benefitted during the initial lockdown (Moses and Woolard, 2023). The TERS was extended and revised as the pandemic progressed, and by 2022, nearly 6 million workers had benefitted. According to Moses and Woolard (2023), the TERS disbursements were plagued by large-scale fraud and other irregularities, including payments to government employees, deceased persons, and students.



Because the policy and its mode of implementation excluded individuals working informally, as well as refugees and asylum seekers, few migrants appear to have benefitted.

The Minister of Small Business Development announced several initiatives focused on debt relief for medium and small enterprises. ZAR500 million was allocated to small businesses to assist with payroll, rent and utilities, but disbursed in the form of a few large loans to a small number of applicants. Also, support was restricted to businesses that were entirely owned by citizens whose employees were at least 70% South African. A Township and Rural Enterprise program (TERP) was later launched to provide a loan and grant package of up to ZAR10,000. A grant of ZAR1,000 was added in September 2020 to fruit and vegetable vendors. To qualify for TERP funding, enterprises had to be registered with the Companies Intellectual Property Commission, the South African Revenue Service, and the Unemployment Insurance Fund, which effectively excluded informal enterprises (Skinner et al., 2021). Applicants also had to be South African citizens, 70% of their employees had to be South African, and non-citizen employees had to have work permits. As Skinner et al. (2021) note, “the exclusion of immigrants, including refugees and asylum seekers, is not only generating extreme hardship among a particularly vulnerable group but...is likely to be unconstitutional.”

As the discussion of state mitigation measures shows, one population group systematically ostracized by COVID-19 relief programming was South Africa’s sizable population of international migrants. Migrants trapped in South Africa by lockdown and mobility restrictions were unable to return home. Despite widespread lay-offs and unemployment in the formal and informal sectors and a precipitous decline in household income, migrants were ineligible for government social grants, wage support, and financial relief for small businesses (Mukumbang et al., 2020; Mushomi et al., 2022; Mutambara et al., 2022; Odunitan-Wayas et al., 2021). Registered refugees were eligible to apply for some programs, but they numbered fewer than 100,000, while asylum seekers and other migrants received little or no government support (Kavuro, 2021). Pandemic precarity for migrants and refugees took various forms and elicited different coping strategies.

The essays in Angu et al. (2022) all demonstrate the hardships of the lockdowns on migrants and refugees. Other case studies have demonstrated that, among the migrant population, asylum seekers, refugees and irregular migrants felt disproportionate lockdown effects because of their precarious legal status, informal employment, and class and gender position (Mukumbang et al., 2020; Ndinda et al., 2023; Nhengu, 2022; Tefera et al., 2023). As Chekero (2023) observes, “this inevitably placed many migrants and forced migrants in a worse position than nationals. Thus, with refugees losing their livelihoods, particularly in the informal economy, and civil society and international agencies unable to assist

all, many were stranded and unable to meet their own and their families' needs." As a result, they experienced a rapid increase in "the triple burden of food insecurity, poverty and malnutrition compounded with social injustice and income inequality" (Odunitan-Wayas et al., 2021).

## PANDEMIC FOOD INSECURITIES

There is considerable evidence from across the African continent that COVID-19 and its aftermath have had a particularly negative impact on the food security of both urban and rural households (Maredia et al., 2022; Tabe-Ojong et al., 2023). In addition to numerous country-level studies, there have been comparative analyses demonstrating that the impact varied but was nowhere insignificant (Bloem and Farris, 2022; Hangoma et al., 2024; Onyeaka et al., 2022; Rudin-Rush et al., 2022). In contrast, there have been relatively few studies evaluating the linkages between COVID-19, migration and food security (Ahmed et al., 2023; Crush et al., 2021; Smith and Wesselbaum, 2020). In this section, we assess the impact of COVID-19 on food security in general and migrants in particular, and examine the policy response of government to evidence of growing food insecurity after March 2020.

Statistics South Africa reported that food insecurity levels in South Africa increased as a direct result of the pandemic (SSA, 2022). In 2019, 17% of South Africans experienced moderate to severe food insecurity (including 7% stricken by severe food insecurity), according to the Food Insecurity Experience Scale (FIES) scale. By September 2020, these figures had risen to 24% and 15% respectively (Table 4). Levels of food insecurity were highest in the provinces of Limpopo (29% and 18%), KwaZulu-Natal (26% and 16%) and Gauteng (25% and 17%). The Eastern Cape (at 17% and 10%) had the lowest levels of food insecurity during the first year of the pandemic.

A second report from Statistics South Africa used data from the 2021 General Household Survey and a modified Household Food Insecurity Access Scale (HFIAS) to classify households into three groups: adequate food access (79% of households), inadequate food access (15%) and severely inadequate food access (6%) (SSA, 2023). This translates into 3.7 million households with inadequate food access. Rural households (at 28%), female-headed households (24%) and Black African households (24% versus 2.5% for white households) all had higher than average levels of inadequate food access. Thirty-two percent of households without an employed member had inadequate food access, compared to 18% of households with at least one employed member. The General Household Survey also provided data on absolute numbers for household hunger in 2021 (Table 5). The total number of households was just over 2 million, with roughly

equal numbers of male and female-headed households, 1.9 million Black African households (93% of the total) and 1.3 million urban households (62% of the total). Cape Town and Johannesburg were the metros with the greatest number of hungry households (each with over 230,000).

**TABLE 4: Food Insecurity in South Africa, September 2020**

| Provinces            | Food insecurity         |            |
|----------------------|-------------------------|------------|
|                      | Moderate and severe (%) | Severe (%) |
| Western Cape         | 21.4                    | 13.7       |
| Eastern Cape         | 16.6                    | 10.2       |
| Northern Cape        | 17.6                    | 9.7        |
| Free State           | 21.8                    | 13.0       |
| KwaZulu-Natal        | 26.4                    | 16.4       |
| North West           | 21.7                    | 12.9       |
| Gauteng              | 24.5                    | 16.6       |
| Mpumalanga           | 23.5                    | 14.3       |
| Limpopo              | 28.9                    | 18.2       |
| South Africa (Total) | 23.6                    | 14.9       |

*Source: SSA (2022)*

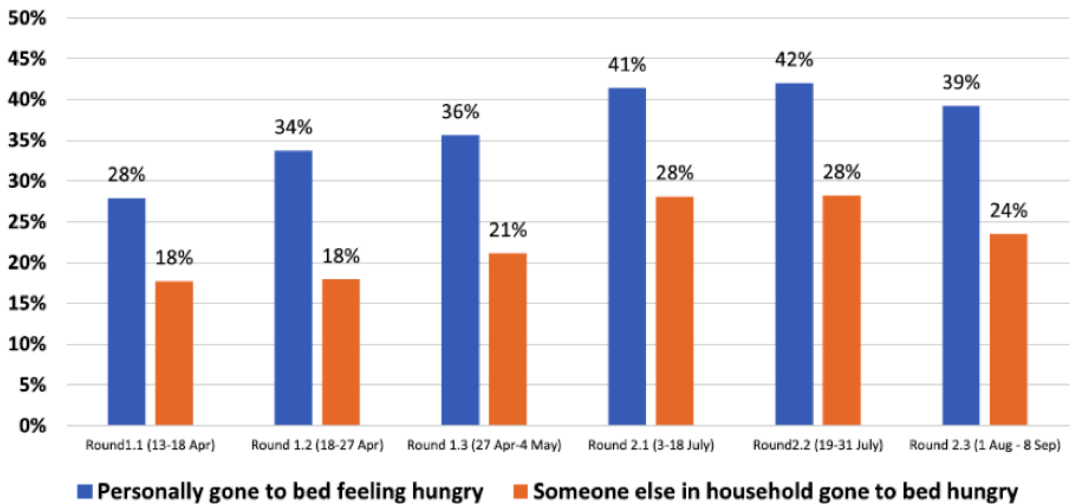
**TABLE 5: Household Food Access and Hunger, 2021**

|                              | No. of households with members who experienced hunger | %    |
|------------------------------|---|------|
| South Africa                 | 2,078,496   | 11.6 |
| <b>Sex of household head</b> |   |      |
| Male                         | 1,077,702   | 51.9 |
| Female                       | 1,000,794   | 48.1 |
| <b>Population group</b>      |   |      |
| Black African                | 1,925,294   | 92.6 |
| Coloured                     | 133,929   | 6.5  |
| Indian/Asian                 | 10,511  | 0.5  |
| White                        | 8,763   | 0.4  |
| <b>Location</b>              |   |      |
| Urban                        | 1,279,282   | 61.5 |
| Rural                        | 799,214   | 38.5 |
| <b>Major urban metros</b>    |   |      |
| Cape Town                    | 240,970   | 32.0 |
| Johannesburg                 | 238,610   | 30.6 |
| Ekurhuleni                   | 93,241  | 12.0 |
| Tshwane                      | 77,033  | 9.9  |
| Manguang                     | 48,500  | 6.2  |
| Buffalo City                 | 32,771  | 4.2  |
| eThekweni                    | 29,393  | 3.8  |
| Nelson Mandela Bay           | 19,620  | 2.5  |

*Source: SSA (2023)*

Two rounds of a survey by the Human Sciences Research Council and the University of Johannesburg in 2020 suggest that the extent of hunger in 2020 was more widespread and enduring (Hart et al., 2022). The survey of over 20,000 households included questions about food insecurity, measured in terms of personal and household hunger. Hart et al. (2022) report that more than a quarter of adults had gone to bed hungry by mid-April 2020 and more than 42% by the end of July (Figure 7). A third round of the survey in early 2021, when lockdown restrictions had been eased, found a decline in hunger to 33%, but a fourth round in June–July 2021 found an increase to 37% (Rule et al., 2023). Household hunger increased from 18% to 28% over the same period.

**FIGURE 7: Individual and Household Hunger during the Pandemic**

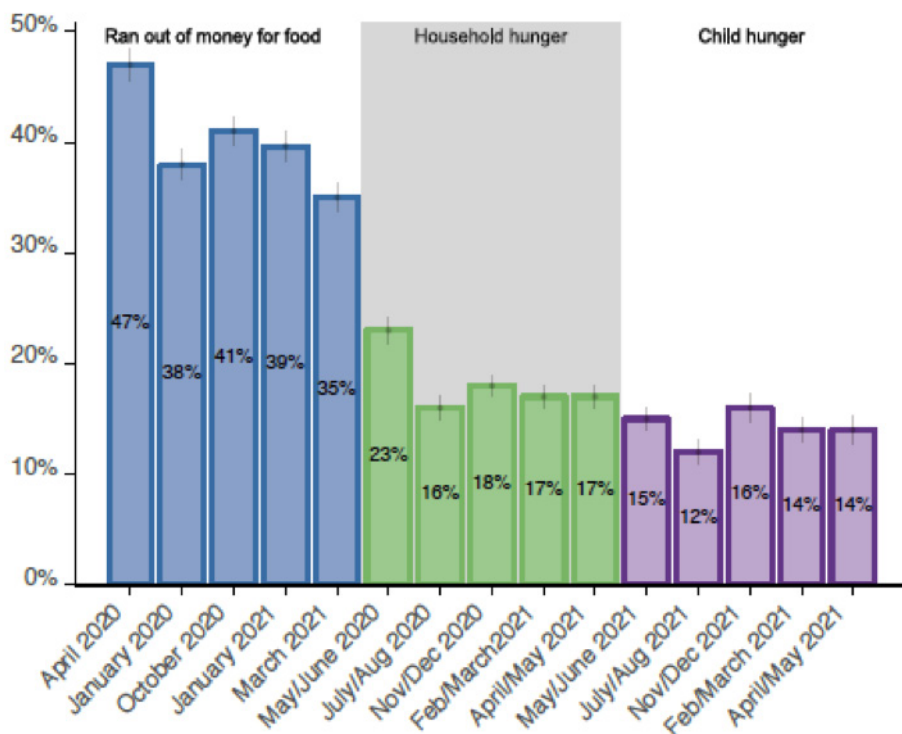


Source: Hart et al. (2022: 9)

A contrasting picture of pandemic food insecurity comes from successive waves of the National Income Dynamics Survey – Coronavirus Rapid Mobile Survey (NIDS-CRAM) at the University of Cape Town, which collected data on 8,000 households in five rounds from May 2020 to May 2021. NIDS-CRAM did not deploy standard food security metrics, such as the FIES, HFIAS, HFIAP and HDDS, but instead asked three simple questions to measure household hunger: (a) did the household run out of money for food in the previous month?; (b) did anyone in the household go hungry in the previous week and, if so, how often?; and (c) if there were children in the household, did they experience hunger in the previous week and how often? Figure 8 shows the results for the five rounds. In April 2020, nearly half of all households had run out of money to buy food. This had improved to 35% of households a year later. The other two sets in the figure show that, in April 2020, 23% of households had someone who had gone hungry in the previous week, and 15% had hungry children in the household. Both initially improved and then stabilized at 17% and 14% respectively.

In-depth analyses of the NIDS-CRAM Wave 1 and Wave 5 surveys provide additional insights into the perpetuation of hunger and food security over the first year of the pandemic (De Wet-Billings, 2023; Ngavara, 2022). De Wet-Billings (2023) shows that 47% of households ran out of food in April 2020; a figure that was still at 35% a year later. Of the 26% of food-insecure respondents during the initial lockdown, as many as 41% were still food insecure (Figure 8). Household hunger fell from 23% to 17% over the same time period. However, Ngavara (2022: 7) uses min-max normalization to create three food security indices and finds that there was an increase in food insecurity from Wave 1 to Wave 5 of the NIDS-CRAM study and concludes that “food security deteriorated as the pandemic progressed.”

**FIGURE 8: Food Insecurity Metrics in South Africa, 2020-2021**



Source: van der Berg et al. (2021)

These national surveys are useful and instructive as a first step in gauging the impact of COVID-19 on food security, but they have some significant drawbacks. First, none specifically focus on food security, so any reports that emerge are heavily reliant on a very limited amount of data on levels and determinants of food security. Second, there is no consistency in the definitions and metrics used by the different surveys. As a result, the term “food insecurity” becomes synonymous with going to bed hungry, running out of money to buy food,

having inadequate access to food, and so on. Third, with few exceptions, there is little attempt to compare the levels of food security during the first year of the pandemic with the situation immediately prior to the pandemic. There is a need to better understand the pre-pandemic drivers of widespread food insecurity and how these were exacerbated by the pandemic. Fourth, national surveys do not provide insights into whether and how individuals and households responded and adapted to food insecurity, thereby effectively denying them the agency that is increasingly seen as a fundamental dimension of food security. Finally, national surveys, by definition, do not focus on the food security experience of vulnerable sub-groups, including migrants. None of the surveys summarized above even include migration status as an explanatory variable.

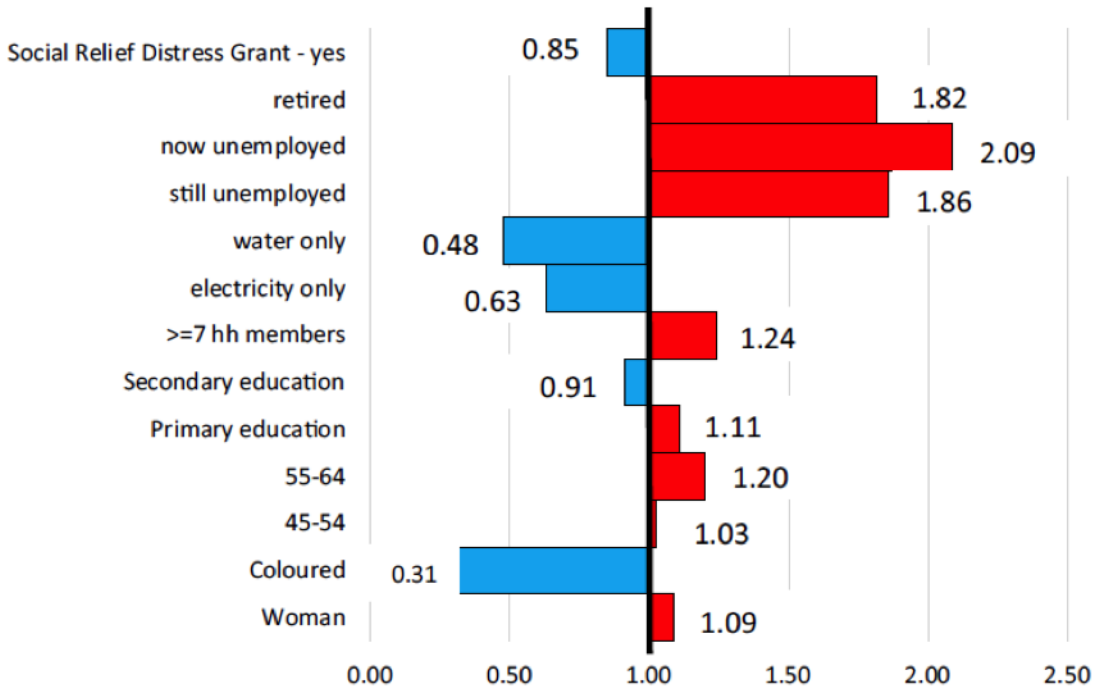
De Wet-Billings (2023), for example, calculates the odds of being chronically food insecure using NIDS-CRAM survey data and shows that the odds were highest for households in which the respondent was unemployed in 2020 (OR=2.09) and still unemployed in 2021 (OR=1.86), having seven or more household members (OR = 1.24), only having a primary education (OR=1.11), being between 45 and 64 years old (OR=1.03) and being a woman (OR=1.09) (Figure 9). Households with an SRD grant had slightly reduced odds of being food insecure (OR=0.85) compared with households without. However, no data was collected on the migrant status of respondents by NIDS-CRAM, which means that no analysis is possible of the odds of food insecurity among mobile individuals and households in South Africa.

South Africa is the most unequal society in the world and rates of food insecurity are demonstrably higher among the Black African population in poor neighbourhoods, and among vulnerable populations in informal settlements, townships and inner-city areas. Arndt et al. (2020) indicate that households in South Africa that mainly rely on labour income encountered a massive economic and income shock that risked their food security. Also, the lockdown measures disrupted and limited the informal economy, which likely exacerbated the food insecurity of low-income households that depend on informal food sources that are cheap and reachable. In addition, the restrictions on the informal economy had a negative effect on low-income households that are active in the informal economy, where they get income to access food. Moseley and Battersby (2020) argue that prohibitions or restrictions on markets and informal trading have been widespread across much of Africa and have had substantial effects on food access for urban inhabitants, including most low-income migrants.

Several studies specifically focused on the food-security experiences of sub-groups during the pandemic. Mtintsilana et al. (2022) investigated the relationship between social vulnerability prevalence and household food insecurity using a Social Vulnerability Index (SVI) and three food security questions from the Community Childhood Hunger Identification Project. Their data is

from a cross-sectional national survey with 3,402 respondents in October 2021. Respondents who were food insecure (36%) had higher social vulnerability prevalence than those who were not food insecure (14%). SVI was associated with a 40% increased risk for food insecurity, and the risk of food insecurity was three times higher in the socially vulnerable group. However, migration status was not figured into the calculation of the index.

**FIGURE 9: Odds of Chronic Household Food Insecurity**



Source: De Wet-Billings (2023: 4)

A second study aimed to explore the relationships between food insecurity, domestic violence and common mental disorders among pregnant women attending public health-care obstetric and antenatal clinics in Cape Town during the COVID-19 lockdown (Abrahams et al., 2022). The study sample consisted of 885 women enrolled in perinatal care who were surveyed telephonically in February and March 2020. Food insecurity data was captured using the HFIAS, one of the more rigorous measures of household food insecurity. Almost half of the women were severely food insecure, and more than half were unemployed. The study concluded that the lockdown “triggered high levels of unemployment and increased the prevalence of food insecurity, resulting in an increase in psychological distress being experienced during the lockdown, compared to before the lockdown” (Abrahams et al., 2022: 44). Data on the migrant status of the perinatal respondents was not collected in the survey.

A third study, by Naicker et al. (2021), examined the impact of the pandemic on food consumption habits, food purchasing behaviours and food security status among a sample of 508 adults in KwaZulu-Natal. The survey was conducted in October 2020 and, unlike many other surveys, focused on the agency of respondents and their adaptive responses to food insecurity since the start of the pandemic. The responses to ten potential changes in food consumption habits were sought. As many as 37% reported that their eating habits had worsened, and 34% that they were eating fewer healthy foods than before COVID-19. Consumption of fruit declined by 33%, bread by 30% and fresh vegetables by 20%. Other responses included planting vegetables (84%), skipping meals and eating less (18%), borrowing food from family or friends (18%), and eating less preferred foods (14%). The study did not correlate coping responses with individual or household characteristics so any opportunity to examine the coping strategies of migrants was lost.

Finally, gender analysis of pandemic effects has demonstrated that women were disproportionately impacted. A national survey of over 2,800 women either living with HIV or at high risk of infection found that the pandemic had a significant impact on their access to HIV services and that service disruption was highest for those in informal housing, urban centres and in the Western Cape. Impacts on individual income and food security were mediated by age, housing, social cohesion, employment and household income (Humphries et al., 2022). As many as 40% had experienced a rise in food insecurity. Food insecurity was increased by having fewer people contributing to the household, having children, having experience of gender-based violence and being a migrant.

Odunitan-Wayas et al. (2021) speculate that during the pandemic, “it seems that the increase in the triple burden of food insecurity, poverty and malnutrition compounded with social injustice and income inequality is inevitable for the urban poor African immigrants in South Africa.” However, other than a smattering of qualitative studies with small samples, there has been little attempt to systematically examine the food security experience of international migrants in South Africa during the pandemic. One exception is a 2021 survey of 500 Zimbabwean migrant households conducted in Cape Town and Johannesburg in mid-2021 (Ramachandran et al., 2024; Tawodzera and Crush, 2022). Ninety percent of households reported that their economic conditions were worse or much worse than before the pandemic. Table 6 clarifies the reasons for the prognosis, with 87% reporting a loss of household income, 72% that they had lost their employment, and 70% that other household members had also lost their jobs. Just over three-quarters (77%) had less food to eat in the household, and 87% said that food had become much more expensive.



**TABLE 6: Pandemic Impacts on Employment, Incomes and Food Access**

|  | Yes (%) | No (%) | Neither (%) |
|--|---------|--------|-------------|
| My household experienced a loss of income                              | 86.9    | 9.7    | 3.4         |
| Food became much more expensive in South Africa                        | 86.7    | 4.4    | 8.9         |
| My household in South Africa had less food to eat                      | 76.7    | 11.3   | 12.0        |
| I sent less money to Zimbabwe  | 76.7    | 11.9   | 11.4        |
| I became unemployed and was unable to find a job                       | 72.2    | 20.1   | 7.7         |
| Others in my household became unemployed and were unable to find a job | 70.2    | 22.7   | 7.1         |
| It was more difficult to access food from informal traders             | 60.0    | 29.2   | 10.8        |
| Members of my household became ill because of COVID-19                 | 20.7    | 74.0   | 5.3         |

At the time of the survey, the HFIAS and HFIAP food security measurements showed that 43% of the migrant households were severely food insecure, and only 8% were completely food secure (Table 7). The main coping strategies being deployed by households included relying on less preferred and cheaper foods (79%) and reducing the number of meals consumed in a day (56%) (Table 8). As Table 6 also shows, 60% of households found it more difficult to access food from informal traders during the pandemic. A pre-pandemic survey of the food-buying strategies of Zimbabwean migrant households in the same neighbourhoods of Cape Town and Johannesburg found that 93% of respondents regularly bought food from informal vendors, and 38% did so every day (Crush and Tawodzera, 2016). Hence, the disruptions to the informal sector during 2020 clearly impacted the ability of migrant households to access affordable food.

**TABLE 7: Prevalence of Household Food Insecurity**

|                          | No. | %    |
|--------------------------|-----|------|
| Severely food insecure   | 214 | 42.5 |
| Moderately food insecure | 201 | 40.0 |
| Mildly food insecure     | 47  | 9.3  |
| Food secure              | 41  | 8.2  |

**TABLE 8: Food Security Coping Strategies during the Pandemic**

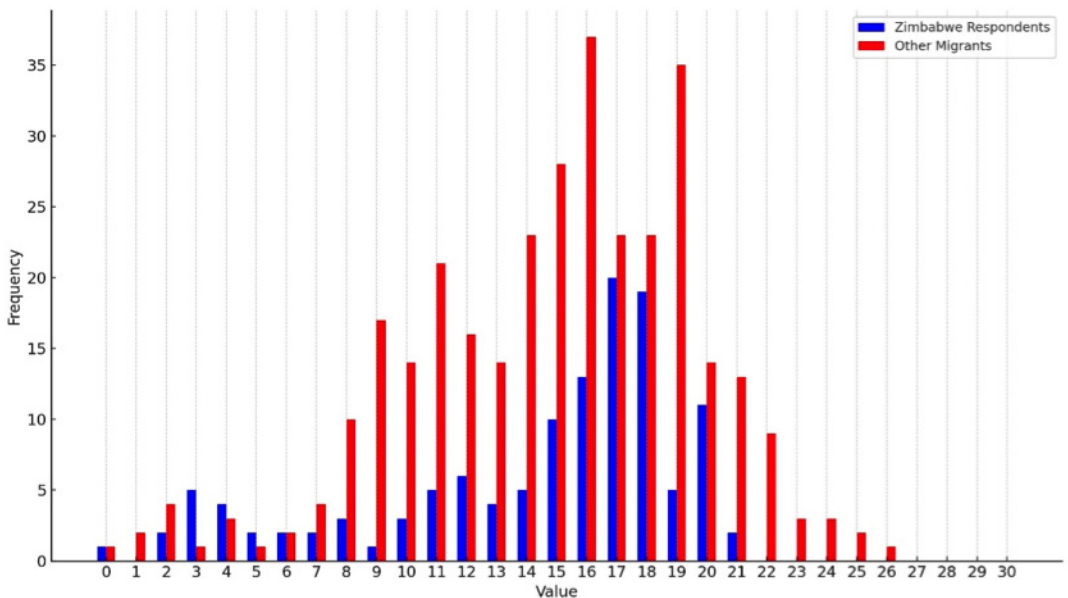
| In the past 7 days, did you or your household:     | No. | %    |
|--|-----|------|
| Rely on less preferred and less expensive foods    | 398 | 79.1 |
| Reduce number of meals consumed in a day           | 279 | 55.5 |
| Borrow food or rely on help from friends/relatives | 147 | 29.2 |
| Consume food from food vending business            | 133 | 26.4 |
| Limit portion size at meal times                   | 118 | 23.5 |
| Purchase food on credit                            | 92  | 18.3 |
| Go whole day without eating                        | 20  | 4.0  |
| Beg for food                                       | 10  | 2.0  |
| Restrict adult consumption so children can eat     | 5   | 1.0  |

*Note: Multiple-response questions*

Many migrant households depend on Zimbabwean informal vendors for culturally appropriate foods that are not readily available in South Africa. This may explain why so many households were reliant on less preferred foods. But it also raises the question of the extent to which food insecurity was driven by the challenges confronting Zimbabwean food vendors in the informal sector of the two cities. Interestingly, 26% of the households in the survey noted that one of their coping strategies was to consume food from their own food vending business during the pandemic (Table 7). Therefore, household food insecurity put extra demands on the informal food businesses of households involved in the sector but was also mitigated to a degree by being able to access food from the businesses.

A survey of 450 migrant informal food enterprises in Cape Town and Johannesburg during the pandemic revealed some of the challenges facing their operations. Crush and Tawodzera (2024) developed a scale to measure the impact of the pandemic on these enterprises. The Informal Pandemic Precarity Scale (IPPS) rates each enterprise on a scale from 0 to 30 with the higher the score, the greater the negative impact. Figure 10 shows the distribution of all migrant food enterprises on the IPPS. The general distribution of Zimbabwean enterprises (the largest group by country of origin) mirrors that of other migrants, although there are more Zimbabwean enterprises with low impact (IPPS<5) and more with very negative impact (IPPS>18).

**FIGURE 10: Distribution of Pandemic Precarity Scores of Migrant Food Businesses**



Hart et al. (2022) argue that “the state was unprepared and unable to mitigate the lockdown effects. Lockdown measures focused on controlling the virus and did not consider the effects on vulnerable households.” However, once it became apparent that the lockdown was causing a dramatic increase in food insecurity, various emergency measures were announced. In mid-April, 28% of adults reported that they had gone to bed hungry; a figure that rose to 42% by mid-2020. The government’s response to growing food insecurity was to introduce a food parcel distribution program in early April, which aimed to target 250,000 households. The target was never reached as the program was undermined by delays and corruption and eventually abandoned (Hart et al., 2022; Mudau, 2022). In cities such as Cape Town, civil society organizations were more effective than the state in rolling out emergency food relief (Kroll and Adelle, 2022). Migrants were systematically precluded from accessing the government program as only those with South African IDs were eligible; an exclusionary policy that did not apply to civil society schemes.

Seekings (2020) reports that “the national government failed to provide poor people with food during the lockdown it imposed on them.” It quickly became apparent that the lockdown was causing a dramatic increase in hunger and food insecurity in poorer communities. The closure of all schools and school feeding programs, which deprived nearly 10 million children of an important supplement to their daily diet, is cited as a prime example of this failure. On the other hand, Khambule (2021b) argues that a fiscally constrained state quickly implemented a range of “counter-cyclical” measures with variable success and little remedy for informal sector workers: “the unintended consequence of the government’s job protection measures is the unprecedented loss of employment within the precarious informal sector that left millions without recourse.”

The government’s initial response to the signs of food distress was a food parcel distribution program aimed at 250,000 low-income households. Not only was the nutritional value of the parcels questionable (Vermuelen et al., 2020), but South Africans reaped little benefit from a food distribution program that was compromised by delays and corruption and eventually abandoned (Mudau, 2022; Mokoena et al., 2023; Ndinda et al., 2023). Civil society organizations were much more effective in rolling out emergency food relief to those in need during 2020 (Kroll & Adelle, 2022; Seekings, 2020). In October 2020, the Department of Social Development was allocated ZAR1 billion for food relief and by April 2021 had distributed 2.6 million food parcels, reaching an estimated 11.6 million people (van der Berg et al., 2021). Another 385,000 food parcels were distributed to 1.9 million people through partnerships with non-profits, corporate social responsibility programs and faith-based organizations. However, as Odunitan-Wayas et al. (2021) point out, migrants were generally excluded from state-funded food relief and had to depend community action networks

and non-governmental organizations including faith-based groups. On a farm in the Western Cape, one woman migrant from Zimbabwe described the experience of exclusion from government relief:

*Since we failed to go back to Zimbabwe, when some of us got food, we put it together (and) that food was shared among all Zimbabweans in order to survive... The government was helping its own people, nothing for Zimbabweans. The government they were writing names for food parcels just for their own people; nothing for Zimbabweans. It was very tough. We suffered, we really suffered. We will never forget that time. We thought that the government is going to see what they can do with the visitors here, but nothing, they did nothing at all (quoted in Fortuin (2021: 68))*

Vulnerable African migrants and asylum seekers were also disadvantaged by their exclusion from the Social Relief of Distress grant program (Nzabamwita and Dinbabo, 2022). This policy was reversed in June 2020 by the Pretoria High Court, which ruled that asylum seekers and special permit holders could apply for SRD grants. However, they faced administrative obstacles, bureaucratic constraints, documentation difficulties, delays and language barriers when trying to access SRD grants (Khan and Kolabhai, 2021). The exclusion of migrant groups from the government's COVID-19 social grants was litigated by a prominent NGO, the Scalabrini Centre of Cape Town. On 22 May 2020, Scalabrini initiated urgent legal action in the Pretoria High Court concerning the exclusion of migrants with special permits (who were primarily from Angola, Lesotho and Zimbabwe) and asylum seekers from receiving the SRD grant.<sup>1</sup> The argument, which was uncontested by the respondent Minister of Social Development, focused on the exclusion of migrant groups from government financial relief packages and food parcel distribution, and the expiration of visas during the lockdown, which had led to job losses, poor access to banking services, and no other income source. Scalabrini (2020) argued before the Court that there had been:

*A surge in asylum seekers and permit holders requesting assistance for basic needs such as food. These persons stated that they had been self-employed or running informal businesses until they were prevented from doing so by the lockdown. Some had been employed in industries such as restaurants or the hospitality sector, which had also been impacted by the lockdown. Their children had been unable to access the school funding programs, and parents had no income. The conditions in which the asylum seekers found themselves were worsening by the day as they had neither savings nor sources of income. The suffering of these persons and their families was immediate and could possibly lead to irreparable harm.*

*It is logical to accept that the asylum seekers and special permit holders have not escaped the negative consequences of not only the pandemic but also of the lockdown. This would inevitably come about not only due to the inability to move and work but also through the inability to secure resources to buy food and other basic necessities for their families. It is also common cause that the asylum seekers and permit*

*holders are, as it were, “locked in” in South Africa due to closed borders during lockdown, economic and other circumstances in their countries of origin.*

The ruling by the High Court on 18 June 2020 declared that the denial of relief to special permit holders and asylum seekers was unlawful, unconstitutional and invalid (Southern African Legal Information Institute, 2020). This landmark judgment broadened access for over 250,000 special permit holders and almost 100,000 asylum seekers. How many special permit holders and asylum seekers actually benefitted prior to the termination of the SRD in April 2021 is unknown and needs further research, as do the challenges they faced in accessing their grants.

## CONCLUSION

This report began with the triumphalist narrative of the South African government that its policy response to COVID-19 was an unheralded success in managing the health crisis and the socio-economic fallout of the pandemic. There is now an evidence-based counter-narrative that takes issue with the aims, rationale, mode of implementation and effectiveness of applying a version of the draconian Chinese lockdown model in a very different South African context. Initial public and media support for the declaration of the State of National Disaster and COVID-19 in mid-March evaporated once a nationwide lockdown was imposed and enforced by the national and local police and army. South Africa was not the only African country to adopt a militaristic, crime-fighting approach to policing the lockdown, but it was one of the most ruthless and rights-disregarding.

In this report, we show, first, that provincial and municipal governments in South Africa had little say in the deliberations of the national government in the formulation of the pandemic response. Their designated role was to supply the resources and personnel to implement national policy. Second, the militaristic implementation of the lockdown led to mass arrests and detentions of people for the “crime” of breaching lockdown regulations, as well as enormous economic hardship as whole neighbourhoods transitioned from pre-pandemic low-income to pandemic no-income status. Third, the effectiveness of relief measures was compromised by slow roll-out, poor messaging, wastage and corruption. As a result, the extent to which pandemic relief served to mitigate pandemic pain in the cities has yet to be established. Fourth, South Africa is one of the most urbanized countries in Sub-Saharan Africa, so the burden of pandemic lockdown and enforcement inevitably fell squarely on its cities, and within cities on its low-income townships and sprawling informal settlements. Many of these neighbourhoods are populated by migrants who rely on temporary work and the

informal sector for household income. To assess the devastating impact of the pandemic response on the country's urban population is, therefore, by extension, to examine its impact on the country's two million international migrants. As Steven Friedman (2021b: 128) presciently observes, "South Africa was not constrained by the irresistible power of the virus, or its failure to 'follow the science.' The obstacle was, rather, the nature of the society and its division into two worlds, one focused firmly on the West as it looked down on everyone else, the other forced to make do in crowded dwellings and taxis, often deprived of the means to sustain itself, let alone to protect itself." This policy audit suggests that within the second "make do" world, there was a third domain inhabited by marginalized, excluded and vulnerable migrants.

## ENDNOTE

- 1 Scalabrini Centre of Cape Town v Minister of Social Development (22808/2020), North Gauteng High Court, Pretoria, South Africa. 18th June, 2020. At: <https://www.saflii.org/za/cases/ZAGPPHC/2020/308.html>

## REFERENCES

- Abrahams, Z., Boisits, S., Schneider, M. et al. (2022). The relationship between common mental disorders (CMDs), food insecurity and domestic violence in pregnant women during the COVID-19 lockdown in Cape Town, South Africa. *Social Psychiatry and Psychiatric Epidemiology*, 57: 37-46.
- Addison, L. (2023). Amplifying invisibility: COVID-19 and Zimbabwean migrant farm workers in South Africa. *Journal of Agrarian Change*, 23(3), 590-599.
- Ahmed, D., Benavente, P. and Diaz, P. (2023). Food insecurity among international migrants during the COVID-19 pandemic: A scoping review. *International Journal of Environmental Research and Public Health*, 20(7): 5273
- Anakpo, G., Hlungwane, F. and Mishi, S. (2023). The impact of COVID-19 and related policy measures on livelihood strategies in rural South Africa. *Africa-Growth Agenda*, 20(2).
- Angu, P., Masiya, T., Gustafsson, K., & Mulu, N. (Eds.) (2022). *South African-Based African Migrants' Responses to COVID-19: Strategies, Opportunities, Challenges and Implications* (Cameroon: Langaa RPCIG).
- Arndt, C., Davies, R., Gabriel, S. et al. (2020). Covid-19 lockdowns, income distribution, and food security: An analysis for South Africa. *Global Food Security*, 26: 100410.

- Bassier, I. and Leibbrandt, M. (2020). Social protection in response to COVID-19: Poverty impact and incidence of social protection measures. Paper commissioned by the Presidency of South Africa, Pretoria.
- Battersby, J. (2020). South Africa's lockdown regulations and the reinforcement of anti-informality bias. *Journal of Agriculture and Human Values*, 37: 543-544.
- Bhorat, H., Oosthuizen, M. and Stanwix, B. (2021). Social assistance amidst the COVID-19 epidemic in South Africa: A policy assessment. *South African Journal of Economics*, 89(1): 63-81.
- Bloem, J. and Farris, J. (2022). The COVID-19 pandemic and food security in low- and middle-income countries: A review. *Agriculture & Food Security*, 11:55.
- Bradshaw, D., Dorrington, R., Laubscher, R., Moultrie, T. A. and Groenewald, P. (2021). Tracking mortality in near to real time provides essential information about the impact of the COVID-19 pandemic in South Africa in 2020. *South African Medical Journal*, 111(8): 732-740.
- Carlitz, R. and Makhura, N. (2021). Life under lockdown: Illustrating tradeoffs in South Africa's response to COVID-19. *World Development*, 137: 105168.
- Chekero, T. (2023). Borders and boundaries in daily urban mobility practices of refugees in Cape Town, South Africa. *Refugee Survey Quarterly*, 42(3): 361-381.
- Chew, V., Phillips, M. and Yamada Park, M. (2020). COVID-19 impacts on immigration detention: Global responses. International Detention Coalition and HADRI/Western Sydney University.
- Chigwedere, P. and Essex, M. (2010). AIDS denialism and public health practice. *AIDS and Behavior*, 14: 237-247.
- Chigwedere, P., Seage, G., Gruskin, S. et al. (2008). Estimating the lost benefits of antiretroviral drug use in South Africa. *Journal of Acquired Immune Deficiency Syndromes*, 49(4): 410-415.
- Crush, J. and Tawodzera, G. (2016). The Food Insecurities of Zimbabwean Migrants in Urban South Africa. AFSUN Urban Food Security Series No. 23, Cape Town.
- Crush, J. and Tawodzera, G. (2024). International Migration, Pandemic Precarity, and the Informal Food Sector in South Africa. MiFOOD Paper No. 17, Cape Town and Waterloo.
- Crush, J., Thomaz, D. and Ramachandran, S. (2021) South-South Migration, Food Insecurity and the COVID-19 Pandemic. MiFOOD Paper No. 1, Cape Town and Waterloo.

De Wet-Billings, N. (2023). Perpetuation of household food insecurity during COVID-19 in South Africa. *Journal of Health, Population and Nutrition*, 42:96.

Durizzo, K., Asiedu, E., Van der Merwe, A., Van Niekerk, A. and Günther, I. (2021). Managing the COVID-19 pandemic in poor urban neighborhoods: The case of Accra and Johannesburg. *World Development*, 137: 105175.

Faull A, Kelly J and Dissel A (2021). Lockdown lessons: Violence and policing in a pandemic. Southern Africa Report No. 44, Institute for Security Studies, Pretoria.

Fortuin, C. (2021). 'It's not easy to leave your family and come to South Africa': The working and living conditions of migrant woman farm workers in South Africa. Report for Women on Farms Project, Stellenbosch.

Friedman, S. (2021a). In, but not of, Africa: A divided South Africa faces COVID-19. *Round Table*, 110(1): 16-30.

Friedman, S. (2021b). *One Virus: Two Countries: What COVID-19 Tells Us About South Africa* (Johannesburg: Wits University Press).

Garbaa, S., Lubumaa, J. and Tsanoua, B. (2020). Modeling the transmission dynamics of the COVID-19 pandemic in South Africa. *Mathematical Biosciences*, 328: 108441.

Gumede, N., Durden, E. and Govender, E. (2022). Presidential communication approaches and the impact on public health: A comparative analysis of three South African presidents' communication on AIDS and COVID-19. *African Journal of AIDS Research*, 21(2): 143-151.

Haffajee, F. (2020). Ramaphosa calls 11 lockdown deaths and 230,000 arrests an act of 'over-enthusiasm' – really! *Daily Maverick*, 1 June.

Hangoma, P., Hachhethu, K., Passeri, S. et al. (2024). Short- and long-term food insecurity and policy responses in pandemics: Panel data evidence from COVID-19 in low- and middle-income countries. *World Development*, 175, 106479.

Hart, T. David, Y., Rule, S., Titivanhu, P. and Mtyingizane, S. (2022). The COVID-19 pandemic reveals an unprecedented rise in hunger: The South African government was ill-prepared to meet the challenge. *Scientific African*, 16: e01169.

Humphries, H., Lewis, L., Lamontagne, E. et al. (2022). Impact of COVID-19 public health responses on income, food security and health services among key and vulnerable women in South Africa. *African Journal of AIDS Research*, 21(4): 317-329.



- Kavuro, C. (2021). The Covid-19 pandemic and socio-economic protection for refugees in South Africa. *South African Journal on Human Rights*, 37(4): 466-491.
- Khambule, I. (2021a). The effects of COVID-19 on the South African informal economy: Limits and pitfalls of government's response. *Loyola Journal of Social Sciences*, 34(1): 91-109.
- Khambule, I. (2021b). COVID-19 and the counter-cyclical role of the state in South Africa. *Progress in Development Studies*, 21(4): 380-396.
- Khan, F. and Kolabhai, M. (2021). Bureaucratic barriers to social protection for refugees and asylum seekers during the COVID-19 disaster in South Africa. *African Human Mobility Review*, 7(2): 74-94.
- Köhler, T. and Hill, R. (2022). Wage subsidies and COVID-19: The distribution and dynamics of South Africa's TERS policy. *Development Southern Africa*, 39: 689-721
- Kriegler, A., Moulton, K. and van der Spuy, E. (2022). Policing South Africa's lockdown. *European Law Enforcement Research Bulletin*, SCE 5: 239-249.
- Kroll, F. and Adelle, C. (2022). Lockdown, resilience and emergency statecraft in the Cape Town food system. *Cities*, 131: 104004.
- Lamb, G. (2023) Police legitimacy and the SAPS's policing of the COVID-19 pandemic. In P. Fourie and G. Lamb (Eds.), *The South African Response to COVID-19 The Early Years*. New York: Routledge, pp. 136-155.
- Langa, M. and Leopeng, B. (2020). COVID-19: Violent policing of black men during lockdown regulations in South Africa. *African Safety Promotion: A Journal of Injury and Violence Prevention*, 18(2): 116-126.
- Mabuka, T., Ncube, N., Ross, M. et al. (2023). The impact of non-pharmaceutical interventions on the first COVID-19 epidemic wave in South Africa. *BMC Public Health*, 23: 1492.
- Madhi, S, Kwatra, G., Myers, J. et al. (2022). Population immunity and Covid-19 severity with Omicron variant in South Africa. *New England Journal of Medicine*, 386: 1314-1326.
- Mafolo, K. and Shoba, S. (2019). Refugees 'angry' and 'traumatised' after violent eviction. *Daily Maverick*, 31 October.
- Mafolo, K. and Shoba, S. (2020). Things fall apart in the church of refugees. *Daily Maverick*, 16 January.

Maredia, M., Adenikinju, A., Belton, B. et al. (2022). COVID-19's impacts on incomes and food consumption in urban and rural areas are surprisingly similar: Evidence from five African countries. *Global Food Security*, 33, 100633.

Mbeve, O., Nyambuya, V., Munyoro, A. et al. (2021). The challenges faced and survival strategies adopted by Zimbabwean informal traders that live in Johannesburg inner-city, during the COVID-19-induced lockdown in South Africa. *Journal of Social Development in Africa*, 36(1), 31-64.

Meyer, D. (2020). WHO praises South Africa for 'incredible' COVID-19 response. At: <https://www.thesouthafrican.com/news/world-health-organisation-south-africa-praise-covid-19-2020/>

Mkhwanazi, Z., Bello, P., Khosa, D. and Olutola, A. (2020). The marriage of convenience between the South African Police Service and the South African National Defence Force: The COVID-19 experience in the spectacle of national disaster. *Acta Criminologica: African Journal of Criminology & Victimology* 33(3).

Mlambo, S. (2020). Nothing wrong with Ramaphosa wearing SANDF uniform: Defence Minister. At: <https://www.iol.co.za/news/politics/nothing-wong-with-ramaphosa-wearinmg-sandf-uniform-defence-minister-45674095>

Mokoena, O., Ramarumo, T., Seeletse, S. and Ntuli, S. (2023). Learning from the pandemic: Structural implications of food parcel distribution scheme in South Africa. *Community Development Journal*, 7(2): 104-112.

Moseley, W. and Battersby, J. (2020). The vulnerability and resilience of African food systems, food security, and nutrition in the context of the COVID-19 pandemic. *African Studies Review*, 63(3): 1-13.

Moses, M. and Wollard, I. (2023) The role of temporary social grants in mitigating the poverty impact of COVID-19 in South Africa. In P. Fourie and G. Lamb (Eds.), *The South African Response to COVID-19 The Early Years*. New York: Routledge, pp 156-177.

Mtintsilana, A., Dlamini, S., Mapange, W. et al. (2022). Social vulnerability and its association with food insecurity in the South African population: Findings from a national survey. *Journal of Public Health Policy*, 43: 575-592.

Mudau, P. (2022). The implications of food-parcel corruption for the right to food during the Covid-19 pandemic in South Africa. *ESR Review*, 23(2): 4-9.

Mukumbang, F., Ambe, A. and Adebeyi, B. (2020). Unspoken inequality: How COVID-19 has exacerbated existing vulnerabilities of asylum-seekers, refugees, and undocumented migrants in South Africa. *International Journal for Equity in Health*, 19: 141.

- Muller, S. (2021). The dangers of performative scientism as the alternative to ant-scientific policymaking: A Critical, preliminary assessment of South Africa's Covid-19 response and its consequences. *World Development*, 140: 105290.
- Mushomi, J., Palattiyil, G., Bukuluk, P. et al. (2022) Impact of coronavirus disease (COVID-19) crisis on migrants on the move in Southern Africa: Implications for policy and practice. *Health System Reform* 8(1): e2019571.
- Mutambara, V., Crankshaw, T. and Freedman, J. (2022). Assessing the impacts of COVID-19 on women refugees in South Africa. *Journal of Refugee Studies*, 35(1): 704-721.
- Naicker, I. (2020). The voices missing from South Africa's response to COVID-19. *The Conversation* June 11.
- Naicker, A., Palmer, K., Makanjana, O. and Nzama, P. (2021). The impact of the COVID-19 pandemic on food consumption habits, food purchasing behaviours, and food security status among South Africans. *African Journal of Inter/Multidisciplinary Studies*, 3: 131-143.
- Naidoo, S. and Jeebhay, M. (2021). COVID-19: A new burden of respiratory disease among South African miners? *Current Opinions in Pulmonary Medicine*, 27(2): 79-87.
- Naidoo, S. and Naidoo, R. (2022). Vulnerability of South African women workers in the COVID-19 pandemic. *Frontiers in Public Health*, 10.
- Nattrass, N. (2007). *Mortal Combat: AIDS Denialism and the Struggle for Antiretroviral Treatment*. Cape Town: David Philip.
- Naudé, W. and Cameron, M. (2021), Failing to pull together: South Africa's troubled response to COVID-19. *Transforming Government: People, Process and Policy* 15(2): 219-235.
- Ndinda, C., Adebayo, P. and Alubafi, M. (2023). Migrant women's experiences of the COVID-19 lockdown: Lessons for policy and programming in South Africa. In *The Palgrave Handbook of Global Social Change* (Cham: Palgrave Macmillan).
- Ndlovu-Gatsheni, S. (2020). Geopolitics of power and knowledge in the COVID-19 pandemic: Decolonial reflections on a global crisis. *Journal of Developing Societies* 36(4): 366-389.
- Nduna, M. and Tshona, S. (2021). Domesticated poly-violence against women during the 2020 Covid-19 lockdown in South Africa. *Psychological Studies*, 66(3): 347-353.

- Ngavara, S. (2022). Empirical analysis on the impact of the COVID-19 pandemic on food insecurity in South Africa. *Physics and Chemistry of the Earth*, 127: 103180.
- Nhengu, D. (2022). Covid-19 and female migrants: Policy challenges and multiple vulnerabilities. *Comparative Migration Studies*, 10(1): 23.
- Noyoo, N. (2023). South African social policy after Covid-19: New policy imperatives? *Global Social Policy*, 23(2): 356-359.
- Nyashunu, M., Simbanegavi, P. and Gibson, L. (2020). Exploring the impact of COVID-19 pandemic lockdown on informal settlements in Tshwane Gauteng Province, South Africa. *Global Public Health*, 15(10): 1443-1453.
- Nzabamwita, J. and Dinbabo, M. (2022). International migration and social protection in South Africa. *Cogent Social Sciences*, 8: 1-22.
- Odunitan-Wayas, F., Alaba, O. and Lambert, E. (2021). Food insecurity and social injustice: The plight of urban poor African immigrants in South Africa during the COVID-19 crisis. *Global Public Health*, 16(1): 149-152.
- Onyeaka, H., Tamasiga, P., Nkoutchou, H. and Guta, A. (2022). Food insecurity and outcomes during COVID-19 pandemic in Sub-Saharan Africa (SSA). *Agriculture & Food Security*, 11: 56
- Parker, W. (2023). The rough and the smooth: South Africa's uneven response to COVID-19. In P. Fourie and G. Lamb (Eds.), *The South African Response to COVID-19: The Early Years*. New York: Routledge, pp. 39-55.
- Ramachandran, S., Crush, J., Tawodzera, G. and Onyango, E. (2024). Pandemic precarity, crisis-living and food insecurity of female Zimbabwean migrants in South Africa. In M. McAuliffe and C. Bauloz (Eds.), *Research Handbook on Migration, Gender and COVID-19* (Cheltenham: Edward Elgar), pp. 180-195.
- Ranchhod, V. and Daniels, R. (2021). Labour market dynamics in South Africa at the onset of the COVID-19 pandemic. *South African Journal of Economics*, 89(1): 44-62.
- Rogan, M. and Skinner, C. (2020) The Covid-19 crisis and the South African informal economy 'Locked out' of livelihoods and employment. NIDS-CRAM Wave 1 Research Report No. 10, University of Cape Town.
- Rudin-Rush, L., Michler, J., Josephson, A. and Bloem, J. (2022). Food insecurity during the first year of the COVID-19 pandemic in four African countries. *Food Policy*, 111: 102306.

Rule, S., Bekker, M. and Dlamini, S. (2023). Making ends meet: Spatial and socio-economic variations during the 2020–2021 Covid-19 lockdown in South Africa. At: <https://osf.io/preprints/socarxiv/r8xup>

Rwafa-Ponela, T., Goldstein, S., Kruger, P., Erzse, A., Abdool Karim, S. and Hofman, K. (2022). Urban informal food traders: A rapid qualitative study of COVID-19 lockdown measures in South Africa. *Sustainability*, 14: 2294.

SA Presidency (2022). Statement by President Cyril Ramaphosa on the termination of the National State of Disaster in response to the Covid-19 pandemic. At: <https://www.thepresidency.gov.za/speeches/statement-president-cyril-ramaphosa-termination-national-state-disaster-response-covid-19-pandemic>

Sacoronavirus (2020). Update on Covid-19 (31st December 2020). At: <https://sacoronavirus.co.za/2020/12/31/update-on-covid-19-31st-december-2020/>

SAG (2020). Minister Bheki Cele confirms 55 arrests on day 1 of coronavirus covid-19 lockdown. At: <https://www.gov.za/speeches/minister-bheki-cele-confirms-55-arrests-day-1-lockdown-curb-spread-coronavirus-covid-19-28>

Schotte, S. and Zizzamia, R. (2023). The livelihood impacts of COVID-19 in urban South Africa: A view from below. *Social Indicators Research*, 165(1): 1–30.

Schröder, M., Bossert, A., Kersting, M., Aeffner, S., Coetzee, J., Timme, M. and Jan Schlüter, J. (2021). COVID-19 in South Africa: Outbreak despite interventions. *Scientific Reports*, 11: 4956.

Seekings, J. (2020). Bold promises, constrained capacity, stumbling delivery: The expansion of social protection in response to the Covid-19 lockdown in South Africa. CSSR Working Paper No. 456. University of Cape Town: Centre for Social Science Research.

Seekings, J. (2021). Failure to feed: state, civil society and feeding schemes in South Africa in the first three months of Covid-19 lockdown. CSSR Working Paper No. 455, University of Cape Town.

Seekings, J. and Natrass, N. (2020). COVID vs. democracy: South Africa's lockdown misfire. *Journal of Democracy*, 31(4): 106–121.

Simon, B. and Khambule, I. (2022). Modelling the impact of the COVID-19 pandemic on South African livelihoods. *International Journal of Sociology and Social Policy*, 42(11/12): 926–948.

Sizani, M. (2020). South Africa: COVID-19: Police shut immigrant-owned spaza shops after Minister's xenophobic statement. *GroundUp*, 30 March.

Skinner, C., and Watson, V. (2020). Planning and informal food traders under Covid-19: The South African case. *Town Planning Review* 92: 301–307.

Skinner, C., Barrett, J., Alfors, L. and Rogan, M. (2021). Informal work in South Africa and COVID-19: Gendered impacts and priority interventions. WIEGO Policy Brief No. 22, Cape Town.

Smart, B., Combrink, H., Broadbent, A. and Streicher, P. (2021). Direct and indirect health effects of lockdown in South Africa. WP572, Center for Global Development, Washington D.C.

Smith, M. and Wesselbaum, D. (2020). COVID-19, food insecurity, and migration. *Journal of Nutrition*, 150(11), 2855-2858.

Southern African Legal Information Institute (SAFLII) (2020). The South African High Court judgment in the case between Scalabrini Centre of Cape Town and the Minister of Social Development. Case No. 22808/2020, Office of the Chief Justice. At: <http://www.saflii.org.za/za/cases/ZAGPPHC/2020/308.pdf>

SSA (Statistics South Africa) (2020). *Quarterly Labour Force Survey, Third Quarter 2020*. Statistical Release P0211.

SSA (2022). *Measuring Food Security in South Africa: Applying the Food Insecurity Experience Scale*. Pretoria: Statistics South Africa.

SSA (2023). *Assessing Food Inadequacy and Hunger in South Africa in 2021 Using the General Household Survey*. Report 03-00-20.

Staunton, C., Swanepoel, C. and Labuschagne, M. (2020). Between a rock and a hard place: COVID-19 and South Africa's response. *Journal of Law and the Biosciences* 7(1): 052.

Steytler, N. and De Visser, J. (2021). South Africa's response to COVID-19: The multilevel government dynamic. In R. Chattopadhyay, F. Knüpling, D. Chebenova, L. Whittington and P. Gonzalez (Eds.), *Federalism and the Response to COVID-19* (Abingdon: Routledge), Chap 20.

Tabe-Ojong, M., Nshakira-Rukundo, E. and Gebrekidan, B. (2023). COVID-19 and food insecurity in Africa: A review of the emerging empirical evidence. *European Review of Agricultural Economics*, 50(3): 853-878.

Tawodzera, G. and Crush, J. (2022). Pandemic Precarity and Food Insecurity: Zimbabwean Migrants in South Africa During COVID-19. MiFOOD Paper No. 4 (Cape Town: MiFOOD Network).

Tawodzera, G. and Crush, J. (2023). 'A foreigner is not a person in this country': Xenophobia and the informal sector in South Africa's secondary cities. *Urban Transformations*, 5:2.

Tefera, G., Lembani, M. and Majee, W. (2023). COVID-19 and Migrant Coping Strategies: A Person in Environment Perspective on Experiences of Malawian

Migrants Living in South Africa. *Journal of Social Service Research*, 49(4), 447-460.

Thomson, M. and Lewin, L. (2020). The lockdown is unconstitutional. At: <https://www.lexisnexis.co.za/lexis-digest/resources/the-lockdown-is-unconstitutional>

van der Berg, S., Patel, L. and Bridgman, G. (2021). Food insecurity in South Africa: Evidence from NIDS-CRAM wave 5. *Development Southern Africa*, 39: 722-737.

van Seventer, D., Arndt, C., Davies, R. et al. (2021). Recovering from COVID-19: Economic scenarios for South Africa. IFPRI Discussion Paper 02033, Washington DC.

Van Wyk, D. and Reddy V. (2022). Pandemic governance: Developing a politics of informality. *South African Journal of Science*, 118(5/6): 13163.

Vermeulen, H., Schönfeldt, H. and Muller, C. (2020) Food aid parcels not nutritionally balanced. *New Frame*, 26 May.

Visagie, J. and Turok, I. (2021). Rural-urban inequalities amplified by COVID-19: Evidence from South Africa. *Area Development and Policy* 6(1): 50-62.

Visser, M. (2023). The impact of Covid-19 on South African migrant wage workers and the self-employed. ILO Working Paper No. 88, International Labour Organization (ILO), Geneva.

Washinyara, T. (2022). 500 refugees living in wretched conditions in Cape Town camp. *Daily Maverick*, 18 November.

Wegerif, M. (2020). “Informal” food traders and food security: Experiences from the COVID-19 response in South Africa. *Food Security*, 12: 797-800.

Wegerif, M. (2024). Street traders’ contribution to food security: Lessons from fresh produce traders’ experiences in South Africa during Covid-19. *Food Security*, 16: 115-131.

World Bank (2021). *South Africa Economic Update Edition 13: Building Back Better From COVID-19, With a Special Focus on Jobs* (Washington DC: World Bank).

The COVID-19 pandemic exposed significant weaknesses in South Africa's crisis management policies, particularly concerning the treatment of migrants and workers in the informal sector. Initial public and media support for the declaration of the State of National Disaster and COVID-19 evaporated once a nationwide lockdown was imposed and enforced by the national and local police and army. The government's militaristic and centralized response, while effective in some respects, exacerbated the vulnerabilities of marginalized populations. South Africa is one of the most urbanized countries in Sub-Saharan Africa, so the burden of pandemic lockdown and enforcement inevitably fell squarely on its cities, and within cities on its low-income townships and sprawling informal settlements. Many of these neighbourhoods are populated by migrants who rely on temporary work and the informal sector for household income. To assess the devastating impact of the pandemic response on the country's urban population is, therefore, by extension, to examine its impact on the country's two million international migrants. Future crisis management policies should be inclusive, ensuring that migrants and other vulnerable groups are considered in relief and other measures. By adopting more inclusive, decentralized and human-rights-based approaches, South Africa can better protect all its residents in future crises.



# **MiFOOD Network**

**GLOBAL MIGRATION & FOOD SECURITY**