

Review

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Cover: The Khulisa's Streetscapes project runs a community-based rehabilitation and reintegration programme for chronically homeless people in Cape Town. Some of them have day jobs in the project's vegetable garden. The HSRC is helping Khulisa to evaluate a housing project, which is based on the principle that people are better able to move forward to deal with their substance abuse and mental-health challenges if first homed and then supported.

Photo: Andrea Teagle

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EDITOR'S NOTE

by guest editor, Professor Heidi van Rooyen, Group Executive of the HSRC's Impact Centre



These past four months of living with COVID-19 have asked a great deal of us all. On multiple levels. On the work front and in our personal lives. Given our mandate to conduct social science and humanities research for the public good, the HSRC has responded well to this call. Through engaged and collaborative academic, non-governmental and private partnerships, we have conducted several large-scale surveys, alongside more in-depth qualitative enquiries that explored the social and behavioural impacts of this public health pandemic on South African communities. This work has been presented to the COVID-19 National Command Council on several occasions and has been useful in shaping government guidance and interventions regarding the pandemic.

In commenting on the findings emerging from this work, President Cyril Ramaphosa noted that the HSRC's research shows the human side of the pandemic. It was those words that inspired this current edition of the

HSRC Review. Our aim is to give voice to the human face of this epidemic. In these 18 articles, we explore seven themes, including an analysis of the impact on psychological health and wellbeing, the impact on the economy and considering communication about the pandemic in the media and through science communication.

COVID-19 is an unprecedented health, human and social crisis. We share work that documents people at the hard edges of this crisis; those often marginalised in South African society such as the homeless, migrants, those in townships and dense inner cities, and the disabled. We document how disrupted learning deepens existing disparities between rich and poor children, and we learn through innovative photovoice work what parents, teachers and learners think about the reopening of schools.

All around us every day are signs of the enormous hardship and suffering being wrought by the coronavirus. But, if you pay attention, in the midst of all that you see glimmers of hope. We

share that work too. You will hear how this moment affords opportunities to rethink cultural and traditional meanings of home and to imagine how we could build new infrastructures for water and sanitation, and for change. We show that South Africans are willing to build compacts of trust with government, and that communities are spurred into action to build networks that feed and support, and find new ways to do religion and culture.

We invite you to engage with these articles in a slightly different way. Like me, you will no doubt open this in the middle of several other tasks, quickly scanning through or reading it. In emphasising the human side of the pandemic, we have showcased work and complemented it with narratives and visuals that bring you closer to the lived realities of COVID-19. Allow yourself to slow down; read one or two of these, don't rush through all 18 in one go. In this way, we give ourselves a moment to be touched by the plight or situation of others. We become fellow humans living in a time of COVID-19.



DURING THE LOCKDOWN: THE VOICES BEHIND THE NUMBERS

A recent survey by the University of Johannesburg and the HSRC found that a sizeable share of South African adults experienced a range of negative emotions during lockdown. The chief driver was hunger resulting from poverty. The depth of psychological distress and social isolation was highlighted by survey participants' moving responses when asked to share "the worst thing" about lockdown. By *Mark Orkin, Ben Roberts, Narnia Bohler-Muller and Kate Alexander.*

More than a hundred countries spanning nearly half the planet's population have implemented full or partial lockdowns in response to the COVID-19 pandemic, in what has been described as "the largest psychological experiment in the world". In April 2020 public-health experts warned in an [academic article](#) that "it appears likely that there will be substantial increases in anxiety and depression, substance use, loneliness, and domestic violence."

In South Africa, among the most unequal societies in the world, the circumstances of people during confinement differ dramatically: from a minority of comparatively well-off families or individuals in suburban houses or apartments, to mainly less well-off families in townships, informal settlements and rural areas. The poorest depend on child-support grants, grandparents' old-age pensions and remittances. For such families with scant savings, and with their wage-earners often dependent on casual or informal-sector employment, the economic effect of confinement has been devastating.



However, the way in which these factors have an impact on our population's mental health has received little empirical attention. Research by an HSRC-led public-health consortium has indicated that South Africa is in a "moment of psychological crisis". Using evidence to profile the mental health of South Africans under lockdown is critical for a holistic response to COVID-19.

Online survey

The first wave of surveying was conducted between 13 April and 11 May using the Moya Messenger App on the #datafree biNu platform. The survey employed opt-in cell-phone sampling, but the 12,312 complete responses were weighted to StatsSA demographics, meaning the results are indicative of the national situation.

During the survey, respondents were asked the following: "Now we want to ask you a question about the effect of the lockdown on you emotionally. Which of the following emotions have you felt often during the past week?" A list of eight different emotions followed, to which they answered yes or no. In addition, an open-ended question asked about their "worst experience" under lockdown.

Exposing the hidden mental struggle

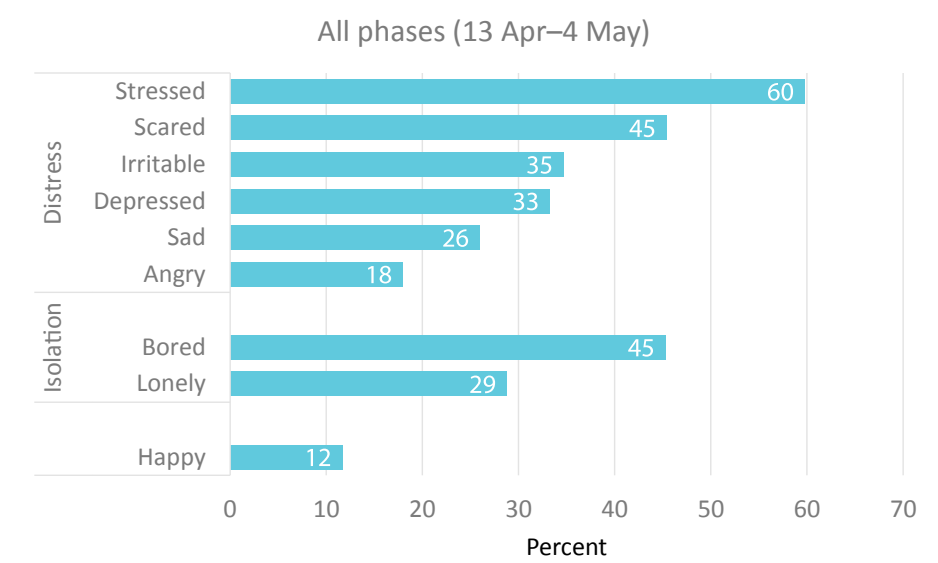
During lockdown, 60% of South Africans were frequently stressed and 45% scared and bored (Figure 1). Around a third were depressed (33%), irritable (35%) or lonely (29%). Sadness was experienced by 26% and anger by 18%. In contrast, barely a tenth reported feeling happy (12%). Depression has been clinically measured at [between 18% and 27% in less unusual times](#), so it is likely that there was an appreciable increase.

Women are more depressed than men (36% vs 31%) and more apprehensive (50% vs 42%) – perhaps because they bear the brunt of extra child-care. Possibly for the same reason, they report being somewhat less lonely (27% vs 30%).

Differences by age are more striking. Among 18–24-year-olds, 59% felt bored compared to only 29% of those aged 65+ years. The pattern was similar for anger, at lower levels: 22% among 18–24-year-olds vs 12% among those aged 65+ years. Fear, stress and depression also taper off after the mid-40s. The young clearly experience the psychological effects of lockdown more severely.

These emotional states are shown in Figure 1, with a selection of intense responses provided by survey respondents in sharing "the worst thing" about lockdown.

Figure 1: The pattern of emotional experiences under lockdown, 13 April – 11 May (% experiencing each emotion frequently during the week prior to the interview)





Scared:

"There is no limit to the people [who] come into the store. So it puts me and my colleagues at high risk."

"Spending without getting any sort of income really scares me."

"People are not ready to listen. I'm afraid if one person in my community is affected then [we] will have thousands of people sick. We are using one pipe of water and the community is about 800 shacks. May God help us."

"Having a fear of getting the virus, [because] I work at a supermarket and [bring risk to] my baby and family."



Stressed:

"Knowing that my parents are stressed about where we are going to get our next meal if the president decides to extend the lockdown."

"We are a big family of seven in an informal settlement. My mother is a breadwinner ... I can feel the pain of seeing her going through tough times."

"I am stressed ... my boss told me that she will be able to pay me for three weeks as it was a small business ... after that she won't be able to."

"Not knowing how will I get money to pay rent. That issue is stressing me a lot, how will I eat?"



Depressed:

"Production has stopped altogether. At times I feel depressed, like life is not worth living anymore."

"High stress, anxiety and depression. No alcohol to relieve this ... I am a pensioner living on my own, so no-one to share my problems with. Taking too many tranquilisers to cope."

"It's depressing! Can't go out, struggling to continue with my job searching."

"I just wish you had organised with varsities to let students stay in residence because now many of us will not have access to the internet for online learning, we are being abused at home and are now suicidal. It sucks seeing myself in this dark mental space."



Sad:

"Watching my kids get sad and angry at the restrictions and I cannot take them outside"

"Most people in my community don't work and don't have food – very sad."

"The worst thing for me is that I'm a graduate who was due for employment as of the 1st of April, I was also supposed to attend my graduation ceremony ... I'm really sad because none of that happened."



Irritable:

"Getting frustrated with my household and enormous pressure due to school children missing a lot of work."

"No money, can't get my smokes, which makes us more irritated. Withdrawal is bad"

"The worst thing of lockdown is you can't go anywhere and it's frustrating."

"We are not able to go to school ... it affects our minds, sitting and doing nothing at home is frustrating, learning is the key."



Angry:

"Being locked up when I feel like going somewhere I want — it makes me angry so much."

"Not able to work and no money; being stuck with my angry father."

"It's very stressful during this lockdown to live in the same yard with so many harsh words and anger."

"People aren't taking the virus seriously that makes me very angry cause they can infect other people."



Boredom:

"Not being able to go to school or not seeing my friends. Also, it gets boring cause we don't have WiFi or data."

"I can't see my loved ones and it's boring at home"

"It's boring in the house [because] we are not able to do the things that we love."



Loneliness:

"I cannot really help my elderly mom and she is very lonely."

"Being alone and not being able to comfort a friend in their time of need"

"Not being with my family ... I'm all alone in my flat"

"No hugs from my family and friends. I live alone so I really miss that."

"Feeling lonely, unable to share useful information with others like before and less productive when it comes to my studies."

Drivers of psychological stress and isolation

Statistical analysis divided these eight negative emotions into two underlying psychological factors, as indicated by the graph: psychological distress, which includes being scared, stressed, depressed, sad, irritable or angry; and social isolation, which includes feelings of boredom and loneliness. Further analysis showed that the strongest predictor of distress was hunger, experienced by nearly a third (31%) of participants. Compared to those who did not experience hunger, being hungry resulted in an increase of sadness by 9 percentage points. Anger increased by 12, stress by 15, depression by 17 and loneliness by 5 percentage points.

Predictably, absence of hunger correlated strongly with income, and income with having employment. This signals the importance for mental wellbeing of continuing the phased reintroduction of access to work and wages, as fast as can safely be achieved.

In response to the "worst thing" write-in option, the most frequent response was not having enough food to eat, especially because of unemployment:

"Food gets finished quickly while everyone is at home ... Nobody is working, we try and live by what we have."

"I am an unemployed mother of three kids and I don't know where my next meal is coming from"

"My family is hungry, UIF takes 35 days to apply for. What must my kids eat?!"

"We haven't received any food parcel; we didn't even get forms to fill in for food parcels. Our council is useless, so tell me Mr President how can you let most of us go hungry? We are only good for votes."

"Hunger. Hunger. Hunger. The worst thing I'm worried about is food more than the coronavirus itself."

Prioritising mental wellbeing

These data-driven observations are potentially powerful and may assist authorities in their decision making. This scary, unavoidable worldwide 'experiment' will end. Yet, as both our president and the [South African Depression and Anxiety Group](#) have warned, it requires concerted attention and the correct measures. Addressing mental distress and isolation, no less than their prime socioeconomic determinants, must be part of the mix. The words of the public offer a haunting reminder of how critical this priority is:

"Please remember that there is both physical health and mental health. Too much stress is just as dangerous as the virus."

"Please make means for psychological help or therapeutic help ..."

Authors: Dr Ben Roberts is a chief research specialist and Prof Narnia Bohler-Muller the divisional executive in the HSRC's Developmental, Capable and Ethical State research division. Dr Mark Orkin is an associate research fellow and Prof Kate Alexander the director of the Centre for Social Change at the University of Johannesburg.

Note: A more quantitatively focused earlier article was published in the [Daily Maverick](#) and a webinar discussion on the findings can be accessed [here](#).

The second wave of the online COVID-19 Democracy Survey is being conducted on the biNu Moya Messenger App between 6 July and mid-August. This can be undertaken, free of charge, by anybody in South Africa aged 18 years or over with access to the internet. Go to: <https://hsrc.datafree.co/rujhsrc>



Tackling non-communicable diseases: Critical beyond COVID-19

Evidence suggests that COVID-19 patients with diabetes and hypertension are more likely to face poorer outcomes. Both of these health conditions are widespread in South Africa — and often untreated. Expanding health care and creating healthier environments will be critical to South Africa's resilience against COVID-19 and future epidemics. By *Andrea Teagle*



A woman getting her blood pressure tested
Photo: Hush Naidoo_Unsplash



Patience Ndou cooking a meal in Mandalay, Cape Town

“I'M REALLY WORRIED, BECAUSE THINGS ARE NOT GOING WELL FOOD-WISE.”

Patience Ndou (37) lives in Mandalay in Cape Town with her husband and two children. She was diagnosed with severe blood pressure last year. “My heart beats faster like someone scared me. Then I feel hot from the legs, going up, up, upwards. If I'm in a taxi, I have to remove my jacket. I didn't want to sit in between people because any time those hot flushes would start.

“When they tested me, my blood pressure would be 165/115 and my heart would be beating very fast. They decided that I had to start on the medication because I was going to [have a] stroke.”

Eight months after her diagnosis, Ndou is doing much better: her blood pressure is under control and she is a healthier weight. However, although aware which foods she needs to eat — particularly wholegrains and certain fruits and vegetables — she cannot always afford them on her domestic worker's salary. Like many, Ndou and her family have been struggling to make ends meet since South Africa went into lockdown: “I'm really worried, because things are not going well food-wise. We're eating, eating, eating and not making any money. I have to be on a certain

diet, so it's really tight. It's really affecting us.”

Rising rates of diabetes and hypertension

On 26 May 2020, the Western Cape government conducted a [data review of underlying diseases](#) associated with COVID-19 deaths in the province; at the time, the province had recorded 403 deaths. The review revealed that the most prevalent comorbidities were hypertension and diabetes.

These early data showing that South Africans with diabetes and hypertension are at higher risk of more severe cases of COVID-19 support research from elsewhere. The [largest study](#) on risk factors to date, using health data from 17.4 million adults in the United Kingdom, points to uncontrolled diabetes being one of the major risk factors associated with death from COVID-19. Other factors included being a man, suffering from asthma, and older age. Black and Asian people also had a higher risk of death, even when controlling for other factors such as poverty.

In the United States of America, half of all COVID-19 patients hospitalised in March had hypertension (49.5%), while over a quarter had diabetes

(28.3%). Obesity, chronic lung disease and cardiovascular disease were also common underlying conditions (48.3%, 34.6% and 27.8% respectively).

In China, a [systematic review](#) found that diabetes and hypertension were twice as common among hospitalised COVID-19 patients in intensive care as among general COVID-19 hospital patients.

As many as 1 in 4 adults in South Africa have hypertension, and more than 1 in 10 have diabetes. Also, according to [HSRC research](#), 1 in 4 diabetes cases are undiagnosed. These individuals may be even more vulnerable due to the socioeconomic impacts of lockdown.

In [an HSRC survey](#) conducted between 7 and 14 April on perceptions of the impact of COVID-19 nationally, 13.2% of respondents indicated that their chronic medication was inaccessible during the lockdown. In informal settlements and rural areas and on farms this figure ranged between 13% and 25%.

Ndou said that her nearby clinic was closed after staff members tested positive for COVID-19: “I'm worried about where I will go and collect [my

medication], because I don't know if I can buy it over the counter at a pharmacy.”

More than half (55%) of respondents from informal settlements also experienced food shortages, a situation that may have worsened due to the economic impact of the pandemic, despite the easing of restrictions. For people with diabetes, food shortages or limited access to nutritious food may make it more difficult to regulate glucose levels, which is important for the body's ability to fight off infections.

Expanding health care and healthy food accessibility

In the long term, addressing rising rates of non-communicable diseases (NCDs) will be critical to mitigate the damage caused by pandemics — which are predicted to become [increasingly common](#) due to globalisation and climate change. COVID-19 itself might become a seasonal menace.

“There's been a shift in the last 20 years in what South Africans eat,” explains researcher Ronel Sewpaul of the HSRC. “Much less fibre, much more calorie-dense, much high-fat food, swinging away from more

traditional diets and towards more westernised diets, more fast foods.”

Sewpaul says that as a first step towards a more robust population, screening for NCDs and other conditions needs to be increased. “The first step would be inching through that cascade of care, which is having your blood sugar or having your blood pressure measured, and then getting screened. And then [the health-care sector] would at least be able to differentiate who the immunocompromised and the at-risk people are. Because at the moment, they don't know — it's just the general population.”

The pandemic has underscored the need for [equitable and ultimately universal health care](#).

Scaling up treatment for cardiovascular risk factors, like diabetes and hypertension, would be cost-effective from a health-care perspective, according to a [2018 study in The Lancet](#). The team of researchers — which includes the HSRC's Prof Priscilla Reddy — modelled two viable treatment expansion options. The first was the WHO's [package of essential non-communicable disease interventions](#) and the second was

South Africa's [Primary Care 101 guidelines](#). Both involved greater prioritisation of medications used to treat high blood pressure compared with blood sugar medications. The researchers found that both models would disproportionately benefit black, male and low-income South Africans.

Other, non-clinical interventions towards a healthier population seek to make fresh produce and exercise more accessible, affordable and appealing. As the COVID-19 pandemic has underscored, many households struggle to get enough — let alone nutritious — food.

The HSRC is exploring the possibility of subsidising nutritious food baskets, Sewpaul says, as a possible complement to existing measures such as the sugar tax. “It's not just up to the individual [to eat healthily] — the individual has to be enabled. That can come from the government, it can come from schools, it can come from the community.”

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DISRUPTED LEARNING DURING COVID-19:

The impact of school closures on education outcomes in South Africa

In June 2020, after a two-month COVID-19 lockdown, South Africa's schools started reopening in a phased approach. However, with the pandemic heading for a peak at the end of July, the government announced a further four-week postponement of most learners' return. The learning losses resulting from this disrupted teaching will disproportionately affect the most disadvantaged learners, risking a deepening of inequality in the country. This is an updated version of an article by *Vijay Reddy, Crain Soudien* and *Lolita Winnaar*, which first appeared in *The Conversation*.

By mid-April about 1.725 billion students globally had been affected by the closure of schools and higher-education institutions in response to the coronavirus pandemic. According to the [UNESCO Monitoring Report](#), 192 countries had implemented nationwide closures, affecting about 99% of the world's student population. In the 1980s during apartheid many South Africans saw school boycotts bring schooling to sporadic halts — but the scale and complexity of what has been happening during the COVID-19 lockdown is entirely new territory.

In recent decades, crises such as natural disasters, armed conflicts and epidemics have disrupted education around the world. For example, in 2005, [Hurricane Katrina](#) in the US destroyed 110 of the [126 public schools](#) in New Orleans. In the past decade at least [2.8 million Syrian children](#) have been out of school for some period, and in 2013 the Ebola epidemic in West Africa saw [5 million children](#) out of school.

School closures affect students, teachers and families and have [far-reaching economic and social effects](#). This is especially so for fragile education systems and the negative effects will be more severe for disadvantaged learners and their families.

We see from previous health emergencies that the impact on education is likely to be most devastating in countries with low learning outcomes and high dropout rates. South Africa has low and socially graded learning outcomes. The 2016 [Progress in International Reading Literacy Study](#) showed that only one in four South African Grade 4 learners could read with meaning. The [2015 Trends in International Mathematics and Science Study \(TIMSS\)](#) found that most Grade 9 learners were yet to achieve a minimum level of competency in mathematics and science.

In response to [COVID-19](#) school closures and adherence to social distancing, UNESCO and many governments and agencies have recommended the use of distance learning, open educational applications and online learning to reduce disruption to education.

Richer households are better placed to sustain learning through online learning strategies, although with a great deal of effort and challenges for teachers and parents. In poorer households many children don't have a desk, books, internet connectivity, a computer, or parents who can take the role of home schooling. The disparity in access to digital devices and connectivity between rich and poor [is immense](#).

For learners in no-fee schools, only one out of five learners has a computer, and only half of them have an internet connection at home. For learners in fee-paying schools, around half have a computer and three-quarters an internet connection. Access to cell phones is higher, with close to 80% of learners having their own. One-third of learners in no-fee schools and just over half of those in fee-paying schools have parents with a post-secondary education. This differentiation in social capital and resources means a differentiated set of learning experiences at home.

While it is necessary to institute educational programmes during this period, these will not replace regular school.

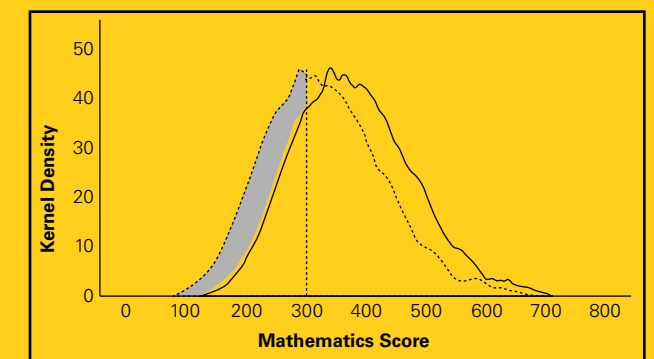
Despite the best efforts of the government, schools and parents there will be [learning losses](#) for almost everybody and worsened educational outcomes for the poor.

We applied the [learning curve scenario methodology](#) developed by the World Bank to the [South African TIMSS](#) data to illustrate the patterns of expected learning losses over the next few months due to school closures and disruptions.

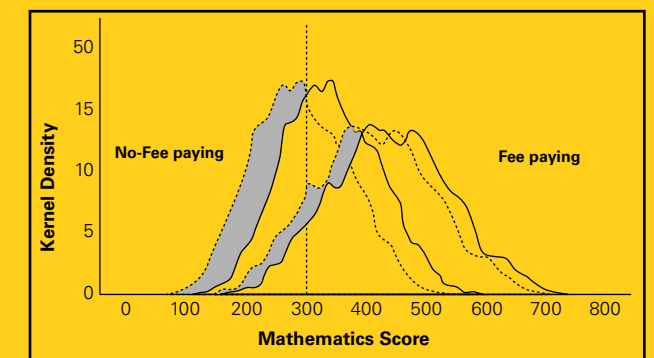
Possible education outcomes

We plotted the kernel density learning curves for the 2015 study scores and a (hypothetical) reduced learning average across the distribution. We then plotted the kernel density curves for the fee-paying and no-fee schools and the reduced learning averages for each.

We expect higher learning losses in no-fee schools. While we don't know the exact value of the learning losses, these graphs illustrate that learning loss patterns will be different for learners in different school types.



A



B

Source: Provided by the authors

In graph A, the solid line shows South African learners' mathematics achievement. The dotted line shows the impact of learning losses on the learner achievement profile. Graph B shows the expected learning graphs for current achievement and expected reduced achievement in no-fee and fee-paying schools.

We use the cut-off score of 300 to show the numbers of poorly achieving learners. The shaded portions in these

graphs show the increased proportion of learners with very low achievement scores. The existing data show a larger proportion of learners in no-fee schools obtaining scores below the 300-point cut-off, compared to learners in fee-paying schools.

Our findings underscore the fact that disasters amplify existing structural inequalities in society and worsen inequalities through an unequal recovery process.

Going forward

Parental and family support is important during this period. Parents and family must consciously and deliberately support children in completing a few hours of school work every day. An [HSRC study](#) on early educational environments found that close to one-third of parents reported that they read books to their children and played with them using the alphabet, number toys and word games.

Half of them reported that they wrote numbers, watched educational TV and sang songs with their children. The patterns are different for learners in fee and no-fee schools — but home-educational activities are happening and parents must be supported and encouraged to continue with them.

It is also important to start preparing for the recovery period when schools reopen. The curriculum must be simplified, targeting areas where learning loss will be most consequential for the [following years](#). In the recovery phase, schools should arrange for additional lessons using the expertise of ex-teachers and university students from the community. While the short-term goal is to modify the curriculum, in the longer term the conceptual gaps have to be filled to ensure that children are not left behind in their schooling.

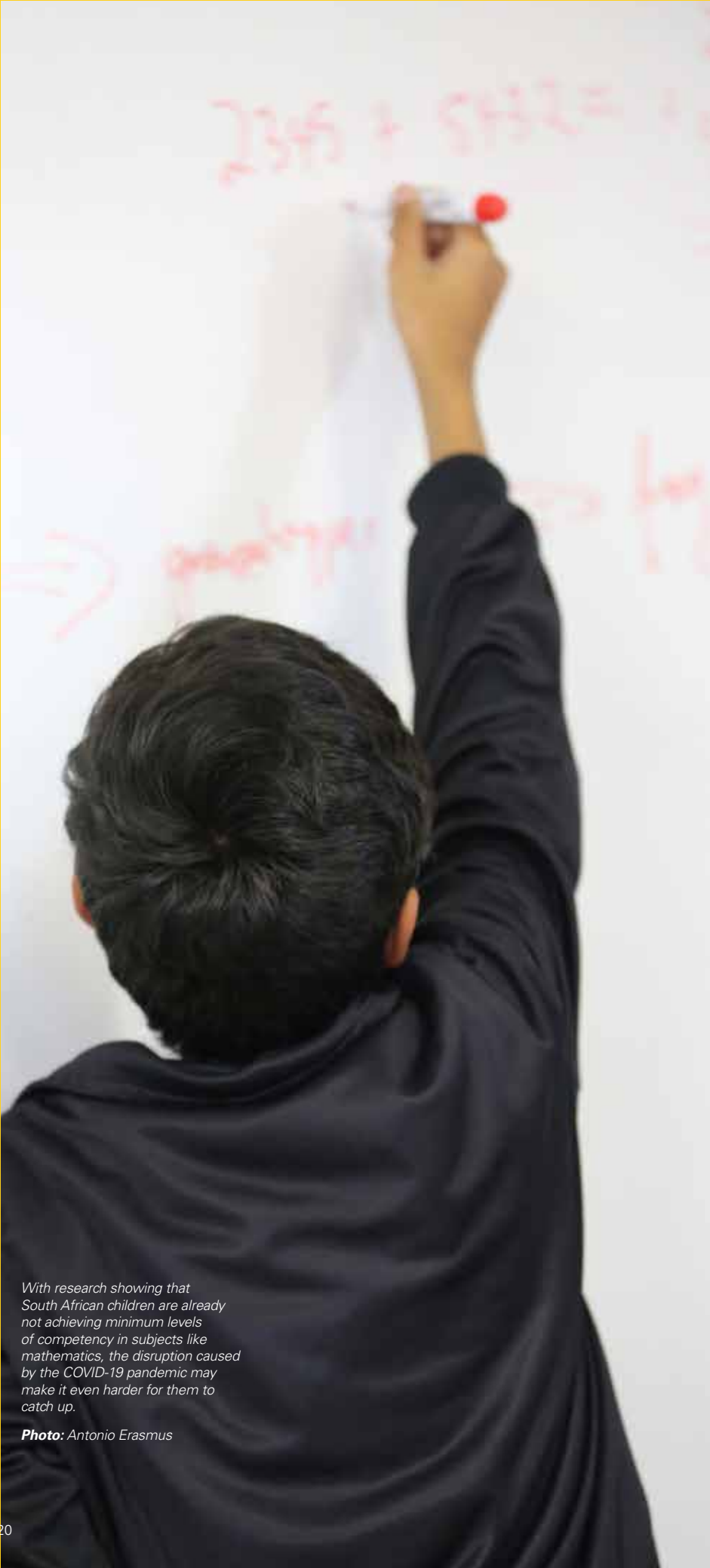
The sad and uncomfortable truth is that for South Africa — with low and unequal achievement scores — the longer that social distancing is in place, the bigger the learning losses for learners, especially the most disadvantaged, thereby deepening inequalities.

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With research showing that South African children are already not achieving minimum levels of competency in subjects like mathematics, the disruption caused by the COVID-19 pandemic may make it even harder for them to catch up.

Photo: Antonio Erasmus



"Do elbow greeting"

Anxiety about schools reopening:

Enhancing the voice of teachers, parents and learners through photovoice

The state of disaster announced on 15 March saw South African schools close more than a week before the country went into a hard lockdown to curb the spread of COVID-19. Schools reopened for some grades in June with the intent to phase in other grades in July and August. With a technique called photovoice, South Africans shared their concerns with HSRC researchers through photographs and social media messages. By Candice Groenewald, Thobeka Ntini and Mafanato Maluleka.

During the COVID-19 lockdown, the HSRC embarked on a study to understand how children, teenagers and adults experienced the nationwide lockdown in South Africa and how their lives were impacted by the pandemic.

The researchers used a technique called photovoice, where participants were asked to document their experiences of the lockdown using photos, voice notes and text messages via WhatsApp. In this way, the researchers were able to capture the participants' personal stories and experiences while maintaining physical distancing to protect all parties from getting infected.

The researchers asked teachers, parents and learners how they felt about the reopening of schools. Noticeably, most participants, regardless of age, expressed increased anxiety related to children returning to schools, where they could "get infected" and spread the virus. Specific concerns included

overcrowded classrooms, young children's perceived inability to maintain social distancing, and the availability of adequate sanitation products at schools.

A female teacher from a public school said:

"My fears and concerns [are] around the issue of sanitisation and the safety in terms of wearing masks ... especially the protection for us as educators [...] Right now, we don't have extra classrooms ... where will these learners be accommodated with the 1:20 [teacher to learner ratio] that would be mandatory? In [some] classes we have 35 learners for the same grade and others have over 40 learners. We do not have sufficient classrooms. How are they going to split those learners? Where are they going to learn? [...] My worry [is] whether they would have enough resources [such as] masks and the sanitisers and how we would practise social distancing?"

Many parents echoed this, citing concern around overcrowded classrooms, infrastructure, hygiene and the ability or willingness of children to maintain a physical distance from each other:

“What worries me the most ... is how are they going to handle the situation in class? Especially in [certain schools] where children are 40 in one class; it is havoc and it would spread the virus easily.”

“Poor personal hygiene. Children won’t follow social-distancing regulations. Rural schools won’t cope with COVID-19 due to lack of infrastructure and sanitisation.”

Despite the coronavirus causing no symptoms or mild disease in most children, some parents expressed fears about the unknown or danger of COVID-19, especially where children had underlying conditions: “I’d never send my child to school facing such a deadly disease.”

“No, I won’t send my child to school. My daughter is asthmatic and no matter how I teach her at home about social distancing, she will want to hug her friends at school. My son is in crèche and I won’t send him back so soon either.”

“As a parent, I am in between; I [would] like to send my child but I’m also scared because I am not sure what is going to happen at school.”

From their responses it was clear that learners shared similar concerns, but also worried about falling behind in their work and wanted to return:

“I am a bit happy that schools might be reopening, but I think it will be a lot more difficult to enforce the coronavirus regulations while we are at school.” — learner (15 yrs)

“I am excited but at the same time scared; because if one learner has coronavirus and doesn’t show symptoms, she may infect all of us in the class” — learner (17 yrs)

“The things that worry me about going back to school are: children will not be able to comply with the regulations [...] For instance; a child

will borrow a pen from another classmate and no-one will know if that child has the coronavirus or not.” — learner (13 yrs)

“What worries me is that in our school there are many students and I don’t think social distancing and the ‘no touching rule’ can be met due to the numbers at our school” — learner (17 yrs)

“I am looking forward to catching up with my school work and ensuring that I am on the right track” — learner (15 yrs)

“I want to learn [...] because we are left behind with school work and we will not know certain things at school.” — learner (7 yrs)

Way forward?

The implementation of this study was facilitated through social media, which provides an excellent platform for people of all ages to communicate with each other safely during this pandemic.

The importance of this work lies in its ability to encourage South Africans to tell and showcase their stories of how their lives have been impacted by the COVID-19 pandemic. The pictures are particularly captivating and revealing, because they display the participants’ experiences and perceptions with minimal interference from the researchers (besides posing research questions). In this way, we can enhance the ‘participant voice’ and share children’s, teenagers’ and adults’ stories of how the COVID-19 pandemic has affected their lives.

The study is ongoing and we hope to learn more about the implications that national regulations during the COVID-19 pandemic and lockdown have on the lives of everyday South Africans.

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Children know about protection

The following responses were shared by child participants when asked to show things that they would do to ensure that they did not get the coronavirus:



“My sister and I wear masks when we exit the house.”



“Wash your hands, keep safe and not carry the germs and always wash your hands.”



“I will wear a mask.”



RETHINKING GROWTH-UNEMPLOYMENT PUZZLES IN THE COVID-19 RECESSION:

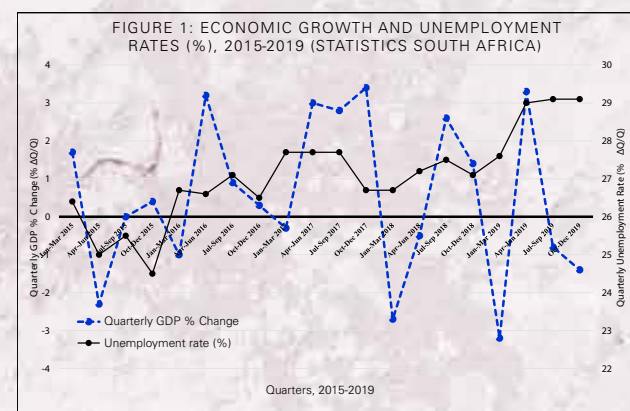
CONTEXTUALISING SA’S MACROECONOMIC POLICY OPTIONS

The total value of goods and services produced inside South Africa’s borders fell steeply in the last two quarters of 2019, resulting in a sharp rise in unemployment. The government’s latest macroeconomic reforms to lift the country out of the 2019 economic downturn and create sustainable jobs are unlikely to deliver immediate benefits. Interventions promised in the recovery plan will take time to cascade through complex economic sectors, agencies and diverse markets before the jobless at the bottom of the socioeconomic pyramid experience any life improvements. Meanwhile the global COVID-19 pandemic is pulling leading economies into a slump worse than the Great Recession of 2007–2009. Peter Jacobs, Pelontle Lekomanyane and Karabo Nyezi contextualise South Africa’s jobs-growth crises.

South Africa (SA)'s economic downturn began before the COVID-19-related recession started engulfing the world economy. Given the severity of the current recession, SA will not escape domestic socioeconomic turmoil, like any other middle-income economy heavily dependent on exporting natural resources. Early forecasts suggest that the domestic macroeconomic crisis will be longer and deeper than predictions made in the February 2020 budget. The combined health and economic crises in an unequal society will aggravate the depressed living standards of many.

The 2019 downturn repeated a well-known pattern: when economic output shrinks, it triggers an expansion in unemployment. With rare exceptions, this inverse relationship characterises the typical boom and bust cycles of economies. Figure 1 confirms the case in SA, at least for 2019. Monthly and quarterly fluctuations in output appear erratic and without a clear trend for 2015–2019, as the dotted blue line shows. These fluctuations might reflect statistical 'noise' intrinsic to short-term data, but also point to quarterly macroeconomic instabilities with heightened risks and uncertainties that often ignite spinoff economic shocks.

In contrast, the jobless rate has steadily climbed to above 26% and worsened significantly since the last quarter of 2018. By the end of 2019, the unemployment rate registered a two percentage-points increase compared to 2018, with no prospect of any quick reversal. COVID-19-related restrictions on physical movement and non-essential economic activities worsened the economic slump. If macroeconomic policy targets job creation in the South African context, it must look beyond recovery plans to stabilise economic growth in the short term. It calls for macroeconomic interventions prioritising equitable restructuring of the economy.



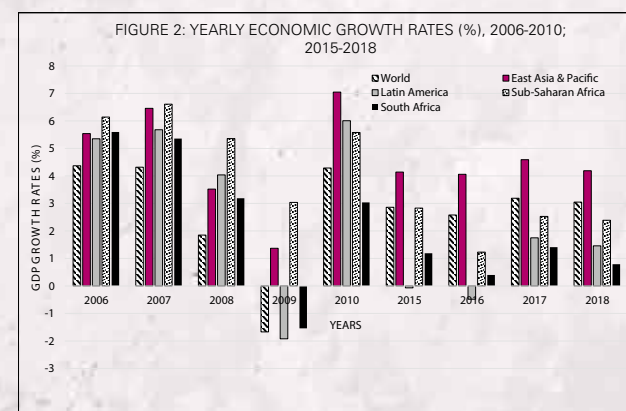
Source: Statistics South Africa (2020), online data portal

SA's unemployment-recession puzzle in context
Is SA's economic growth-unemployment puzzle, coupled with the macroeconomic interventions demanded in recessions, exceptional? This question is particularly important for detailing evidence-informed policies that stand to be enriched through learning from policy

experiences accumulated during past recessionary cycles. Figure 2 shows that from 2006 to 2018 average yearly rates of global economic growth fluctuated between 1.85% and 4.37% during 'moments of prosperity'. However, economic growth is uneven across regions and countries, with Sub-Saharan Africa and East Asia & Pacific outperforming Latin America. This unevenness is unsurprising, and primarily reflects widespread variations in the sectoral composition of economic activity, productivity differences and how developed or underdeveloped economies remain — even if every national economy has been globalised through international trade, capital flows and labour migration.

A synchronised downturn in economic growth began after 2007, marking the onset of the Great Recession. Even though the speed of the economic downturn varied across regions and countries, the magnitude of the decline was so severe that the average world growth rate moved into negative territory. By 2009, as Figure 2 illustrates, SA and major economies in Latin America, as well as the United States and many European economies, had fallen into deep recession.

It is puzzling why SA's unstable and fragile growth pattern matches trends in Latin American economies rather than experiences among its Sub-Saharan neighbours. Also, while SA bounced back to positive growth in 2010 (with the rest of the world), the country's growth rate hovered around 1% post-2010, on the cliff-edge of sliding into a new recession. Commentators agonised about the uneven recoveries, with almost every macroeconomic model forecasting a double-dip recession on the horizon. Even though only Latin America fell into recession in 2015 and 2016, SA and many developed economies failed to escape increasing vulnerability to another economic shock.

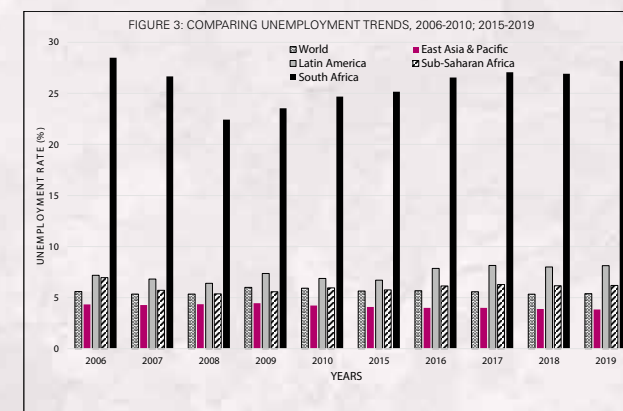


Sources: World Development Indicators (online database)

Comparing SA's unemployment trend with the global average and other regions is revealing in itself, with key insights into the growth-jobs (or recession-unemployment) puzzle. Figure 3 places SA's case in comparative context. The average global rate of unemployment fluctuated in the 5%–6% range from 2006 to 2019. While the average unemployment rate for

East Asia & Pacific remained below the lower boundary of the global range, Latin America and Sub-Saharan Africa recorded rates above the upper boundary of the worldwide average. This regional comparison suggests that the rise in average unemployment rates due to shrinking economic output in the Great Recession was confined to a few countries and regions, especially Latin America.

Figure 3 depicts the unemployment rate in SA as an outlier, given its extraordinarily high level. The overall trend of SA's unemployment rate matches patterns observable in some countries in Latin America. However, this commonality is eclectic and merits in-depth investigation. This descriptive overview does not explain why SA's unemployment rate is more than double the average for Latin America, and what this means for macroeconomic restructuring. Beyond the high unemployment rate, the protracted nature of this crisis has not been resolved and deserves scrutiny. Without a thorough assessment of why this unemployment crisis has endured for more than 25 years despite copious macroeconomic reforms, urgent restructuring to transition out of the COVID-19 depression will not be produced.



Sources: World Development Indicators (online database)

Finding lasting solutions to SA's jobs-growth puzzle has become more pressing. Economic growth might be necessary for job creation, but it has not been sufficient to solve SA's unemployment crisis.

In the aftermath of the COVID-19 pandemic, prevention of an additional decline in aggregate employment and turning this around is high on the agenda of SA's policymakers. The unequal effects of COVID-19 on employment in different sectors calls for a disaggregated framework of employment generation.

Tough questions must also be answered about the composition of forces driving economic output and how these factors interactively translate into sustainable jobs. This debate also pivots on whether employment is a function of economic output, or economic output is a function of labour input. To avoid a circular reasoning trap, the mechanics at work in these chain reactions must be dissected, coupled with looking at why a shift

in the outcome variable might lag behind change in the input variable.

The COVID-19 pandemic has curbed economic activities through multiple mechanisms and brought certain sectors of the economy to a standstill, tilting the economic recession into a depression.

An important question is how the South African government can mediate to stimulate the economy and counter the economic effects of the pandemic. When thinking about policies to stimulate the economy while also recognising public-health restrictions that constrain some sectors more than others, it is useful to think about sectors that could overcome the trade-offs between resolving the health crisis and the lasting unemployment crisis.

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A man standing at an intersection in Mitchells Plain, Cape Town, in search of work

Photo: Antoinio Erasmus

Cities at the epicentre of the COVID-19 pandemic: Density matters

Urban density is an important consideration in the coronavirus pandemic, but knee-jerk reactions by the government, companies and citizens are damaging. The solution is not to reduce density, but to manage it in ways that minimise the risks of viral transmission – because density also has major benefits for human wellbeing and economic prosperity. Doing more to engage and empower citizens, communities and cities would improve the government’s response to the pandemic. By *Ivan Turok*

Illustration of the density of urban areas, showing the concentration of people in small spaces.
 Photo: Shutterstock



The coronavirus pandemic has revealed more starkly than any scientific research both the vulnerability of cities to disasters and their economic significance. The disease has spread with devastating speed and severity through human contact in globally connected megacities like New York, London, Milan, Madrid and Paris. South Africa’s epicentres — Johannesburg, Cape Town, Pretoria and Durban — are also relatively dense and open to international travel and trade.

Many observers have been quick to blame urban density for the speed of the spread, especially given evidence of high infection rates in townships and informal settlements. This has fuelled government actions to ‘de-density’ certain places and evict households invading urban land. Concerns about crowded commercial precincts have prompted large companies to reconsider the need for centralised offices and disperse staff to smaller suburban nodes, or to allow indefinite working from home.

There is a danger that ill-conceived ideas take hold and unthinking reactions to dense urban living and working get entrenched. There are many uncertainties about the virus and why its impact has been so uneven across different regions and groups. Holding density responsible ignores other environmental factors and underlying human conditions, including poverty, vulnerability and inadequate access to basic infrastructure and health care.

Benefits of density

Focusing on the negative aspects of urban density neglects its many benefits. Clustering people in metropolitan centres is the oxygen that fuels economic success and enriches human lives. Density improves labour market matching, raises productivity and lowers the cost of public services. On the work front, face-to-face contact is energising and fosters learning and creativity. Despite the fanfare around the digital revolution, lockdowns have shown how quickly economies come to a standstill when everyday human interaction is halted and the oxygen of contact is sucked out of the system.

The density of buildings is quite different from the density of people. An area’s population density varies widely if measured at the scale of the plot, the block, the neighbourhood or the city. Surprisingly little attention has been given to the appropriate geographic scale of analysis and response to the virus because almost everything — decision making, regulations, communication and research — has converged at the national level. The limitations of this centralised approach have become apparent.

Human encounters

The micro scale of human encounter is central to transmission, so the settings in which people interact matter more than density at other scales. The amount of internal living space occupied by households is a different matter from the space between people on the street or in other public places. Both differ from the density of people within workplaces, schools, shops or public transport. The virus can spread by airborne transmission of tiny particles and not just droplets falling onto surfaces. This heightens the risk in crowded, closed and poorly ventilated settings such as hospitals, open-plan offices, churches, nightclubs and restaurants.

Densities in different places and at varying scales are not completely separate because of some common factors. Low-income groups live in smaller dwellings and travel on more congested transport networks. They attend schools, which are more crowded, face longer queues at clinics, and have less personal space at work. They also live in denser neighbourhoods with narrower streets, and fewer parks and open spaces. The poorest communities have higher prevalences of diabetes and HIV and lack access to clean water and sanitation, providing fertile grounds for infection. The pandemic has exposed the country’s inequalities and injustices starkly.

There is also interdependence between homes, workplaces, shops and transport systems because people have to travel and will carry the virus with them if infected.

Official efforts to understand the disease have neglected two important geographical units or entities: the neighbourhood (where most people live their daily lives) and the local labour market (covering the city’s commuting zone or travel-to-work area). These functional areas encompass the most intense flows of people and are vital to the way the pandemic evolves, yet have received little attention in terms of dedicated analysis or targeted response.

There is no information to monitor disease spread and no authority to make decisions at these levels. Data have been provided at provincial level, but provinces cover administrative territories that generally don’t correspond to daily population movements. So they don’t help to track the dynamics of the disease. This must make it harder to anticipate hospital requirements, test communities strategically and encourage vulnerable groups to quarantine. If the basic units of analysis are inappropriate, modelling the pandemic will prove difficult and the uneven burden on local health facilities hard to predict.

Human behaviour also influences the rate of transmission and can flatten the curve. Because the virus is so efficient at spreading, it really matters whether people are careful and avoid crowded spaces, wash their hands, practise social distancing and wear masks. There has been insufficient education and engagement through trusted local networks and other channels within communities to encourage people to cooperate with the rules and act responsibly, even when it is inconvenient.

The government’s response

The initial response was unprecedented, with one of the earliest and most stringent national lockdowns in the world. Widespread fear and scientific advice lent credibility to indiscriminate actions to curtail personal freedoms and halt economic activity. The aim was to give the health service time to prepare for the approaching storm. Other countries introduced a more precise and targeted approach, with

high-risk activities and localities subject to stricter measures than safer activities and places.

After more than two months of economic duress and hardship, and with growing doubts about the arbitrary and irrational nature of many of the regulations, the blunt controls were lifted and most parts of the economy were allowed to open up. The paternalistic, even authoritarian, approach was replaced overnight by a light touch, essentially leaving people and firms to fend for themselves. Material assistance for poor communities and struggling businesses was slow to emerge, leading to growing discontent and disillusionment.

A need for balance

Widespread disregard for the rules has accelerated the pandemic and intensified the storm. As the peak approaches, a response more finely honed between blanket restrictions and laissez-faire would arguably have been better at safeguarding lives and livelihoods. It is not too late for more effort to be made to engage the collective agency of citizens, civil society and local authorities in order to strengthen trust, improve traction within communities and encourage socially responsible behaviour. Mobilising local institutions would also help with the task of recovery.

Looking ahead, consideration of the local scale is vital to improve understanding of the pandemic dynamics and to adjust essential rules and conditions as it progresses. It is also important for coordinating the responses of government entities, employers, transport operators and community-based organisations, given their shared interest in keeping workers, commuters and consumers safe. Building stronger partnerships at neighbourhood and city levels is a priority for the period ahead.

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LIVED REALITIES OF URBAN PERIPHERIES: BUILDING INFRASTRUCTURES OF CHANGE

An aerial view of Khayelitsha
 Photo: Johnny Miller

Apartheid was enacted spatially through infrastructural investment to support institutionalised racism and class inequality. Post-apartheid redress centred on provision of housing, basic services and social grants, but over 26 years later the response has been inadequate. Apartheid's spectre persists, as millions of South Africans continue to struggle in unsafe and overcrowded conditions. The COVID-19 pandemic has exposed and intensified these conditions. Through ethnographic attentiveness to the everyday struggles of those living on the fringes, research by the University of Cape Town and the HSRC shows the inadequacy of infrastructural access and the lived effects of widespread income and resource insecurity. *Suraya Scheba* and *Andreas Scheba* argue that the current crisis offers an opportunity for infrastructural investment and increased public spending in urban peripheries, as part of constructing a new political economy.



For all its devastation, the COVID-19 pandemic is also a moment of opportunity for fundamental change. This is the language President Cyril Ramaphosa has been using in recent public speeches, suggesting an openness to forging a better, fairer and equal society, free from the spectre of a colonial and racist past. Acknowledging that “we cannot merely return our economy to where it was before the virus, but we have to forge a new economy in a new global reality,” he joins a growing number of commentators who propose a radical rethink of the government’s role in promoting socioeconomic transformation.

Ramaphosa has presented public investment in infrastructure as a key driver for change. Comparing the impact of COVID-19 to a post-war situation, he points to the critical role infrastructure can play in bolstering inclusive economic and social development. While we agree with this sentiment, we argue that questions of what, where and for whom are critical to realising meaningful change. As COVID-19 has once again revealed the dire material and economic conditions in our townships and informal settlements, which have been bearing the brunt of South Africa’s pandemic and associated lockdown, we argue that these should be key sites for public investment. Building the material and social infrastructure of urban peripheries holds tremendous potential to correct injustices of

the past and drive emancipatory socioeconomic transformation.

Home in the time of COVID-19: An infrastructural lens

Between March and May 2020, we undertook a small study to focus attention on the impact of the pandemic and lockdown on lived experiences in Cape Town’s peripheral neighbourhoods. We used WhatsApp as a platform for discussion with 20 participants from five neighbourhoods: Beacon Valley (Mitchells Plain), Delft, Hillview, Parkwood and Khayelitsha (Harare, Site B). We also organised a Zoom meeting with all participants at the end of May. Households’ living, economic and infrastructural conditions varied across the sites, which influenced the experience.

Inadequacy of basic infrastructure, particularly water and sanitation, exacerbated people’s risk of infection and made practising hygiene and social distancing very difficult. Some beneficiaries of state housing programmes, especially those accommodating backyarders, struggled with the limit imposed by water management devices. Consumption limits also regulated backyarders living on council-owned land, who accessed water via service blocks installed by the City of Cape Town.

Residents in informal settlements relied on communal taps and water tanks. The communal standpipes were sometimes far away, difficult to access or did not work. Long queues meant



Water protest 2020: In March, at the start of the COVID-19 lockdown, residents from several informal settlements in Khayelitsha gathered on the steps of the Cape Town Civic Centre to demand that they be supplied with water.

Photo: Mary-Anne Gontsana/GroundUp

people spent a lot of time waiting, increasing their risk of infection. To mitigate the burden, the Department of Human Settlements, Water and Sanitation introduced water trucks and tanks, which provided relief. However, as one respondent from Khayelitsha explained:

"Social distance is really difficult. If the water has run out from the communal taps, you have to run for the tanks/trucks that are coming to assist but, because there are no roads, they can't stop where you are staying. They stand +-500 m from the house, which makes carrying 20-25 litres difficult."

For those households with free-flowing water, individual access affordability was a major concern. Increased consumption created anxiety and fear about future water bills and indebtedness.

Beyond water, lockdown also increased the need for, and cost of, electricity. Some were able to benefit from free extra units, but the amount was minimal. Others had to stop using electricity altogether, resorting to paraffin and wood, with adverse



A research participant from Khayelitsha sent this photo of a water tank. Access to water is crucial to maintain hygiene during COVID-19 but informal settlements often don't have sufficient water and sanitation infrastructure.

health and safety concerns and increased time spent cooking. Lack of electricity also hampered usage of communication technology such as smart phones.

COVID-19 and lockdown aggravated pre-existing social and psychological distress. Many of the participants lamented the lack of space at home, lack of privacy and stress of being in a confined space for so long. As a backyard dweller from Beacon Valley explained:

"... the space is overcrowded and the house is too small. We are in each other's way. It is very awkward. Just to do the cleaning and washing, we have to not all be in the same room. Everything is too much, we are not used to sit inside cooped up, we are used to go outside to visit family and friends. We are working on each other's nerves."

Life outside the house: Overloaded infrastructure Public and private infrastructure in high-density areas are often overloaded and inadequate to accommodate growing demand.

In each neighbourhood the already limited health, social and economic facilities were overwhelmed by the number of people who had to be served under social-distancing measures. The resulting long queues in front of clinics and shops contributed to residents' risk of contracting the virus. Many participants expressed anxieties and fears around this. A participant from Beacon Valley wrote, "I am afraid that I will be infected while waiting", which was echoed by a participant from Khayelitsha who said, "Even shopping is risky, there are too long lines and you can get infected. It's not secure, it's not safe."

Limited public transport further exacerbated the situation, as reflected in an account from a participant in Hillview about her trip to the local Shoprite:

"There were no taxis to Shoprite so I used an Uber in Military Road. When returning home, I had to order another Uber because there were no taxis. But robbers robbed the Uber driver while I was standing there."

As an alternative to supermarkets residents made use of local spaza shops, but complained that "at the spaza shop, there is no adequate food and they are so expensive"

Conclusions

Investing in physical, social and economic infrastructure in urban peripheries can drive transformative change. This should be supported through mechanisms to redistribute wealth, including a progressive wealth tax and a basic income grant. The case for these measures is increasingly hard to ignore, and they are especially warranted in South Africa, in the context of extreme, racialised wealth inequality.

During the pandemic, we have witnessed shifts in state and community practices that are encouraging. These include the extraordinarily rapid progress in water provision across the country, the increase in state assistance through grants, and the emergence of mutual aid groups that connect people within and across urban neighbourhoods.

These are all prefigurative of what could be but would need to be far more substantive and long term. Currently, we are faced with a choice between intensified immiseration or emancipatory change. We need to choose the latter and construct a society built on a politics of equality as opposed to a politics of austerity and exclusion.

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CIRCULAR MIGRATION DURING COVID-19:

Reflecting on the social and cultural significance of 'home'

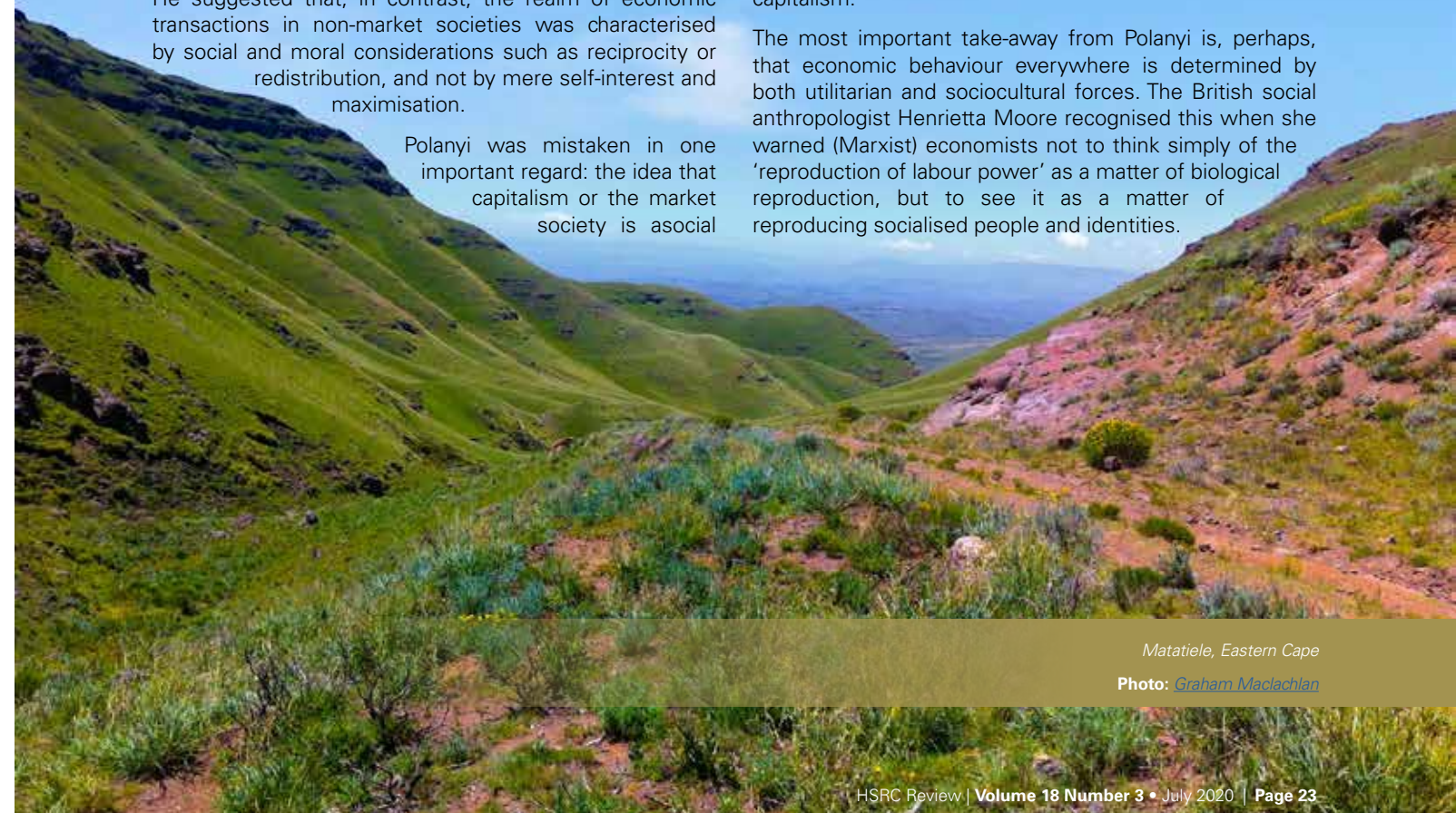
The arrival of COVID-19 in South Africa has been like putting dye in water; moving across the surface as flow determines spread, it leaves clear and detectable patterns. Lockdown was meant to keep all of the dye in one place – but it spread across the country, including into the Eastern Cape where hotspots have emerged in Chris Hani and OR Tambo district municipalities. The movement patterns indicate that circular migration, migrant labour and double-rootedness remain significant features of the South African political economy. A new book, *Migrant Labour after Apartheid: The Inside Story*, argues that this movement is driven from below rather than scripted by capital and the state from above. *Leslie Bank*, who co-authored the book with *Dorrit Posel* and *Francis Wilson*, explains.

The 20th century Hungarian economic historian and anthropologist Karl Polanyi argued that impersonal or 'dis-embedded' economic transactional orders were unique historical features of a market society or capitalism. He suggested that, in contrast, the realm of economic transactions in non-market societies was characterised by social and moral considerations such as reciprocity or redistribution, and not by mere self-interest and maximisation.

Polanyi was mistaken in one important regard: the idea that capitalism or the market society is asocial

and driven by a universal logic of maximising behaviour is problematic. In a consumer society, social values, morals and aspirations mould needs and wants, which in turn shape the transactional orders and production regimes of capitalism.

The most important take-away from Polanyi is, perhaps, that economic behaviour everywhere is determined by both utilitarian and sociocultural forces. The British social anthropologist Henrietta Moore recognised this when she warned (Marxist) economists not to think simply of the 'reproduction of labour power' as a matter of biological reproduction, but to see it as a matter of reproducing socialised people and identities.



Matatiele, Eastern Cape

Photo: [Graham MacLachlan](#)

It is in times of societal threat, such as during the present crisis caused by the spread of COVID-19, that social reproduction acquires a special salience as people reconnect with their roots and reflect on their core social identities. This is why governments all over the world have supported people seeking to return to their home countries or homelands to be with their families. In South Africa, increased movement between urban and rural areas has caused tension during the stringent lockdown imposed by the government.

Many South Africans do not have only one home, but relate closely to two or more places — what has been called 'double-rootedness'. These often include a place in the city and at least one home in the countryside. People without a rural home, especially for their children, are often said to lack the means of acquiring an authentic black South African identity.

Many black South Africans still feel alienated and vulnerable in South African cities, which made the hard lockdown in the early months of the pandemic problematic. Who has the right, people ask, to stop them from going home — especially in these trying times?

Law enforcement against the flow of translocality and circular migration has resulted in a war of words between regional governments, which are struggling to keep people confined to local cities and regions. The tensions between these authorities reveal that there are no institutional structures for the management of translocality and double-rootedness in South Africa.

Migrant labour, translocality and people's science

Lockdown, like development, has created territorial traps. It appears to be an obvious response to COVID-19 from the biomedical and classic market-economics perspectives. From the biomedical point of view, stopping people from moving represents a basic method for preventing the virus from spreading. Meanwhile, rational-choice economists assume that population movement is unidirectional as people logically leave areas of low economic opportunity, such as the former rural homelands, for the cities.

In contrast, those who pay close attention to the sociocultural aspects of economic theory and focus more on what people are doing, the so-called 'substantivists' in Polanyi's framework, would have noticed that many people in the cities are gravitating to the rural areas. Rationalists would say that these people are moving because they realise that jobs will be scarce during the COVID-19 crisis, and there is more space for social distancing in rural areas.

However, we might interpret this movement differently. People are more likely to reflect on the social and cultural significance of home at this critical time, especially

those who have essentially never been welcomed and given full citizenship in the city. They may reflect on questions of moral integrity and security, kinship and close-knit social relations, and cultural identity, as well as historical experiences of migration and threats to life and dignity posed by the spread of COVID-19 and lockdown restrictions.

The evidence from rural communities in the Eastern Cape suggests that many people from the cities have returned to their rural homes to be with their families at this dangerous time. They are apparently also catching up on customary ceremonies and rites that they might not have been able to perform earlier by virtue of long absences in the city.

Visits to the rural home are enabling people to re-centre their lives spiritually and culturally, and to reconnect their families and children to their home places. In reflecting on this movement, it is important to note that those who have land and homes in rural areas have retained these, often at great cost to themselves and their families, as a form of resistance to colonialism and dispossession.

Holding on to these places, however remote they may be, has its own rationality. There is a logic to why people continue to 'suffer for territory' in the ways they do, and retain their connections with an ancestral home and culture. This includes holding on to ideas of an 'old nation', which have been rapidly pushed aside by new ways and social change in recent years.

In this context, home is a kind of heartland, a reference to a moral community. It is not an abstract place defined by Western science, a site for the spread of germs and disease, nor merely a spatial container of economic opportunities. In terms of the 'people's science' of everyday life, home in South Africa is translocal and often stretched across space, to ensure that both survival and social reproduction remain possible in difficult times.

Consequently, economic and medical science alone will not be effective in managing the spread of COVID-19 in South Africa. Interventions must be able to connect with people's own practices of householding and their adaptations to challenges of everyday life.

Against this background, the apparent failure of the South African government to develop policies and programmes that are responsive and attuned to the promotion of a 'people's science' and the persistent practice of translocality in the country lies at the heart of the current contestation among provinces over the movement of people.

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During the day, Jody works in the Khulisa Streetscapes vegetable garden in Cape Town then skarrels after work to supplement her income before returning to her sleeping spot outside. "It's cold, but I'm used to it. I am now 11 years outside. We have blankets and throw cardboard [with a big piece of] plastic on top when it is raining."

Photos: Andrea Teagle

HOME FIRST: A starting point for the chronically homeless?

On a crisp June morning over two months after COVID-19 lockdown was announced, Cape Town was eerily quiet. Stripped of its bustling crowds of city workers and tourists, much of the movement on the streets was that of homeless people wrapped in their blankets and setting off for another day of *skarreling* — slang for their daily hustle for money. For some, the lockdown has kick-started new choices, partly because they found a place to call 'home'. *Antoinette Oosthuizen* reports on a housing project in the city that is being evaluated by the HSRC.

The worst part of being addicted is waking up in the morning needing a fix, says Sam*(30), who managed to stop smoking heroin during lockdown: "You crave, your stomach is cramping, you must smoke, you cannot do anything, you are just lam [paralysed]. You must smoke to feel normal again."

His challenge was particularly gruelling because until recently he was also homeless.

In May, he moved into a house in a Cape Town suburb to participate in a supportive housing programme, which the HSRC is helping Khulisa Social Solutions to evaluate.

Sam used to share the streets with about 8000 homeless Capetonians, but the true number is likely closer to 10 000–15 000 in the metropole alone, says Jesse Laitinen, Khulisa's strategic partnerships manager.

Khulisa's Streetscapes project runs a community-based rehabilitation and reintegration programme for chronically homeless people in Cape Town. Most have lived on the streets for years or decades and also have substance use or mental-health issues. Most shelters require abstinence, so they refuse to sleep there, says Laitinen. Being viewed as antisocial or criminal has contributed to their marginalisation.

Photo: ZenzileMolo

“WE COOK OUR OWN FOOD, WE WASH OUR CLOTHES AND WE TAKE TURNS TO CLEAN THE PLACE.”



Also, most shelters provide temporary housing, another reflection of the system not acknowledging urban poverty as a permanent aspect of city spaces. “It is a huge structural problem and we have to innovate around it. What we see as chaos — the drug users and ‘antisocial’ behaviour — is not chaos. It’s the new phase of how our cities are.” We have to start incorporating it instead of thinking that they can be shipped out, she says.

The Streetscapes project is informed by successes of the ‘housing first’ approach in the Northern Hemisphere. The principle is that people are better able to move forward to deal with their substance abuse and mental-health challenges if first homed and then supported. The project is looking at how this approach can be adapted to the South African context.

Streetscapes has two houses, one in Kuils River and the other in Walmer Estate. Residents participate in supported employment programmes and receive psychosocial support. Services are aligned to harm reduction, which is client-driven. Instead of rigid abstinence-based goals, the programme aims to create empowering and non-judgemental relationships with residents, who are encouraged to set their own goals.

The importance of choice

In Sam’s case, having a home and a job at the Streetscapes vegetable garden has given him a sense of purpose and the courage to tackle his addiction. “You don’t have to do anything when you wake up outside. You don’t have the courage to stand up ... you are feeling cold and hungry ... then you must smoke and you must *skarrel*. But now I have got myself to stop. I have not been smoking for two months now.”

He hated arriving late at work because of needing to *skarrel* first to feed his habit, emphasising the fact that it was his decision to quit.

Laitinen buys [methadone](#), an opioid maintenance therapy, from the private sector. It helps people to quit by reducing the side-effects of stopping.

By June, Sam was in the process of weaning himself off the methadone too.

The new house is home – not only providing a roof over his head after years on the streets, but allowing residents to function as a household.

“We cook our own food, we wash our clothes and we take turns to clean the place. We watch TV ... in the morning, you get up and wash and go to work,” says Sam.

Belinda* (29) is from the Eastern Cape and has been working in the Khulisa vegetable garden for three years. She slept in night shelters until moving into the house in May.

“This is a house, not a shelter,” she says, describing the crowded shelter dormitories with little privacy and arguments between women stressed out by their circumstances or angered by a neighbour’s substance abuse or habit to steal.

She learns a lot at the vegetable garden. “When there is a new person, I teach them. I love it here and plan to stay and work as much as I can.”

Jody* (29) stayed in the house for a month before returning to her spot in the Bo-Kaap, where she’d been sleeping outside for 11 years.

“It’s just my circumstances. You see, my problem is because I use drugs, every day I need to smoke these drugs but I don’t have the money and things ... I don’t want to break the people’s hearts inside the house ... it is nice there and everything; they are living like a big family.”

She has tried methadone, but it did

not work for her. She wants to stop using and says she will try again when she is ready. In the meantime, she will continue to *skarrel* and sleep in her old spot after her day’s work at the vegetable garden.

“All of us have our own decisions in life and make our own choices,” she adds.

Sam, Jody and Belinda agree that it is almost impossible for heavily substance-dependent people to sleep in traditional shelters, due to the curfews and strict abstinence rules. Going 12 hours without using is torture, and many users hustle to get enough money for their fixes long past the 20h00 curfews of shelters.

After returning to the streets during lockdown, Jody found hustling at traffic lights particularly lucrative.

“I never used to *skarrel* at the robots. ... After work, I [would] go and beg to maintain my habit, but now, ever since the start of the lockdown, I started *skarreling* [at the robots] ... you get food by the robot, you get anything. I think some people have asked them to help the homeless people,” she says.

The HSRC support

Dr Donald Skinner, a research director in the HSRC’s Human and Social Capabilities division, says the homeless population constitutes one of the most vulnerable groups in society. “The HSRC has a history of research with the homeless and is amongst the few academic structures doing ongoing research in the area. This work began about 18 months ago and initially focused on Khulisa

programmes. It is now broadening to other NGOs and state structures, including the Department of Social Development (DSD).”

The HSRC and Khulisa jointly developed the research methodology. The Khulisa staff collected most of the initial data and later the HSRC will conduct qualitative interviews with staff and beneficiaries.

“The HSRC will lead the data analysis, but the interpretation will be done jointly with the Khulisa team. Success will be determined by looking at the overall management and maintenance of the house, the health and well-being of beneficiaries, their movement towards leaving the streets, and their success in bringing their substance use under control,” says Skinner.

With these small residential sites increasingly seen as an option for those wishing to transition from living on the streets, this will be an important study in understanding the dynamics in such houses, the usefulness and contribution of different programmes and the potential of this approach. This work will need to be seen in conjunction with research on similar interventions by other NGOs and the DSD.

*not their real names

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Belinda turns the soil at the Khulisa Streetscapes vegetable garden where she has been working for a few years. She came from the Eastern Cape to Cape Town to look for a job. “There, it was so dry in the deep rural area, we didn’t have anything, no money ... the poverty was too much.”

Photo: Antoinette Oosthuizen

FOREIGN MIGRANTS' STRUGGLE IN THE JOHANNESBURG INNER CITY

DURING COVID-19

All photographs and text by James Puttick from his photo essay on Newframe.com

The Johannesburg inner city is home to a large number of migrants, many of whom have left homelands caught in either poverty or conflict, or both. Some have fulfilled the elusive dream of a better life, but for many others the struggle for survival continues in South Africa. Xenophobic violence towards migrants has become an ever-present threat that simmers just below the surface as South Africans also move to cities to reclaim the space from which they were excluded during apartheid.

Onerous requirements and institutional failure coupled with bureaucratic red tape result in many being unable to acquire legal residency status, which effectively excludes them from the formal economy and government social support programmes. These undocumented migrants are relegated to the fringes of urban existence and have to survive on the scraps of the city's wealth.

Elias*, from Zimbabwe, makes a living collecting and restoring discarded beds that are sold at informal markets. Johannesburg's informal economy plays a vital role in the survival strategies of many migrants, who often cannot work in the formal economy. Lockdown regulations have severely curtailed the functioning of the city's informal economy, placing many like Elias at risk of hunger and eviction.



6 May 2020: Prisca Paketi, 49, from Zimbabwe, stands outside her wooden shack located inside a dark building in New Doornfontein. She is employed at a factory in City Deep that was closed at the start of the lockdown and has not received an income since. As a migrant, she is not entitled to relief from the Unemployment Insurance Fund, even though contributions are automatically deducted from all workers' salaries.



5 May 2020: Children play in the corridor of a dark building in the Johannesburg inner city.



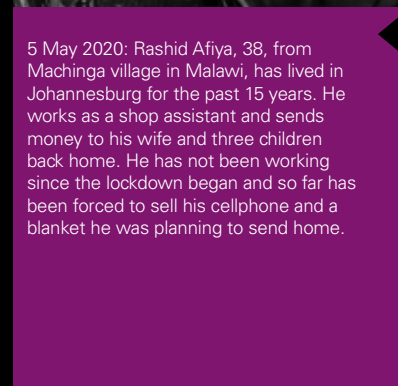
5 May 2020: Zimbabwean Admire Makondo, 39, has lived in Johannesburg since 2009. He is diabetic and came to South Africa to access the medication he needs. Makondo makes a living begging in the affluent northern suburbs, but he has been unable to do so since the lockdown began. His medication requires that he eats three meals a day, and he relies on help from acquaintances in the building where he lives.



Enoch Mukanhairi, 58, from Masvingo in Zimbabwe, is blind and survives by begging on the streets of Johannesburg. He needs to pay rent, feed his family and pay school fees, but income has dwindled to nothing since the lockdown began.



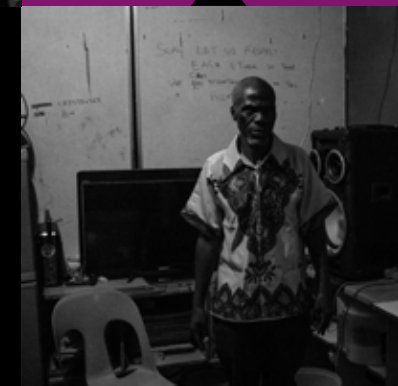
5 May 2020: Elizabeth*, 39, came from Harare in 2009, when living standards in Zimbabwe had fallen sharply and the public-health system had collapsed. She is a cleaner in an inner-city block of flats, but has not worked since the lockdown began. Elizabeth has been brewing and selling traditional beer from her small room so that she can buy food and pay her R800 monthly rental.



5 May 2020: Rashid Afiya, 38, from Machinga village in Malawi, has lived in Johannesburg for the past 15 years. He works as a shop assistant and sends money to his wife and three children back home. He has not been working since the lockdown began and so far has been forced to sell his cellphone and a blanket he was planning to send home.



6 May 2020: Precious*, from Zimbabwe, lives with her husband and five-year-old son. A domestic worker in the city, she has not been able to work since the lockdown and has turned to sex work to feed her family. She says she is scared but has no choice. She tells her husband she is borrowing money from friends when he asks where she gets it.



5 May 2020: Originally from Matabeleland in Zimbabwe, musician Saneliso Nkomo, 56, came to South Africa in 2002. He usually busks on trains between Johannesburg and Pretoria, but the lockdown has prevented him from doing that. He and his family of three now survive on a cup of black tea for breakfast and a plate of sadza (stiff maize meal porridge) with a small portion of vegetables for dinner.



5 May 2020: A woman does her washing at a communal tap in a dark building in the inner city. For those living in these spaces, life was extremely hard before the pandemic, which has made their struggles more difficult.



5 May 2020: A resident climbs the stairs of an inner-city building. These vertical slums lack basic infrastructure such as sanitation and electricity and are often utterly derelict. Many of their inhabitants are migrants who are unable to access the safer and more secure accommodation provided by the city's urban regeneration schemes.



6 May 2020: From left, Malawians Martin Yusuf and Barnett Jesia have lived in Johannesburg since 2002. They make a living under the bridge at Ellis Park Stadium sewing and repairing clothes and selling recycled DVDs, electronic equipment, TV remotes and cables. The lockdown has meant they have shifted to making and selling face masks.

*Not their real names



Hundreds of refugees and asylum seekers were camped outside the UNHCR offices in Cape Town for several weeks in October 2019.
Photo: Ashraf Hendricks/GroundUp

LEAVING NO ONE BEHIND DURING COVID-19:

Relief workers' concern for migrants, refugees and asylum seekers

In South Africa, migrants, asylum seekers and refugees have disproportionate access to socioeconomic resources and health-care services. Findings of qualitative research conducted by the HSRC illustrate how this inequality may have been exacerbated by the impact of the COVID-19 pandemic. By *Allanise Cloete, Adlai Davids and Priscilla Reddy*

In March 2020, South Africans were hurtled into a hard lockdown to curb the COVID-19 pandemic in the country. HSRC researchers realised that the pandemic and resultant movement restrictions could increase the vulnerability of already marginalised groups such as migrants, asylum seekers and refugees. However, their hands were tied. Infection-control regulations put in place for the protection of researchers and research participants meant they could not conduct field work in these communities to understand how the disaster affected their lives.

The researchers therefore reached out to relief aid workers, advocacy NGOs and leaders of civil society organisations that were in contact with these communities. As part of a qualitative research study, they conducted telephonic interviews from 5 to 18 April with seven of the respondents in the Western Cape, Gauteng and KwaZulu-Natal.

Exclusion from social and economic assistance

The relief aid workers were concerned that migrant communities struggled to pay for rental housing. Food insecurity and an overall fear of the unknown nature of the disease added to the trauma brought by the pandemic:

"It's very difficult and I don't know what we are going to do month-end. We don't know about the rent with regard to the landlord so at least we manage to buy food but the rent we don't know about. I am not sure [if] the lockdown will be extended. ... So at least if they can allow people to go and sell stuff to survive, so they can have money during lockdown." – Male, advocacy organisation for migrant communities, Western Cape

The informal trade sector serves as the primary source of income for many migrant communities in South Africa. Casual work opportunities and street vending were not allowed during the lockdown, and migrants, refugees and asylum seekers suffered because of this.

Relief aid workers had concerns for migrants working in the informal sector and on contract, as they had no social or economic assistance or protection:

"I think we [have] a problem. I mean people won't work for three months. Some people are working, some people are not

working, how can [they] get money, that's a problem." – Male, relief aid worker, Gauteng

Relief aid workers feared that the South African government's national social and economic interventions clearly targeted registered South Africans and excluded undocumented migrants. No special dispensation was created to provide for migrants, even though some fell into the 'poorest of the poor' category. Relief aid workers perceived this as discriminatory:

"You remember when the president was talking about measures; there was no single mention on what is going to happen to migrants in South Africa ... nothing. While other people would apply for UIF or [for the] Solidarity Fund. I mean nobody, whether they had valid documents or not, [can] also apply for that. You will remember even the Minister of Community and Development said that only South African-run or -owned [businesses] would benefit). You find it discriminatory but at the same time, you know, [it] made me think that there is nowhere that they can go for help, so to speak. I mean, there are food parcels being collected, there's activities around to try and alleviate the suffering of the poorest of the poor, but ... there's nobody that's focusing on the migrant community ..." – Male, relief aid worker for migrant communities, KwaZulu-Natal

No planned social and economic relief interventions included the needs of migrant communities with the onset of the COVID-19 pandemic. According to relief aid workers, this exclusion further exacerbated the already vulnerable situation in which migrant communities in South Africa find themselves.

Unmet basic needs vs COVID-19

According to one of the relief aid workers, having to cope with COVID-19 becomes traumatic when having to choose between purchasing hand sanitisers as a precautionary measure or daily essentials such as food in order to survive:

"I think also the condition of living does not allow them to buy sanitisers ... Also with the lockdown, I am worried about the condition that they have to earn income every day ... Those are more vulnerable and the situation

will be worse whereby they would not care about getting the corona[virus], they will care about how to get food." – Female, relief aid worker, KwaZulu-Natal

The overcrowded and unstable housing conditions often experienced by migrants, refugees and asylum seekers make maintaining social distancing challenging:

"I would be very concerned about refugees because [of] the conditions they are living in. The people are staying in one flat like two families, they are sharing one flat, and it's not easy to distance [from] one another." – Female, relief aid worker, KwaZulu-Natal

"We know most Malawians, 99%, they do not have IDs and you know there is the danger; they live in overcrowd[ed] rooms, seven to eight people per room. It is [a] concern and lack of resources, they don't have money, [this] can affect their daily nutrition, they don't eat nice, which can weaken the immune system and this is danger[ous] for us." – Leader of a migrant umbrella organisation, Gauteng

In these unstable environments, the general health and wellbeing of migrants might already have been compromised. Moreover, migrants, refugees and asylum seekers might be reluctant to access health-care services because of their undocumented status; in turn, this might reduce the effectiveness of public-health interventions and processes aimed at containment of COVID-19. Hence, public-health efforts to contain the spread of COVID-19 should include migrants, refugees and asylum seekers.

During the writing of this article, the Scalabrini Centre brought a case against the Minister of Social Development in the Gauteng North High Court in Pretoria, centring on the exclusion of asylum seekers and other migrants from access to the R350 per month COVID-19 Social Relief of Distress (SRD) grant. On 18 June 2020, the High Court ruled in favour of the Scalabrini Centre.

Authors: Dr Allanise Cloete, senior research specialist, Adlai Davids, senior research manager, and Prof Priscilla Reddy, strategic lead on Health and Wellbeing research in the HSRC's Human and Social Capabilities division

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COVID-19 EXACERBATES ANTI-IMMIGRANT PREJUDICE AND DISCRIMINATION

Mass demonstrations against systemic racism have broken out across the world in reaction to the unjust and tragic death of George Floyd at the hands of police in the United States. This outpouring of cross-national solidarity with the African American community has prompted calls for greater self-reflection on anti-black violence. Many South Africans — including members of national government — have voiced support for the protesters, the Black Lives Movement, and expressed their desire for systematic reform in America. However, their silence about the prejudice and discrimination faced by foreigners living in South Africa is worrying. We need to push back against such bigotry and intolerance, writes *Steven Gordon*.

A number of public figures have criticised those who champion the #BlackLivesMatter cause — but remain silent about the prejudice and discrimination faced by foreigners living in South Africa. For instance, Economic Freedom Fighter leader Julius Malema has attacked the use of the Twitter hashtag #PutSouthAfricaFirst, claiming that it speaks to a narrow nationalism. Local artists like Pearl.Thusi and Deko. Barbara-Jessica Wedi have raised similar concerns, denouncing the prevalence of anti-immigrant attitudes in South African society.

In South Africa, foreigners, especially those of African origin, are often denied access to government services. This kind of prejudice frequently occurs despite legal protections and the efforts of pro-immigrant non-profit groups. During the current COVID-19 pandemic, we are seeing this pattern repeat itself with vulnerable migrants denied access to government relief programmes as well as essential health care. Rights to testing, contact tracing and medical treatment are essential for all residents of South Africa.

In addition to the denial of basic care, foreigners often suffer abuse at the hands of local law enforcement. Consider the case of Dr Emmanuel Taban, reportedly pulled over by Tshwane Metro Police officers following a traffic violation, then allegedly manhandled and throttled before being detained.

Some are fighting back against anti-immigrant prejudice in South Africa. For example, thanks to an application by the Scalabrini Centre of Cape Town, the Pretoria High Court has finally compelled the government to give asylum seekers access to the COVID-19 Social Relief of Distress grant. There has been some backlash against the decision to extend government relief funding to vulnerable foreigners. This seems especially common among those who have tried and failed to obtain relief funding from the South African Social Security Agency. One such complainant, Thabo Moremi, told the press that: "It can't be that we as South Africans are suffering but the

foreigners will be getting money and we don't. Our government and the system seems to care more about foreigners than the citizens who vote for them". As the country struggles with the economic fallout of the COVID-19 pandemic, this kind of welfare chauvinism seems to be on the rise.

Nations have hardened borders and impeded migration in response to the rapid spread of COVID-19. South Africa is no different, erecting new border fencing and pushing forward on greater cross-border regulation. There is growing concern that when our nation emerges from lockdown, she will be a more isolated, closed and insulated place. A new generation will grow up in a world that is more narrow-minded, fearful and distrustful than it was 20 years ago. Many young people are already divided on the question of whether our nation has a moral obligation to shelter and protect refugees and those seeking asylum.

To understand youth antipathy to vulnerable foreigners, we can look at the Pan-African Youth Survey, which asked 4,200 young adults aged 18–24 years how they viewed Africa and her challenges. Participants were from 14 countries, including South Africa, Togo, Ethiopia and Zimbabwe. A majority of South Africans (59%) felt that refugees and immigrants had a negative impact on the nation. Less than half believed that countries on the continent should set aside their differences and come together to reach common solutions. This response is decidedly more hard-line and nationalist than those observed in other countries like Senegal, Rwanda and Nigeria.

Economic and social conditions in South Africa are likely to worsen over the next few years. The unemployment rate has already hit a record high and we will probably experience the deepest economic contraction of the last century. Resources are scarce, and it is natural during such uncertain times to fear that outsiders will take more than they give. In other parts of the world, such fears have blossomed into prejudice that has undermined social cohesion.

The tragic murder of George Floyd shows us how bigotry can seep deep into the roots of society, transforming into entrenched systems of injustice. There is a need to push back against such bigotry and teach the next generation about the damage caused by this kind of corrosive intolerance. Every child must know and understand that all who live in South Africa have the right to equality and human dignity.

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Police evict refugees from the Central Methodist Mission Church on Greenmarket Square after a five-month long occupation.

Photo: Ashraf Hendricks/GroundUp

HSRC-UJ SURVEY FINDINGS CALL FOR STATE AND CIVIL SOCIETY COLLABORATION TO REBUILD TRUST

Children wait for food in Lavender Hill during the COVID-19 lockdown in Cape Town.

Photo: Brenton Geach

A recent HSRC-University of Johannesburg COVID-19 survey revealed that South Africans are willing to make sacrifices to slow the spread of the novel coronavirus. However, these cooperative responses are partly contingent on trust in the government, the police and the army. At a recent webinar highlighting the findings, the survey team spoke about the need for the government to partner with civil society and to prevent starvation in the face of the pandemic. *By Andrea Teagle*

Approximately two-thirds of South Africans said they would be willing to sacrifice some human rights to prevent the spread of COVID-19; and over three-quarters of adults across socioeconomic groups agreed that food parcels should be given to those who need them.

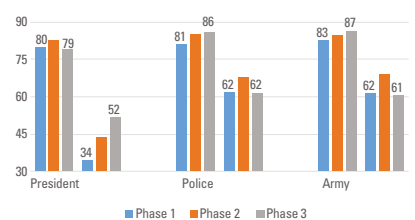
These are some of the findings of the COVID-19 Democracy Survey undertaken by the HSRC and the University of Johannesburg, that point to feelings of social solidarity and cooperation among South Africans during lockdown.

The survey also found that willingness to sacrifice some human rights was predicted by trust in the government, army and police. (Figure 1) For example, in phase one of the study, just 34% of people who distrusted President Cyril Ramaphosa were prepared to sacrifice rights, compared to 80% of those who trusted him.

However, trust in the government has declined amid reports of corruption in the expenditure of social relief grants,

heavy-handed enforcement and the perceived irrationality of some of the lockdown regulations. This pushback was reflected in the recent North Gauteng High Court ruling, due to be appealed by the government, that lockdown level 3 and 4 regulations are invalid.

Figure 1: Willingness to sacrifice some rights by trust in the president, police and army (%)



Source: UJ/HSRC COVID-19 Democracy Survey

One survey participant, a woman in the 45–54-year age range from Kenilworth in the Western Cape, implored Ramaphosa to trust citizens to do the right thing:

“Stop your ministers from treating us like children who need to be micromanaged and punished for inadvertently breaking a rule. If the police and army can’t be kind in the face of the pandemic, then take them out of the townships.”

Reports of socioeconomic and psychological distress increased during lockdown, with communities stepping up to try to fill the gaps left by the government’s social grant scheme. “Thanks for everything, but please we are hungry,” said another participant, a woman (25–34 years) from Cacadu settlement (formerly Lady Frere) in the Eastern Cape.

Speaking at a webinar presenting the findings of the study, co-principal investigator Prof Narnia Bohler-Muller from the HSRC emphasised the need for the government to work with communities to retain public trust: “If trust is to be maintained, the establishment of platforms for collective action and citizen participation are necessary.”

Divergent lockdown experiences

At the webinar, HSRC CEO Crain Soudien called for collaboration between biologists and social scientists in informing the government’s response to the pandemic. “It’s important in coming to understand how illnesses are always socially determined,” he said.

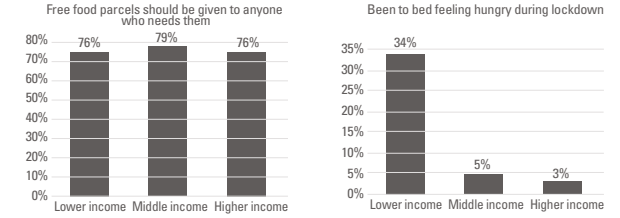
The survey attempted to add to the mostly clinical research informing government policy by capturing the psychosocial and economic experiences of lockdown, before the move from level 5. Led by Bohler-Muller and UJ’s Prof Kate Alexander, the HSRC-UJ survey team faced the challenge of reaching a representative sample of the population given limited time and mobility.

In place of telephone interviews, the team made use of the Moya messaging app on the data-free biNu platform, which enabled access to all people over 18 who owned a mobile phone. The survey was conducted in three phases: phase one, 13–18 April, phase two, 18–27 April and phase three, 27 April–13 May 2020.

Speaking at the seminar, Prof Mark Orkin from UJ said that the data-free platform had been critical to success. The resulting diverse database, comprising 12,312 responses, required only slight weighting — by race, age and education — to be nationally representative.

Alexander noted that despite the convergence in opinions on matters related to social relief — such as widespread support for the provision of food parcels — experiences of lockdown were widely divergent across socioeconomic and racial groups. (Figure 2)

Figure 2: Findings on hunger and food parcels



Source: UJ/HSRC COVID-19 Democracy Survey

Hunger loomed large over low-income individuals (monthly household income < R10k), who comprised the vast majority (83%) of respondents. A third (34%) of lower-income households reported going to bed hungry during lockdown.

“There was a large gulf between [lower-income] adults and those on high incomes,” Alexander noted, with only 3% of higher-income individuals reporting having gone to bed hungry. Hunger was the strongest driver of composite psychological distress, which includes feeling scared, depressed, sad and irritable, said the HSRC’s Dr Ben Roberts.

Low-income households were also significantly more worried about the impact of lockdown on their children’s education, with 82% expressing concern compared to 32% of higher-income parents. This points to the longer-term impacts of the pandemic again falling along socioeconomic and racial lines.

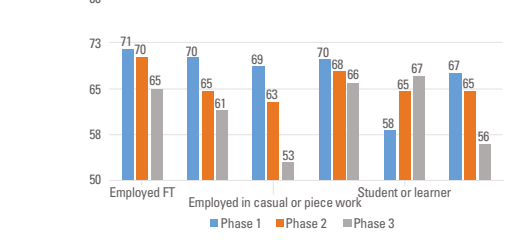
Community cooperation

Referring to the shared willingness to sacrifice rights to slow the spread of the virus, Bohler-Muller said, “We can

see there’s quite a lot of empathy and altruism involved here, but also, in a sense, self-interest because if we protect others, we’re also protecting ourselves.”

However, over the three phases of the survey willingness decreased from 68% to 62%. The drop was particularly pronounced among individuals employed in casual or part-time work. (Figure 3) In addition, willingness was not met with adequate support from the government to translate into optimal health-promoting behaviour, particularly among low-income households. The survey indicated that 44%, 55% and 57% of lower-, middle- and upper-income individuals respectively reported wearing masks. The corresponding figures for social distancing were 69%, 88% and 93%.

Figure 3: Willingness to sacrifice some human rights by employment type (%)



Source: UJ/HSRC Covid-19 Democracy Survey

“Despite material problems with physical distancing in densely populated areas and with wearing masks ... most poorer people do protect themselves with these measures. And more could do so, if the state and civil society co-operated with provision of public education and free masks,” Alexander observed.

Bohler-Muller emphasised that a state of national disaster, unlike a state of emergency, does not affect the supremacy of the Constitution or the Bill of Rights: “[Socioeconomic rights] cannot be limited. Obviously, the most important one that we are considering now to save lives is access to health care, but food, water, shelter and social security are rights that must continue to be fulfilled.

“Amongst activists, there is an increasing recognition of the failure of the government to assist in many areas, and some of them are raising the idea of Asivakelane — ‘Let us protect each other,’” Alexander said. This sentiment is reflected in the sprouting of community-led aid programmes around Cape Town, such as the Community Action Networks.

Alexander highlighted the responsibility of the government and civil society to respond to the widespread hunger: “If we’re to avoid people starving to death, then it’s critical that free food is provided for a large proportion of the vulnerable population of South Africa ... it’s something that we need to address as a society.”

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Prof Kate Alexander (Chair of Social Change at UJ), Dr Benjamin Roberts (HSRC Research Director), Dr Yul Derek Davids (HSRC Research Director), Prof Carin Runciman (UJ’s Centre for Social Change).

Community action in the time of COVID-19:

Moving at the speed of trust; sitting with complexity

“HISTORICALLY, PANDEMICS HAVE FORCED HUMANS TO BREAK WITH THE PAST AND IMAGINE THEIR WORLD ANEW. THIS ONE IS NO DIFFERENT. IT IS A PORTAL, A GATEWAY BETWEEN ONE WORLD AND THE NEXT.”

— ARUNDHATI ROY

A significant proportion of South Africans believe that the COVID-19 pandemic will make people more supportive of one another. This finding of a survey conducted by the HSRC and University of Johannesburg is borne out by stories of human agency unfolding in Cape Town community responses to COVID-19. Together with other self-driving volunteer groups, these illustrate the centrality of human relationships, solidarity and trust in effective crisis responses. The challenge will be for the government to work with these social initiatives going forward. By *Diana Sanchez Betancourt* and *Andrea Teagle*.

Photo: Andrea Teagle

Silhouetted against an open doorway of the dimly lit community kitchen, a young and an older woman each take one end of a large stainless-steel pot and carry it outside, placing it beside two other pots on a crate. The young woman, Nolubabalo Bulana, lifts the lid and the smell of chicken rises into the cool winter air, greeting a handful of Vrygrond residents waiting in a line. The kitchen is one of 16 that Vrygrond United 4 Change, a community-based organisation, set up through their COVID-19 response team during lockdown, in collaboration with the [Muizenberg Community Action Network \(CAN\)](#) of an adjacent middle-class suburb.

“We thought, OK, the government has announced this [lockdown]. How are we going to survive?” recalls Bulana, who is the co-founder and secretary of the movement. Having grown up in Vrygrond informal settlement, Bulana is familiar with the challenges that residents face, including the 80% unemployment rate.



Atashi Tose (29), a volunteer at Vrygrond United 4 Change, makes her way from a community kitchen to the serving table in a street nearby. On today's menu is spinach, butternut and rice. The volunteers are deliberate in their use of language: the community kitchens are not soup kitchens — they are dignified spaces providing nutritional and varied meals.

Photo: Andrea Teagle

Recognising the need for a community response to provide food parcels to the most vulnerable, Bulana and two friends, young Vrygrond activist Asanda Ndudula and Theresa Wigley from Muizenberg, called on community leaders to help them identify those most in need. “We expected about 100 people,” Bulana said, “but it

was basically everyone in the community. So, we went back to the drawing board.”

Localised responses

According to the COVID-19 Democracy Survey, conducted by the University of Johannesburg and the HSRC, 35% of adults in South Africa went to bed hungry during lockdown. While startling, this percentage is rising off a high base. In 2017, 21% of households had inadequate or severely inadequate food access, according to Statistics South Africa. In a country where wealth disparities are gaping and normalised, the shared national experience of the pandemic illuminated these realities anew, catalysing unprecedented civil society responses.

Says Brendon Bosworth, who manages communication for Vrygrond's sister COVID-19 response movement, the Muizenberg CAN: “The coronavirus [pandemic] has really created a large potential for pulling apart, so you see people divided on politics, on what they think about lockdown regulations, whether they follow them ... Within this context of polarisation, being part of something like [the CAN] is the corollary. It's an opportunity to build, to be part of building and creating something together.”

The Muizenberg CAN is one of over 150 such self-organised community responses under the Cape Town Together (CTT) umbrella. CTT, which grew from a small, diverse group of volunteers networking via social media, now has 14 600 followers on their Facebook page.

As Leanne Brady, a pioneer of the CTT and the Salt River CAN, explains: “It was just people who recognised complexity and that it's not all about epidemiological models but social sciences at the core, you know, recognising that what we need isn't a technical solution. What we need is a human solution.”

Sprouting from the ground up, each response team has designed their own working model. In Vrygrond,

Bulana and her team realised that food parcels would not work — community meals would be more cost-effective and reach more people. The group [mapped out the community](#) to decide where the new community kitchens would best be placed. Run entirely by Vrygrond volunteers, the kitchens have raised funds from individuals, organisations and local and international NGOs.

In Mfuleni, community volunteers from the Mfuleni CAN and its sister movement, the Observatory CAN, found that providing Shoprite vouchers to families was an effective way to minimise conflict over resources and allow people to make their own purchasing decisions. In Observatory, a more expansive and inclusive sense of togetherness has grown up around a CAN community pasta kitchen.

As Brady notes: “[The CTT] starting point is that local communities are best placed to know what they need. We move at the speed of trust and allow ourselves to sit with complexity, even if it means sometimes slowing down.”

Bridging communities

The organic pairings of some of the CANs acknowledge the uneven privilege built into South Africa's urban landscape, and seek to build solidarity and share resources, including information, data, face



Nolubabalo Bulana, aged 25 (left) and Atashi Tose (29) stand outside a community kitchen in Vrygrond informal settlement. Tose carries a notebook so she can take notes as Bulana gives the HSRC a brief tour of the kitchen. Vrygrond United 4 Change is a primarily youth-driven movement.

Photo: Andrea Teagle

Muizenberg CAN volunteer Lyndon Read, a surfboard shaper by profession, catches a cabbage outside the Muizenberg community kitchen as he and other volunteers unload a delivery of fresh vegetables from The Big Food Drive. The kitchen operates six days a week (Mon–Sat), providing nutritious lunches to roughly 200 people per day. It also acts as a hub to receive, sort and distribute deliveries for community kitchens in the neighbouring communities of Vrygrond and Costa Da Gama.

Photo: Brendon Bosworth



masks, food and gardening support. Partnerships are built by and for both areas, tapping into local agency and illustrating the potential of collaborations across racial, income and spatial gaps. Some, like the Vrygrond 4 Change-Muizenberg CAN partnership, reflect geographic proximity. Others, such as the Mfuleni-Observatory partnership, came about because of existing relationships between individuals from the two areas.

Observatory CAN volunteer Grace Coates explains that her collaborative work with Mfuleni, which has seen vouchers distributed to more than 480 people to date, happened entirely remotely, despite data and internet connectivity challenges.

Reflecting on the Vrygrond-Muizenberg partnership, Bosworth says, "There's been a really nice bridging between these communities that are right next door to each other in ways that are quite particular to this moment."

Addressing structural inequalities

What is the future of these groups after the pandemic and the accompanying sense of urgency have passed? "Building two CANs side by side ... and trying to take it away from the charity space to more of an empowering kind of space makes it more long term, I think," Coates says.

Siphokazi Mnyamana, a volunteer at the Mfuleni CAN, says "What Covid-19 has shown me is there is a little bit of Ubuntu towards people. We can combine and do something better with our country. Because we have forged relationships. We are talking to people we never even saw. But we are talking to people — like amaGrace [Coates] — like one of our family. It's like now we know them." Mnyamana says that the plan is to register the Mfuleni CAN as an NGO and use it as an umbrella organisation to unite developmental work in the area.

Vrygrond United 4 Change has secured 15 entrepreneurial scholarships from the False Bay Business School for unemployed youths. Bulana also has plans to assist youngsters to go into social work, in recognition of a dire need for psychosocial support in the area.

CTT members have also begun food-growing initiatives, while the Observatory CAN has stepped in to contest the removal of a group of homeless people from St Peter's Square. Such moves recognise and attempt to address long-term structural issues beyond the immediate food and income shortages associated with the pandemic.

Government responses alone will never be enough to address large societal challenges. These stories illustrate the potential for localised, non-hierarchical initiatives built on relationships to begin to bridge our deep geographical and social divides. Whether the government can relate to these efforts, particularly at localised level — and how — remains to be seen.

Finding ways to nurture government-citizen relationships and collaborative governance will be critical to maintaining the momentum of these positive responses to COVID-19, and for imagining and forging our urban world anew, as Arundhati Roy invites us to.

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Vrygrond is one of Cape Town's oldest settlements, and home to South Africans as well as people from other parts of Africa. With high rates of unemployment, crime and food insecurity, limited access to services and no nearby health-care facilities, communities within the wider Vrygrond area were hard hit by lockdown.

Photo: Andrea Teagle



Trader Williams (front) and Magret Chikomo fill plastic containers with warm chicken and pap one wintery Saturday in Vrygrond.

Photo: Andrea Teagle



Volunteers at Patience's Community Kitchen, Trader Williams (left), Doreen Kandororo (middle) and Magret Chikomo dish up chicken, pap and spinach to young Vrygrond residents who wait with containers that they will take back to their families. The kitchen is one of two run by foreign nationals to ensure that non-locals in the community are able to access food without fear of xenophobia. Says Vrygrond United 4 Change secretary Nolubabalo Bulana, "In our kitchens, we made it clear, we're promoting Ubuntu, humanism and africanism."

Photo: Andrea Teagle

BO-KAAP COMMUNITY RESPONSE TO COVID-19: *Living culture and tradition*



Grocery parcels donated by Gift of the Givers are handed out during Ramadaan in May 2020

Photo: Ebrahiem Christians

Cape Town Central police spokesperson, Captain Ezra October stands outside the Bo-Kaap Cultural Hub. October, who is well known in the community, says that the Bo-Kaap's soup kitchen has helped to feed many empty stomachs, from Bo-Kaap to the outskirts of the Cape Flats. "They even assisted the cops with lunch. While they're working, nobody thinks about it, but they thought about it — give the guy something to eat."

Photo: Andrea Teagle

A week before the nationwide lockdown commenced, Bo-Kaap announced its closure to tourists. The neighbourhood with its colourful houses and rich history is located right behind the HSRC's Cape Town office. Over the coming months, the Bo-Kaap COVID-19 Community Response Team — a group of young activists and community leaders — would provide humanitarian assistance, educational tools, religious guidance and virus screening to residents. Strong community ties and the adaptivity of Bo-Kaap's religious and cultural traditions proved critical to the efficiency of the response. By *Andrea Teagle* and *Rachel Adams*



Boorhaanol Social Welfare mass cooking programme in May 2020

Photo: Ebrahiem Christians

The Islamic *athaan*, or call to prayer, rang out through the cobbled streets of Bo-Kaap one quiet March afternoon — as it had five times a day, every day for as long as the residents of Bo-Kaap could remember. Yet something had changed.

The melodic chant that Ghaamien Najaar, the muezzin at Nurul Huda (Leeuwen Street) Mosque, knows as well as his own breathing had changed its words. Instead of calling those of faith to "Come [to mosque] and pray," Najaar instead sang "*al-Salaatu fee buyootikum*" — pray in your homes. This adjustment was in accordance with the declaration by the Muslim Judicial Council following the World Health Organization's confirmation of COVID-19 as a global pandemic.

Throughout lockdown, the new *athaan* was sung from the 11 mosques of the wider Bo-Kaap area, and families heeded the call to pray at home.

Community response

The Bo-Kaap community has met many challenges during its almost 250 years of existence. The survival of its culture and traditions has, rather paradoxically, relied on adaptation and innovation.

Once "*huurhuisjes*" (rental houses) built for freed slaves and political exiles, Bo-Kaap's iconic architecture became an expression of liberation when the inhabitants — from other African countries, Indonesia, Ceylon, Java and elsewhere — transformed them with brightly coloured paint after the abolition of slavery in 1834. The written Quran arrived in Bo-Kaap with Muslim leader and struggle icon Tuan Guru, a prince from the Ternate Island of Indonesia, who penned it from memory during a 13-year imprisonment on Robben Island. After his release in 1780, Guru settled in Bo-Kaap and helped establish the first Islamic school. Before the Auwal Mosque was built in 1790, the community made use of a workshop on the same site for prayer.

During apartheid, Bo-Kaap community organisations like the Boorhaanol Islam Movement gave young residents a chance to learn trades and secure employment, despite systemic discrimination against people of colour.

Today, despite the corrosive threat of gentrification, Bo-Kaap families remain connected by the mosques, community activities and multiple WhatsApp groups. These relationships were instrumental to arguably one of the quickest community responses to COVID-19 in Cape Town.

Masturah Adams, lead coordinator of the Bo-Kaap COVID-19 Community Response Team, says open communication about the first COVID-19 case was important to strengthen solidarity and mitigate stigma. "At that point in time, people were anxious: they didn't know what to expect. All they knew was, there was a COVID-19 virus, people would die ... there would be no food on the table," Adams recalled. As soon as people heard about the Response Team formed days before the national lockdown, they started reaching out.

Awareness of COVID-19 and the importance of protective measures quickly spread through the community channels. The Response Team worked with representatives from the Department of Health to develop an awareness programme and community testing centre. All households were screened for COVID-19. Bo-Kaap's

Ramadan soup kitchen was also expanded to reach more residents and assist nearby homeless populations.

"For the preservation of life, you have to take precautions," said Sheikh Dr Darwood Terblanche of Leeuwen Street Mosque. "Like the Prophet has taught us, you have to tie your camel, and then you place your trust in the Almighty. Don't just place your trust in the Almighty, leave your camel loose and then expect the camel to be there."

Young residents also volunteered to assist the vulnerable with grocery shopping. Adams recalled how one woman called the team to request birdfeed and potatoes on behalf of her elderly parents. The old couple had said, "If you can't get potatoes, that's fine, but we need the birdfeed." Thanks to the volunteers the couple were able to maintain their ritual of feeding the area's iconic seagulls and pigeons, which wheel above the streets in the quiet of lockdown.

Living faith

During Ramadan, residents traditionally pray in the mosque each evening after breaking fast, known as Tarawih. In Islam, the good practice set by the Prophet Mohamed is to pray together, shoulder to shoulder, moving in the direction of the Kaaba in Mecca. Just as Christians share from the cup of the blood of Christ, Islam too is a faith of the body in communion with other bodies as much as it is a belief of the mind and soul.

Usually, those who have memorised the Quran would lead the community in evening prayers, but with the protocols of social distancing, these prayers were instead broadcast over the loudspeakers of the mosque. The effect was that the whole community could participate in the Tarawih prayers; before the pandemic, they had often been observed only by those without responsibilities at home who could attend the mosque.

"During the live recitals," Terblanche explained, "we had youngsters and also the older generations who would sit on their porches and actually follow the recital in their own Quran, kind of a new tradition in the making. For us, it's about a living culture and tradition."

To keep the Jumu'ah prayer on Fridays alive, Terblanche and Bo-Kaap's other religious leaders turned to social media, with the 11 mosques in the area taking turns to release video clips before 13h00 each Friday.

Dealing with death

Then came the first death during the pandemic. "It has been very sad for the community and also the family because, if a person tests positive and dies in a hospital, their body cannot come home for a traditional washing," Terblanche said. The family traditionally washes the body of the deceased within 24 hours, in a symbolic ritual preparing them to face God.

With guidance from the medical fraternity, those trained according to the Islamic faith to perform the washing — known as *toekamanies* — were permitted to do so, but were required to wear full protective gear. As the first death of a Muslim person in the Western Cape from COVID-19, it set the precedent for how Islamic death rites were to be followed during the pandemic.

The whole neighbourhood would traditionally attend a funeral to pray for the safe passage of the soul of the deceased to Jannah (heaven). "We had to adapt our tradition," Terblanche explained, and instead "there was a special prayer that we recited over the loudspeakers."

Although the usual rituals could not be followed, Terblanche said that faith still gave the Bo-Kaap community solace as another two people died from the virus. Each time, their names were called and a prayer was recited over the mosque loudspeakers.

"When we have loss, we turn to our religion for that serenity ... and to make sense of it. Because we believe that everything happens with a divine will of the Almighty. So [there's] a natural acceptance. It's a grieving process, but it's a natural process."

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USING MULTI-VOICED AND CREATIVE APPROACHES TO ENHANCE COVID-19 MESSAGING: LEARNING FROM EAST AND SOUTHERN AFRICA

While effective public communication is key to curbing the spread of COVID-19, there is no one-size-fits-all plan for all countries. *Konosoang Sobane, Susan Nyaga, Medadi Ssentanda and Malwande Ntlangula* explore how language diversity and multimodality have been harnessed to drive COVID-19 messaging in Kenya, Uganda, South Africa and Lesotho, with a focus on multilingual communication.

The emergence of COVID-19 highlighted the value of effective communication during a crisis, especially in the context of a virus that is not fully understood but affects almost all aspects of people's lives. Access to clear and reliable communication helps people to make informed decisions and change their behaviour to prevent getting infected or spreading the virus.

A clear understanding of messages may, however, be threatened by the amount of overwhelmingly sensationalist content spread via several online channels, creating what researchers have called "digital pandemics" or "misinfodemics".

In multilingual Africa, the language barrier is an additional factor which may compromise the reach and impact of communication efforts — most of which are in European languages and accessible to a fraction of the population. In many African countries, access to information is also often affected by socioeconomic and structural barriers, creating a need for reflection on how to diversify communication platforms to enhance the reach of messaging.

The researchers were interested in the East and Southern African regions because of their language diversity. In East Africa, 68 languages are spoken in Kenya and 42 in Uganda — yet they have the same official languages, English and Kiswahili. In Southern Africa, in Lesotho and South Africa English is mostly used as the official language, while both countries have Sesotho as another official language. The researchers looked at COVID-19 communication practices in the public domain, sourced from online portals, and social and mainstream media.

Multiple voices and public agency as enablers of information access

In all four countries, multiple and diverse voices conveyed COVID-19 messages to the public, each with a specific appeal and potential influence on a particular section of the population. Communication through multiple voices enables

contextualisation and simplification of information, making it more accessible to the public.

The multiple voices include the authoritative voice of the government, complemented by those of the media, creatives and civil society, who repurpose and repackage messaging in different formats to enhance its reach and consumption.

In official messaging there is a tendency towards heavy reliance on English, despite the well-known multilingualism of African communities and low levels of competency in English. For example, in Uganda the presidential public addresses on COVID-19 have largely been in English, with occasional translation of words or phrases into Luganda (the dominant local language) and Runyankore (the president's mother tongue). When local languages are not used, population groups that have insufficient proficiency in the language are restricted from accessing the information. Complementing voices that repurpose, repackage and translate these messages are valuable tools to address the communication needs of groups such as the above.

Multimodality in enhancing the reach of messaging

Multimodality refers to the use of a variety of communication methods, including writing, audio-visual products and the creative arts to convey messages. These modes offer innovative ways to capture and retain the attention of different audiences, minimising the risk of them disengaging when confronted with frightening information about a potentially life-threatening disease.

They are often constructed in local languages, making the messages accessible to the majority of the population who are local language speakers. Audio-visual communication in the form of videos and creative arts such as poetry, music and comedy were found to be common in COVID-19 communication in the four countries.

Creative arts: Music and comedy

A variety of music productions by local artists conveyed messages on COVID-19 prevention. The productions harnessed language diversity by using local languages and traditional dance, often combined with visual illustrations, as modes of expression. By contextualising them, the messages resonated with local-language speakers. This increased the potential buy-in of the audiences, because of their familiarity with the language and the relatability of the actions and, in some cases, the actors.

Most of these productions had translated sub-titles, an inclusive approach catering for the communication needs of people with diverse literacies. They were mostly published as video-clips on social media, capitalising on the wide reach of such platforms. For example, the Ndlovu Choir, a traditional music group from Limpopo, released a song in isiZulu explaining some of the basic guidelines to combatting COVID-19. In another context, Mosotho hip-hop artist Ntate Stunna produced a song with the same aim. (Figure 1)

Figure 1: Music productions about COVID-19 in Lesotho and South Africa



Beyond multilingualism, the body language in the videos is intensely expressive and complements the lyrics. Also, the artists are role models among the youth and their popularity adds to the appeal of the messages to this audience.

Comedy was another prevalent form of messaging, appealing to the humour of the target audience. A series of short comedy videos on the Facebook page of Lilaphalapha, a stand-up comedian in Lesotho, explores fictional storylines on the effects of the coronavirus and its prevention. The characters, their physical appearance and the physical location portray a rural context, which many Basotho could relate to, since it was part of their upbringing. (Figure 2)

Figure 2: Screengrab of a video by Lilaphalapha, courtesy of Lilaphalapha media productions in Lesotho



Being able to relate to a message enhances its potential uptake. The comedians combined many expressive modes of conveying messages, including facial expressions and body language, body movements, gesturing and blending of languages to disseminate messages in a humorous yet educational way.

Posters

In some cases, multilingual communication was by using posters with visual illustrations of key COVID-19 messages translated into local languages. For example, in Kenya a private organisation facilitated translation of COVID-19 messages into 20 Kenyan languages, including Kitharaka, and presented them in poster format. These posters also had illustrations to make the messages accessible to those who are not literate. (Figure 3)

Figure 3: Poster design and translation facilitated by the East Africa Interpreters and Translators Association



In Kenya, an artist used graffiti in slum areas to urge people to wash their hands and wear masks. While there are few or no words in these pieces, which are found in places like Mathare, the Kenyan capital's second-largest slum, they have become an influential means of conveying COVID-19 messages. (Figure 4)

Figure 4: Graffiti messages on COVID-19 in Kenya



These pieces of art offer practical guidelines on avoiding infection in residential areas that are congested, and where practices like physical distancing are almost impossible.

These multilingual, multimodal practices offer an opportunity to enhance the reach and possibly the uptake of messages, which are communicated; however, they are fragmented and have not been integrated. It is therefore recommended that those involved in disseminating messaging make deliberate efforts to diversify communication, with considerable reflection on the communication profile of the targeted audiences.

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MEDIA SENSATION IN A TIME OF HEIGHTENED ANXIETY:

Analysing reports in three Western Cape newspapers

Since the outbreak of COVID-19 in South Africa, the media has been influential in sharing information around personal protection and curbing the spread of the pandemic. The public was bombarded with sometimes conflicting messages about the pandemic, with an initial focus on death, economic collapse and violence. *Dane H. Isaacs, Catherine Ndinda, Mudzunga Neluheni, Thanduxolo L. Hlatshwayo and Gobuamang Setswake* looked at some of these news reports in the Western Cape.

In March 2020, when the South African government announced a lockdown to curb the spread of COVID-19, members of the media were deemed to be providers of an essential service. In part, this was due to their role in helping to communicate information on COVID-19 to the public. Media reports would inevitably help shape and frame people's perceptions of the pandemic and the government's disaster-management interventions — and, importantly, perhaps also the public's willingness to comply with lockdown restrictions.

While confined to their homes and prevented from mingling in their communities, South Africans relied heavily on radio, television, online news platforms and social media to stay abreast of matters. This took place while facing fears around contracting the virus and losing their livelihoods, since most businesses had to close their doors.

Researchers across the globe had started warning about the risk of mental-health problems increasing during lockdown. Have media reports — with their typical focus on the more sensational and newsworthy aspects of events — been fuelling this risk? Multiple studies have linked social media use to increased mental-health problems, but few have explained the impact that representations in the news media may have on an individual's mental health.

HSRC researchers conducted a brief analysis of representations of COVID-19 in three prominent newspapers in the Western Cape, the *Daily Voice*, *Cape Argus* and *Cape Times*. This focused on coverage from April to May 2020. At the time of writing in June 2020, the Western Cape was the epicentre of the pandemic, recording the highest infection and fatality rates in South Africa. Three themes emerged from the analysis, as outlined below.

COVID-19 as a death sentence

Across the three newspapers, the fatality rate of the virus was the most common issue reported. A more balanced narrative was presented

in the *Cape Argus* and *Cape Times*, with articles consistently including the infection, recovery and fatality rates. However, in the *Daily Voice* (a tabloid), stories of recovery were vastly overshadowed by reports of fatalities and infections. Readers were constantly confronted with stories of COVID-19-related deaths and increased infections in different settings (e.g. schools, police stations, hospitals) across the Western Cape, possibly to highlight the rapid spread of the virus. Phrases such as the “deadly coronavirus”, “killer virus”, “grim reality” and “the pandemic is far from over” were common. Readers were also reminded of the collapsing health system in the wake of the pandemic, and the soon to be overpopulated cemeteries.

COVID-19 and the collapsing economy

Another recurring theme was the negative impact of COVID-19 on the South African economy. The three newspapers were heavily populated with reports on current and predicted increased inflation rates, retrenchments, salary reductions, job losses, small and large business closures, and temporary or permanent closures of iconic entertainment venues in Cape Town (such as the Baxter Theatre Centre of the University of Cape Town) due to diminished funding. Also extensively covered was the Democratic Alliance's call for an end to the lockdown period, for fear of South Africa's economy collapsing.

Violence and COVID-19

Violence was another key focus of the media reports in this analysis. At the beginning of lockdown, media attention shifted to the looting and vandalism at Shoprite stores in Langa, Gatesville and Manenberg, as well as violent protests for food parcels in Tafelsig, Mitchells Plain. As lockdown progressed, police and military brutality, as well as gang-related violence and murders on the Cape Flats, became the focus. Many of these stories appeared on the front pages, especially in the *Daily Voice*.

Implications for mental health Researchers, the United Nations and the World Health Organization have stressed the likelihood that the COVID-19 pandemic may have a negative effect on individual mental health and cause a long-term upsurge in mental-health disorders. An over-emphasis on negative aspects of the virus, particularly during the lockdown period, may be distressing for audiences and predispose them to several mental-health problems.

Emerging literature on addressing the mental-health impact of COVID-19 on the general population is still limited, but Ravi Philip Rajkumar of India's Jawaharlal Institute of Postgraduate Medical Education and Research warns that the volatility of the pandemic, uncertainty about its progression and effects, the seriousness of the disease, misinformation and social isolation are some of the key factors contributing to heightened distress and mental-health disorders.

The language and content of Cape Town media reports may have had the desired effect of causing alarm, fear and shock, but the dominant sensationalist messaging around death (especially in the tabloid press) could have a negative impact on mental health among readers facing an already stressful scenario.

The HSRC researchers recommend that media houses forge partnerships with researchers and academics to ensure that readers are presented with a comprehensive and balanced perspective of the pandemic. Moreover, in the interest of supporting morale among the public, newspaper articles should include relevant details of where readers may access psychosocial support during lockdown.

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COVID-19: an opportunity for cultivating a positive public relationship with science in South Africa

The world faces accelerated change and uncertainty as countries try to deal with the COVID-19 pandemic. South Africa also has to contend with high levels of inequality, poverty and unemployment. Decision makers rely on science and technology-based evidence to develop policy and solutions to these challenges. Similarly, the public increasingly relies on valid scientific information to support their daily lives. Cultivating a positive relationship with science is crucial for, and contingent on, a trusting, scientifically literate and critically engaged public. *Sylvia Hannan, Saahier Parker and Vijay Reddy* present some key findings from local and international COVID-19 surveys that highlight the importance of understanding and addressing the public's relationship with science.

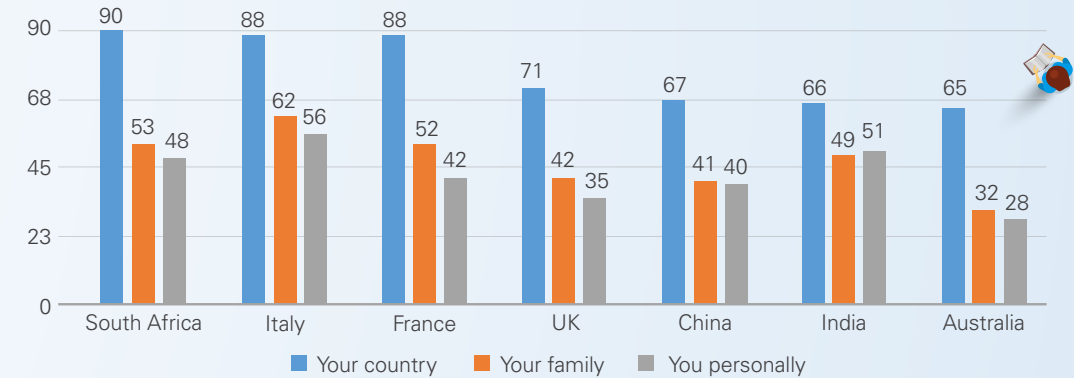
The COVID-19 pandemic has had a devastating global impact, with severe and long-term social, economic and health consequences. Gaining a deeper understanding of the public's response is critical to achieve a broad public-health impact. COVID-19 has highlighted globally, and in South Africa, how public-health information can yield a pervasive message in multiple formats, communication modalities and languages. The public was able to assimilate evidence-based information towards social and behavioural change, highlighting the importance of a positive relationship between the public and science.

A positive relationship must be encouraged through greater engagement between the public and the scientific community. These engagements should aim to facilitate mutual understanding, information sharing and public participation. Research into the public-science relationship creates space for evidence-based dialogue, bringing the public to the fore of science policy and intervention planning.

The public and COVID-19

Various surveys have been conducted to provide information on public attitudes, behaviour and experiences amid the pandemic. We present some key findings from surveys conducted in March and April 2020 in South Africa with comparisons to other countries to highlight the importance of understanding and addressing the public's relationship with science. At the time of writing, these were the most recent comparable data.

Figure 1: Percentage of respondents perceiving a threat of coronavirus to their country, their family and themselves (%)

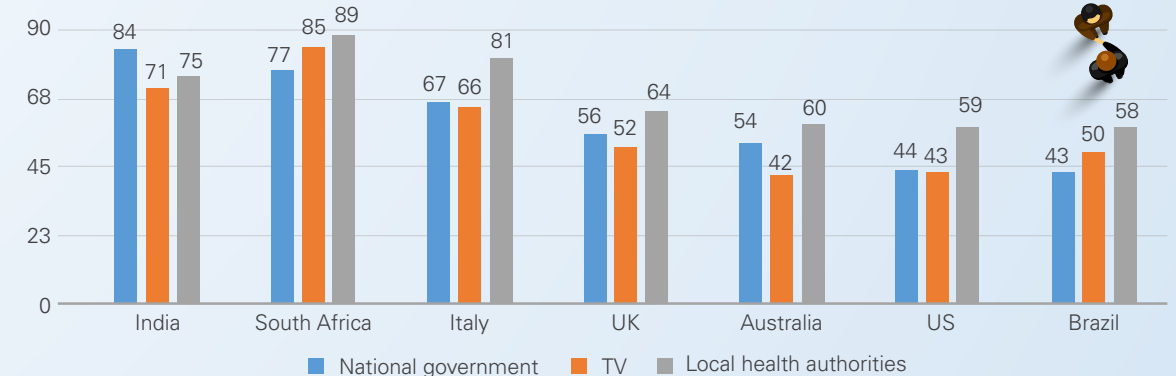


Source: Ipsos (2020)

According to an Ipsos poll conducted late in March 2020, South Africans had one of the higher levels of concern regarding the threat of the virus to their country, their family and themselves (Figure 1). Similar to other nations, they were most concerned about the threat to their country. This may signal that individuals felt that the personal threat was not as great as it may have been for others, or that the wider economic threat was greater than the individual threat. These data reflect opinions in the first few days after the announcement of a lockdown in South Africa.

Since March, the HSRC has also been conducting surveys on the progression of the epidemic from a sociobehavioural vantage. An initial survey found that among 55 000 South Africans, the majority (58%) reported a *Moderate to Very High* personal risk perception during the early days of the lockdown. Similar to the Ipsos survey findings, the highest proportion (66%) felt that South Africa as a country had a higher risk outlook than the aforementioned level of personal risk.

Figure 2: Trust in information sources



Source: Ipsos (2020)

Public trust in sources of information is critical to understanding the best channels for communication. According to the [Ipsos poll](#), respondents in all countries except India showed the highest level of trust in their local health authorities (Figure 2). In South Africa, trust in TV and the national government was also relatively high. The way in which information is communicated, the accuracy of the information shared, and the impact of decisions made all affect the level of public trust.

The HSRC survey found that South Africans reported significantly higher access to internet-based media sources (40%) and traditional media access, while reported access to information from government (16%) and health authorities (6%) was very low. The public may have had further access to information from the government and from health authorities through the media. During the early days of lockdown, the government (93%) and health authorities (95%) were the most trusted sources of information among the 55 000 respondents, particularly in relation to COVID-19.



Cultivating a positive relationship with science

The COVID-19 pandemic has highlighted the importance of cultivating a positive relationship between the public and science. Public engagement will be critical in addressing this crisis and contributing to the country's long-term social and economic recovery. The modes of information creation, dissemination and application now occur within a different social context. Understanding the antecedents of these processes becomes increasingly important. Beyond this, a population interested in, while similarly critical of scientific developments, policy and social influence, remains the primary objective. The public relationship with science, together with public sentiment in response to changing contexts, remains the key feature of a society best able to demonstrate resilience and objectivity, particularly in times of significant emergency and disruption.

Where to next?

Public engagement with science is crucial for a trusting, scientifically literate and critically engaged public. The HSRC has had a longstanding relationship with the Department of Science and Innovation (DSI) on research associated with the public relationship with science. The DSI's [Science Engagement Strategy](#) highlighted the importance of public engagement with science and technology, and the [2019 White Paper on Science, Technology and Innovation](#) recommended the establishment of a long-term monitoring and evaluation (M&E) programme of system-wide science engagement and an institutionalised survey on public perceptions of science. The HSRC, in collaboration with DSI, has developed a Science Engagement M&E Indicator Framework and published a report, [Science and the Publics: Mapping Public Relationship with Science Surveys](#), which explored empirical, theoretical and policy formulations directing science engagement in South Africa, and around the globe.

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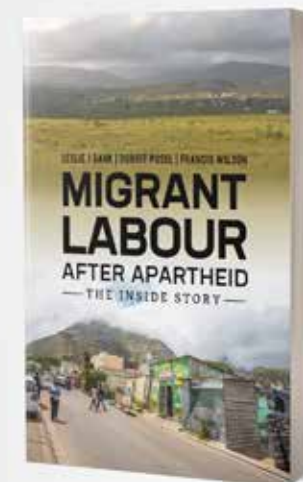
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Migrant Labour after Apartheid

The inside story



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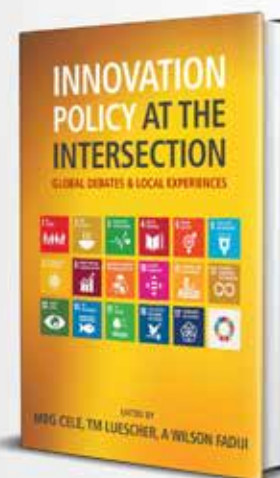
ABOUT THE BOOK

South Africa is a rapidly urbanising society. Over 60% of the population lives in urban areas and this will rise to more than 70% by 2030. However, it is also a society with a long history of labour migration, rural home-making and urban economic and residential insecurity. Thus, while the formal institutional systems of migrant labour and the hated pass laws were dismantled after apartheid, a large portion of the South African population remains double-rooted in the sense that they have an urban place of residence and access to a rural homestead to which they periodically return and often eventually retire. This reality, which continues to have profound impacts on social cohesion, family life, gender relations, household investment, settlement dynamic and political identity formation, is the main focus of this book.

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Innovation Policy at the Intersection

Global Debates and Local Experiences



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ABOUT THE BOOK

Worldwide, countries have to respond to local and global socio-technological shifts and needs, specifically the transformations wrought by a rapidly shifting understanding of the Fourth Industrial Revolution. Science, technology and innovation (STI) policy finds itself at the intersection of these local and global challenges. *Innovation Policy at the Intersection: Global Debates and Local Experiences* shows that a comprehensive rethink in STI policy making is required — one that takes a systemic view of the varied challenges and adopts an inclusive and holistic approach to STI policy. Such a rethink has to bring together the global and local, the theoretical and practical. The book looks at past and present approaches that inform STI policy-making in different countries — including Austria, Brazil, Colombia, Finland, Iran, Mexico, Norway, South Africa, South Korea and Sweden — STI monitoring and evaluation systems and the role of STI policy-advisory bodies.

REVIEW

"Too many countries across the world have reached unsustainable levels of insecurity, inequality and poverty. Improved understanding of different country experiences and trajectories can help to promote a coherent approach across countries, which is required to achieve globally sustainable and inclusive innovation outcomes."

— Dr Angelique Wildschut-February, Research Associate, University of Pretoria

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