

# HUMAN RIGHTS DIAGNOSIS

## Community Advice Offices and Covid-19 SUMMARY REPORT

Foundation for Human Rights  
July 2020



FOUNDATION FOR  
HUMAN RIGHTS

The Foundation for Human Rights (FHR) would like to acknowledge and thank the community-based advice office (CAO) staff members and community-based paralegals who work tirelessly in the most disadvantaged and marginalised communities by providing advice, assistance, support and guidance to those who need it most. They work as first-tier respondents for many human rights and social issues and are uniquely placed to support their fellow community members by bringing knowledge and expertise to the most remote corners of South Africa. We therefore extend our profound appreciation to those CAOs who were able to take part in the survey. We also salute their persistence and commitment in bringing social change to South Africa.

The FHR would also like to extend special thanks to Funeka Manzi, Lindiwe Mahlangu and Malibongwe Puzi, who were instrumental in supporting this project, in particular by establishing contact with CAOs and thereby completing the survey. Many thanks to all FHR staff who contributed to the construction of the questionnaire and report, especially Hanif Vally, Yasmin Sooka and Ahmed Mayet. Without the combined efforts of those mentioned here, this project would not have been possible.

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## Acronyms and abbreviations

CAO	community-based advice office
CSO	civil society organisation
FHR	Foundation for Human Rights
GBV	gender-based violence
NGO	non-governmental organisation
PPE	personal protective equipment
SANDF	South African National Defence Force
SAPS	South African Police Service
UIF	Unemployment Insurance Fund
VEC	victim empowerment centre
WHO	World Health Organization

## 1

## Introduction

For almost a quarter of a century, the Foundation for Human Rights (FHR) has supported the work of community-based advice offices (CAOs) in vulnerable and marginalised communities. CAOs work directly with, are staffed by, and are generally located in, their local communities. This gives these organisations a unique and unfiltered perspective on the realities of life in the communities they serve. The FHR has completed an online survey of 127 CAOs throughout South Africa. The findings provide some insight into life under Covid-19 restrictions for millions of people living in South Africa, as experienced by CAO members living in their local communities. This summary report will highlight some of the key findings and recommendations of the study. A more detailed report will also be made available.

The World Health Organization (WHO) declared Covid-19 a global pandemic on 11 March 2020. Following the rapid spread and serious nature of the virus, South Africa and many other countries adopted stringent measures to mitigate the pandemic. On 15 March, President Ramaphosa declared a national State of Disaster in terms of the Disaster Management Act. The initial restrictions included social distancing and a ban on public gatherings of over 100 people, and on 26 March culminated in the nationwide 'lockdown' imposing more severe restrictions on fundamental rights and freedoms. These have included limits on what could be bought or sold, strict limitations on travel and also limited freedom of speech on Covid-19-related topics. The South African Police Service (SAPS) and the South African Defence Force (SANDF) have been deployed to enforce the lockdown regulations.

The lockdown was necessary, and has been successful in 'flattening the curve' of Covid-19 transmission, thereby likely saving many lives. However, the imposed restrictions have had many negative repercussions. Despite a gradual reduction in restrictions over the past months, there are reports of human rights violations, including abuses by security forces, forced evictions and increasing gender-based violence (GBV). CAO responses show that hardship and rights violations following these restrictions often occurred in already vulnerable and marginalised communities. The responses from CAOs have highlighted numerous areas of concern, including a lack of leadership from local government officials, corruption, the inability to access personal protective equipment (PPE) and significant problems accessing grants and unemployment assistance. These are all serious issues, but CAOs have also raised the problem of hunger, particularly among children.



The FHR has completed an online survey of **127 CAOs** throughout South Africa



## 2

## Background and Methodology

The FHR distributed an online survey to 224 CAOs and received 127 responses. The survey was designed to consolidate the experiences of communities served by CAOs during the lockdown, focusing on their access to basic services, rights and freedoms, as well as interactions with law enforcement officials in their communities. The survey was also an opportunity for CAOs to relay the lockdown's impact on CAOs themselves, and their ability to assist their communities.

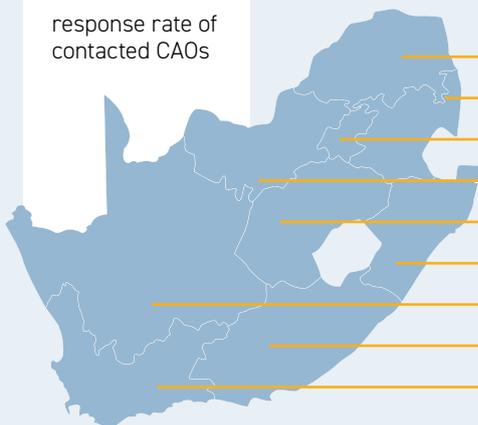
The FHR ensured that CAO participants in the survey understood the need to respect government regulations and emphasised that no CAO staff or community members should endanger themselves to complete the survey. Responses were received between 26 April and 31 May, including levels 5 and 4 of lockdown (19% and 81% of responses respectively).

**Table 2.1: Survey distribution per province**

	CAOs contacted	Responses	Response rate
Eastern Cape	50	32	64%
KwaZulu-Natal	51	28	55%
Gauteng	40	16	40%
Limpopo	19	14	74%
Free State	19	11	58%
Western Cape	20	9	45%
North West	9	8	89%
Mpumalanga	12	6	50%
Northern Cape	4	3	75%
<b>TOTAL</b>	<b>224</b>	<b>127</b>	<b>57%</b>

**57%**

response rate of contacted CAOs



Limpopo (**74%**)  
 Mpumalanga (**50%**)  
 Gauteng (**40%**)  
 North West (**89%**)  
 Free State (**58%**)  
 KwaZulu Natal (**55%**)  
 Northern Cape (**75%**)  
 Eastern Cape (**64%**)  
 Western Cape (**45%**)

## 3

## Impact of Covid-19 on Human Rights in South Africa

## Response by security forces

75%

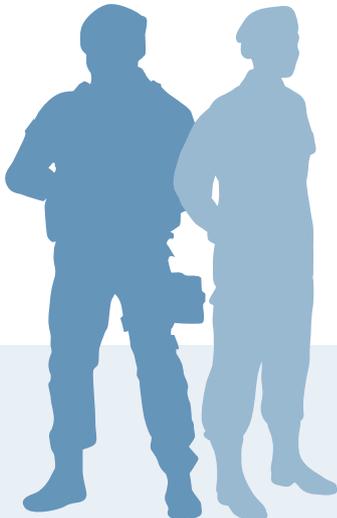
of CAOs reported that in most cases the security forces ensured that lockdown regulations were respected

32%

of CAOs reported complaints of harassment on the part of the police/army

6%

Only 6% of CAOs recorded incidents of harassment



On 25 March, the President authorised the deployment of the SANDF to support the SAPS in enforcing lockdown regulations. The violence of the security forces during apartheid, and the disproportionate use of force at Marikana and during the #FeesMustFall protests indicate that the potential for unwarranted force is not new in South Africa. Alleged police and military brutality and harassment (including murder and assault) continued during the lockdown.

Three quarters (75%) of CAOs reported an increased police/army presence, and in most cases indicated that the forces ensured that lockdown regulations were respected. However, one third of CAOs (32%) reported complaints of harassment on the part of the police/army, with CAOs in the Free State and Gauteng being the most likely to note complaints of harassment. However, reported incidents of harassment were relatively rare – only 6% of CAOs reported such incidents.

**Table 3.1: How has the police/army presence during the lockdown affected community members?**

	They ensure lockdown regulations are respected	Noted complaints of harassment by security forces	Recorded increase in incidents of harassment by security forces	N
Eastern Cape	22	11	3	32
Free State	4	7	0	11
Gauteng	5	8	3	16
KwaZulu-Natal	17	5	0	28
Limpopo	10	3	1	14
Mpumalanga	5	1	0	6
North West	7	1	0	8
Northern Cape	2	1	0	3
Western Cape	5	4	0	9
<b>TOTAL</b>	<b>77</b> <b>(75%)</b>	<b>41</b> <b>(32%)</b>	<b>7</b> <b>(6%)</b>	<b>127</b> <b>(100%)</b>

## Gender-based violence

Before the outbreak of Covid-19 and the subsequent lockdown, GBV rates in South Africa were already among the highest in the world. The increase in incidents of GBV during lockdown has been widely reported. This survey has confirmed this trend: 54% of CAOs reported an increase in GBV cases during lockdown, across all provinces. Every CAO respondent from the North West reported an increase, as did over 80% of CAOs in the Free State.

Despite the recorded increase in all provinces, the actual number of incidents of GBV is likely underreported as GBV survivors may also, due to restrictions on movement, have been prevented from leaving their homes to report abuse.

Only three quarters of CAOs reported some form of support services for GBV survivors in their community. In most communities (59%), these took the form of counselling services. However, access to shelters was extremely limited – 88% of CAOs reported no shelters for GBV survivors in their communities. This is a serious issue as GBV survivors who are unable to access shelters may be forced to continue living with their abusers.

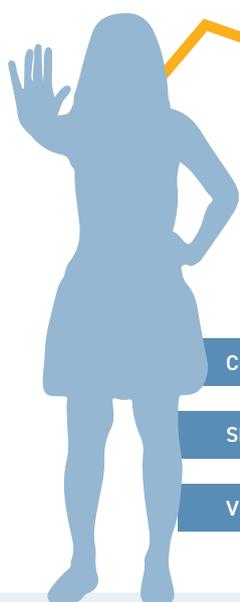
Most CAOs (61%) who noted an increase in GBV said that they had the necessary capacity and systems in place to assist GBV survivors. The exception is the Western Cape, where none of the CAOs in this group indicated that they had the required systems in place.

**Table 3.2: Does your CAO have a system and capacity to assist with GBV cases?**

	No	Yes	N
Eastern Cape	8	11	19
Free State	1	9	10
Gauteng	5	5	10
KwaZulu-Natal	6	14	20
Limpopo	4	7	11
Mpumalanga	3	3	6
North West	3	5	8
Northern Cape	0	2	2
Western Cape	6	0	6
<b>TOTAL</b>	<b>36</b> <b>(39%)</b>	<b>56</b> <b>(61%)</b>	<b>92</b> <b>(100%)</b>

**54%**

of CAOs reported an increase in GBV cases during lockdown, across all provinces



### Reported services available in CAOs area to assist survivors of GBV

Counselling services 59%

Shelters 12%

Victim empowerment centres (VECs) 44%

## Children's rights

Children are largely dependent on the government and their families for accessing their rights. Movement restrictions imposed during lockdown have a significant impact on children, which tends to be exacerbated along established lines of inequality. The problem most experienced by children, reported by 87% of the CAOs, is the lack of food. Where CAOs reported that children in their communities experienced some form of abuse, emotional abuse (39% of CAOs) was the most prevalent.

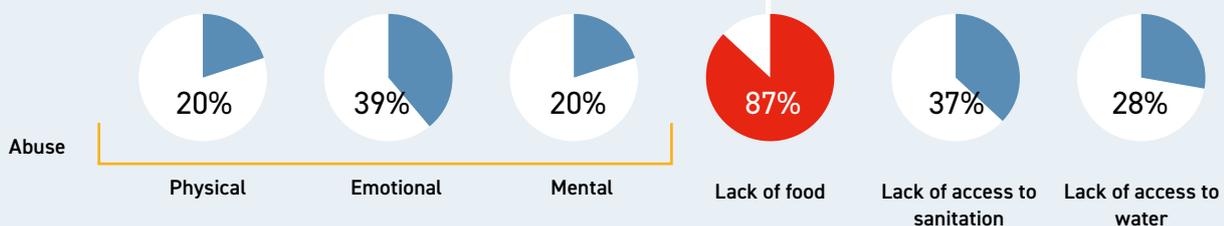
**Table 3.3: During the lockdown, what problems are children within the community experiencing?**

	Physical abuse	Emotional abuse	Mental abuse	Lack of food	Lack of access to sanitation	Lack of access to water	N
Eastern Cape	7	14	2	29	6	10	32
Free State	3	4	3	9	3	2	11
Gauteng	2	5	4	15	7	5	16
KwaZulu-Natal	6	8	3	24	11	3	28
Limpopo	3	6	5	13	11	5	14
Mpumalanga	1	1	2	6	3	2	6
North West	2	6	3	7	2	3	8
Northern Cape	0	0	1	1	0	1	3
Western Cape	2	5	3	7	4	4	9
<b>TOTAL</b>	<b>26</b> (20%)	<b>49</b> (39%)	<b>26</b> (20%)	<b>111</b> (87%)	<b>47</b> (37%)	<b>35</b> (28%)	<b>127</b> (100%)



The right to access food for children who use school feeding schemes has been severely compromised during the lockdown, throughout South Africa. Almost all (91%) of CAOs indicated that local feeding schemes were no longer operational – likely contributing to hunger being the most frequently reported problem facing children during the lockdown. CAOs in the Eastern Cape (97%), Free State (91%) and Gauteng (94%) were most likely to report the absence of feeding schemes. In addition, unemployment and decreased earning capacity of adult family members further limits access to food. Hunger has severe impacts on children's health and quality of life. Difficulties accessing food, education and other rights during the lockdown may also reinforce existing cycles of poverty and inequality.

**Problems experienced by children during lockdown**



## Right to healthcare



**46%**

of CAOs said that access to healthcare had worsened during lockdown

Access to healthcare is a significant problem that has been exacerbated during the pandemic. Despite increased government funding for the health system in preparation for Covid-19, 46% of CAOs said that access to healthcare had worsened during lockdown.

The vast majority (82%) of CAOs reported that communities accessed healthcare primarily through local clinics despite government initiatives to provide mobile facilities.

Most CAOs (75%) and at least half of all provinces reported transport as the main obstacle to accessing healthcare facilities. This obstacle to healthcare is concerning given that only 13% of CAOs reported that people had visited mobile clinics stationed in their community. To be effective, more awareness campaigns and resources need to be allocated to mobile clinics as these could prove critical given social distancing and PPE requirements, as well as the problems associated with using public transport during the lockdown.

## Right to housing



of CAOs reported continuing evictions during lockdown

Government regulations did not permit evictions during lockdown. However, almost one fifth (18%) of CAOs reported continuing evictions. This was particularly prevalent in Gauteng, the Free State and Northern Cape, where a third of communities experienced evictions.

Forty-six of the 127 CAOs (37%) reported that people in their communities did not pay rent or mortgages during the lockdown. Reasons for non-payment, reported by CAOs, include relief periods from landlords, income loss and the offices of local municipalities being shut down.

## Right to education

**29%**

of CAOs said communities were unaware of remote learning platforms



The cycle of inequalities reflected in access to quality education and subsequently employment, create and reinforce the systemic inequalities experienced by many people living in South Africa.

The lockdown severely restricted in-person education. Accessing education remotely is dependent on technology, internet access and electricity. The absence of any of these is a significant barrier to education for learners from low-income households. Most CAOs (71%) said that their communities are aware of remote learning platforms, leaving almost one third (29%) unaware. Although most CAOs reported that learners in their communities had access to some form of remote learning, almost one fifth (19%) reported having no access to remote learning platforms. The most common method of accessing education was through radio and television programmes (69% of CAOs), with slightly fewer (60%) using internet platforms, including WhatsApp, Facebook, YouTube and web-based programmes/applications.

## Right to food

Access to food is a significant problem for many living in South Africa: one fifth of South African households had no access to adequate food last year, and 10% of the national population experienced hunger.

Travel and other restrictions imposed during the lockdown have likely contributed to the increase in hunger. Four fifths (80%) of CAOs reported that people in their community experienced difficulty in accessing food during the lockdown, and one third (33%) of respondents indicated that food and basic supplies were unavailable to their communities. The lack of employment and loss of income due to the lockdown would have added to the obstacles to accessing food for many. While food may have been available for purchase, it may not have been accessible due to affordability.

Availability and delivery of food parcels was also problematic, with almost one fifth (19%) of CAOs reporting that their communities received no food parcels at all. Where food parcels were delivered, almost half (45%) of CAOs indicated that the parcels were being distributed by local government, 38% by non-governmental organisations (NGOs) and civil society organisations (CSOs) and 26% by private donors. CAOs reported that most food parcel deliveries in both Gauteng and the Western Cape were made by civil society (12 out of 16 communities) as opposed to local government.

**Table 3.4: Who has been delivering food parcels in your community?**

	Local government	NGOs/CSOs	Private donors	N
Eastern Cape	13	10	6	28
Free State	4	1	4	9
Gauteng	1	6	4	8
KwaZulu-Natal	11	9	7	23
Limpopo	8	2	1	11
Mpumalanga	2	3	0	6
North West	1	1	3	7
Northern Cape	2	1	0	3
Western Cape	4	6	2	8
<b>TOTAL</b>	<b>46 (45%)</b>	<b>39 (38%)</b>	<b>2 (26%)</b>	<b>103 (100%)</b>

4/5

of CAOs reported difficulty by communities in accessing food during lockdown



19%

of CAOs reported their communities did not receive food parcels during lockdown



Private donors



NGOs/CSOs



Local government

Reported distributors of food parcels

CAOs also cited alleged corruption as preventing the delivery and collection of food parcels. All corruption allegations occurred when either local government or the Department of Social Development was identified as the source of the food parcels. CAOs in the Eastern Cape were particularly dissatisfied with the distribution process: 8 out of 28 CAOs indicated that the food parcels were insufficient.

## Access to social grants and unemployment assistance



CAOs reported that most (66%) communities were unable to access the Unemployment Insurance Fund (UIF), and almost half (48%) reported that the unemployed in their community received no assistance during lockdown. CAOs in the Free State (64%) and Gauteng (56%) were the most likely to cite the lack of assistance to unemployed people in their communities. The lack of access to government unemployment assistance is troubling, with CAOs indicating that civil society and private donors do more to aid unemployed people than government. CAOs reported the primary source for local aid for the unemployed are CAOs themselves and NGOs (24%), followed by government (14%) and private donors (6%).

A significant majority (88%) of CAOs reported that self-employed people and those in the informal sector in their communities are unable to access government financial aid. No CAOs in Gauteng reported that government financial assistance for the self-employed or those in the informal sector was available.

More than half of CAOs (54%) reported that access to social grants has worsened during the lockdown. This was particularly the case in the Eastern and Western Cape. This is extremely damaging when vulnerable people dependent on social grants are unable to travel to supplement the funds they receive from the government, while providing for their families.

It appears that many of the measures and interventions aimed at mitigating the impact of the lockdown on the most marginalised and disadvantaged communities have remained inaccessible to those groups.

# 4

## Involvement of Stakeholders



67%

of CAOs did not think that local government and community leaders played a meaningful role during lockdown

Most respondents did not think that local government and community leaders played a meaningful role during the lockdown. In Gauteng, all respondents agreed with this statement. Similar views were expressed by at least two thirds of respondents in the Eastern Cape, Western Cape and the Free State, and by half of KwaZulu-Natal respondents. There have also been allegations of corruption among community leaders and local government.

# 5

## Community Responses to Covid-19

### Campaigns and raising awareness

CAOs report more than a quarter (27%) of communities across the country said that there have not been any awareness campaigns on Covid-19. The lack of information locally may reduce adherence to lockdown regulations, and could thereby increase the spread of the virus.

CAOs indicated that the two main drivers of local awareness campaigns are the Department of Health (58%) and the CAO themselves (38%). Local community leaders (26%), NGOs (26%) and security forces (22%) provided roughly the same amount of awareness campaigns each.

### Adherence to disaster regulations



**42%**

of CAOs said that very few or no community members were using PPE during lockdown

The need for awareness campaigns is evident when observed with the use of PPE in communities. CAOs indicated that in (42%) of their communities across the country, very few or no community members are using PPE, with a further 35% reporting that only some community members were using PPE. Gauteng represents the highest proportion, where very few/no members of the community use PPE, followed by communities in Limpopo.

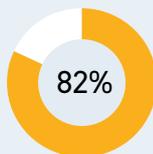
Although the level of adherence to preventative measures (i.e. PPE, social distancing) in the spazas/supermarkets is higher (66%) than among community members (42%), one third (34%) of CAOs nevertheless said that the employees in spazas/supermarkets in their communities have not been using PPE.

### Prevention measures against Covid-19

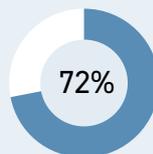
**What challenges does the community face in taking preventative measures against Covid-19?**

More than four fifths (82%) of respondents across all provinces noted low adherence to lockdown regulations in their communities. CAOs indicated that the primary challenge is the lack of access to face masks in the community (72% of CAOs reported a lack of access), followed by a lack of clean water and soap (43%).

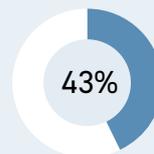
Despite reports of low adherence to regulations and lack of access to PPE, only 5% of CAOs indicated that their communities had done nothing to prevent the spread of Covid-19. Instead, CAOs reported that community members have attempted to follow the restrictions. CAOs indicated that 73% of their communities were making their own masks, staying at home as much as possible (59%) and observing social distancing (36%).



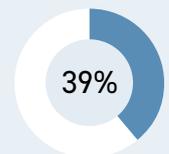
Low adherence to the lockdown & social distancing



Lack of masks for community members



Lack of clean water and soap



Lack of masks for employees of local spazas/supermarkets

## 6

## Impact of the Lockdown on CAO Operations

The CAO sector was not designated as an 'essential service' under the lockdown levels 5 and 4, which hindered CAO operations. Although almost half (45%) of CAOs closed their operations due to the lockdown, a significant percentage (55%) of CAOs have remained operational to some extent. Some CAOs have been recognised as an essential service (by delivering essential services such as food or GBV services) and obtained the required permits (22%), or have been able to operate with staff working remotely (33%).

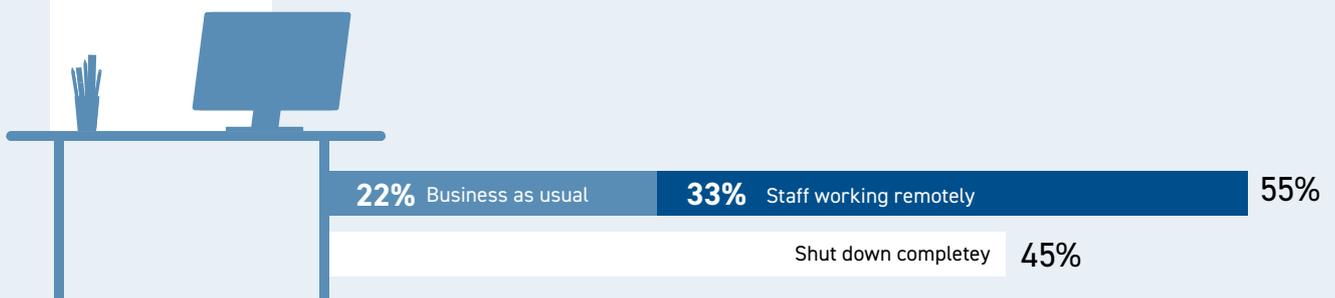
**Table 6.1: How has the lockdown affected your operations?**

	We are an essential service and are able to continue as normal	Our staff are able to work remotely	We have shut down entirely, no services are being provided	N
Eastern Cape	9	13	8	30
Free State	1	4	5	10
Gauteng	1	4	10	15
KwaZulu-Natal	7	4	14	25
Limpopo	3	6	5	14
Mpumalanga	1	0	5	6
North West	0	4	3	7
Northern Cape	1	1	1	3
Western Cape	3	3	3	9
<b>TOTAL</b>	<b>26</b> <b>(22%)</b>	<b>39</b> <b>(33%)</b>	<b>54</b> <b>(45%)</b>	<b>119</b> <b>(100%)</b>

**55%**

of CAOs have remained operational during lockdown

Lockdown has had a differential impact on the operations of CAOs. About half of CAOs reported the demand for their services has increased (45%) and half reported decreased demand. CAOs that have shut down or shifted to a home office have likely noted a decrease in the people seeking their services, while those that continued operating observed an increase.





During the lockdown, most (87%) CAO clients contacted the CAO telephonically, two thirds (59%) used WhatsApp and 20% used email to contact their local CAO. Almost a quarter (24%) of clients accessed CAOs by walk-in.

**Table 6.2: Since the lockdown began, how have your clients accessed your services?**

	WhatsApp	Email	Phone	Walk-in	N
Eastern Cape	21	2	26	14	32
Free State	8	1	9	2	11
Gauteng	10	4	15	2	16
KwaZulu-Natal	12	2	25	6	28
Limpopo	7	6	14	2	14
Mpumalanga	1	2	5	0	6
North West	6	1	8	0	8
Northern Cape	2	1	2	0	3
Western Cape	8	6	6	4	9
<b>TOTAL</b>	<b>75</b> (59%)	<b>25</b> (20%)	<b>110</b> (87%)	<b>30</b> (24%)	<b>127</b> (100%)

Almost half (44%) of CAOs have limited internet access due to high cost. Almost two thirds (65%) of CAO staff used their personal internet connections at their own expense. CAOs were only able to provide data for 27% of their employees (14% accessing from the office, 13% accessing from their homes subsidised by their employer).

The survey reveals how the lack of a regulatory framework for the CAO sector has impeded the meaningful engagement of CAOs in the Covid-19 response. Had the sector been regulated, several state initiatives could have been more effectively channelled through CAOs, including awareness campaigns and support in accessing government assistance. On several occasions, CAOs reported that food parcel distribution has been marred with irregularities, corruption, favouritism and theft. In this context, CAOs could also ensure that when the state is faced with disaster and the far-reaching impact of a lockdown, it remains accountable to its citizens.

## 7

## Recommendations

The key concerns in these findings are the rise in GBV and hunger, the lack of access to social assistance and a leadership vacuum at the local level. These findings indicate the dire reality of the most vulnerable in South Africa and should inform proactive actions to address these and other issues.

CAOs have the organisational capacity to provide immense support to various aspects of the government's response to Covid-19. However, when they were most needed, many CAOs were forced to close, and those who continued operating did so under difficult conditions. This effort illustrates the dedication of the CAO sector to supporting their communities, and the missed opportunity of the under-utilisation of their capabilities during lockdown.

There is still an opportunity to leverage CAOs' unique placement and expertise to the benefit of their communities. At a local level, CAOs should establish a communication channel with all relevant stakeholders to better coordinate their role in the crisis. In the longer term, this will require that the CAO sector be regulated, recognised as an essential service and funded by government. Moreover, government should engage with CAOs and other community-based organisations to assist in the implementation of lockdown regulations and future emergencies. This will be an important component of an awareness-based adherence strategy, rather than relying solely on enforcement mechanisms. Using local stakeholders to monitor adherence to regulations will lead to greater compliance from communities. At the national level, civil society should be included in the National Coronavirus Command Council in order to diversify and modulate the response to the crisis.

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### Gender-based violence



The increase in GBV during the lockdown has been referred to by President Ramaphosa as a second pandemic in South Africa. Unfortunately, CAOs and their communities are not adequately equipped to address the increase in GBV, with a dearth in shelters and other available services.

Given the ubiquity of GBV, the gender perspective should permeate all government policy, and particularly so during emergencies. Decision-makers should continuously engage with CSOs dealing with GBV, to establish context-specific protocols to facilitate reporting of GBV incidents. CAOs should be supported to implement a minimum arsenal of GBV assistance services across the country to aid survivors. Moreover, shelters and other support mechanisms should be enhanced, for the many who require these critical services. GBV is a systemic issue that cannot be solved symptomatically. Beyond GBV, women's vast unpaid labour should be reflected in social protection plans and emergency economic schemes.

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### Food crisis



The food crisis has been exacerbated – food was the most difficult basic good to access during the lockdown. Those who obstructed or undermined food assistance delivery (through inflation of food prices and corruption) should be prosecuted. CAOs are ideally placed to facilitate and monitor food parcel distribution (as many of our respondents have done) and should be more widely used as hubs for this and other types of assistance. In the long run, the only sustainable solution to food insecurity is food sovereignty: giving people ownership of the means to produce their own food. This can be provided through meaningful long-term engagement between CSOs, CAOs, farms, and the private and informal food sectors. Sustainable food solutions can be reached collaboratively through engagements between CAOs, CSOs and communities throughout South Africa.

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## Government aid



Despite publicised government assistance to vulnerable groups, the majority of our respondents reported that the promised financial aid has not materialised. There are a number of reasons for this state of affairs – including poor internet access, administrative issues (such as the closure of government offices) and a general lack of awareness about bureaucratic procedures.

Remote access to public assistance must therefore be prioritised. Information about social assistance measures should be publicised widely using a range of media. Access to social assistance should also be better facilitated for the elderly and disabled. This can be achieved by ensuring that government offices remain open to communities, with increased use of PPE and other measures to mitigate the risk of Covid-19. The amount included in a grant should be supported by research on the cost of living for the average household and updated regularly. Once again CAOs can play an important role in both communicating about, and facilitating access to, public assistance programmes.

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## Leadership vacuum



The Covid-19 crisis has exposed the much-publicised weakness at the local government level in South Africa. CAOs have reported that local leaders have not played any meaningful role in combating the pandemic. This leadership vacuum has exacerbated the food crisis, weakened awareness of Covid-19 and the lockdown regulations, and increased hardship for these communities.

Government, civil society and other actors should convene to develop effective awareness-raising campaigns that are context-specific, inclusive and accessible, in all official languages. Government should adopt a multi-stakeholder approach to ensure access to face masks, sanitisers, clean water and soap. PPE production and distribution should be conducted through local CSOs and CAOs, and sourced from local individuals or businesses where possible.

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## Children's rights



Large numbers of CAOs have reported increased hunger among children in their community – often linked to the termination of feeding schemes which are the primary source of food. Hunger has severe, potentially long-lasting, impacts on children's physical and neurological development. Further research is needed on the wide spectrum of possible effects (including emotional, mental or physical) of Covid-19 and the lockdown on children.

The departments of Social Development and Basic Education should develop protocols for emergency feeding schemes for children to avoid hunger and its severe consequences for children's development. Counselling and psychological services should also be available and accessible to children during and after emergencies, in all official languages.

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## Security forces



In communities where security forces were deployed, nearly 50 complaints (representing 38% of CAOs) were made of harassment and violence by security forces against community members. The excessive use of force by security forces is a key concern.

The SANDF should be deployed as a last resort, and only with the prior publication of clear guidelines and training in civilian interactions, the Constitution and conflict de-escalation. If deployed, the SANDF must meet regularly with community members and leaders, to clearly communicate deployment plans and accountability. Complaint mechanisms should include community-based mechanisms – and here CAOs are again well-placed to play a role as intermediaries.

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## Education



Education for all learners was negatively impacted by the two-month minimum closure of schools. Girls are particularly vulnerable to dropping out, which is a key concern for the future economic integration of this cohort. The disproportionate effect of school closures on the most vulnerable and marginalised is also clear – those without access to the internet or whose access was compromised by limited access to electricity have been left without any education for an extended period.

A study on Covid-19's impact on education access, focusing on learners in matric and adolescent girls should be conducted to assess the extent of the damage for those in school this year. Government must work with civil society and the private sector to create and implement a distance-learning programme that is free and accessible on all electronic devices, in all official languages. Data access to this service must be zero-rated, with qualified educators available online to assist learners in all official languages.

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## Healthcare



Transport was the key obstacle to healthcare faced by most communities, with surprisingly low use of the new mobile healthcare facilities provided by government.

When transport is restricted, government should provide free, safe transport to people from marginalised communities requiring medical assistance. Increased awareness of mobile healthcare services in local communities is imperative, as is ensuring sufficient capacity to treat communities. Sexual reproductive services, including non-prescription contraceptives, must be available during the crisis. Free delivery of chronic medication for marginalised communities during the crisis is also key.

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## Personal protective equipment



Respondents indicated that communities would likely adhere to the lockdown regulations if they had access to the necessary PPE, water and other essentials. This means that PPE provision is essential in all work environments in addition to other health and safety requirements. Transport to and from work should also be monitored. Protections should be prepared for reporting regulation violations, and workers must be encouraged to report violations. Business owners must be held personally liable for breaches of regulations and government should consider how to protect workers unable to return to work due to pre-existing health vulnerabilities.

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## Conclusion

The state's actions are justified and have been demonstrably successful in flattening the curve of infections, but there is room for improvement, particularly in areas where the rights of vulnerable and marginalised people are affected. Not only are vulnerable and marginalised groups more likely to bear the brunt of the epidemic, they are (as this and other studies have demonstrated) more likely to suffer the adverse effects of the measures implemented to combat the epidemic. This is unlikely to be the last crisis we face (although the ecological crisis may occur at a much slower pace) and there should be no contradiction between addressing the crisis and ensuring that the human rights of all, but particularly the most vulnerable, are protected. The temptation to act upon exigent circumstances without taking into account the interaction with existing patterns of inequality must be resisted. The voices of vulnerable and marginalised communities (as represented here by CAOs) must be a primary input into the response and not an afterthought.

We are only now entering the most difficult period of the Covid-19 pandemic in South Africa. There is still room for immediate action to address the most severe shortcomings in our current approach.