Understanding the impact of COVID-19 on rural households in South Africa

A Research Note

one to one africa

transforming lives

October 2020

Contents

Executive Summary

The Coronavirus pandemic hit South Africa in March 2020 and within a few months, South Africa became the most affected country in Africa. With a population of 59 million, characterised by poverty, a struggling health system and a quadruple burden of diseases, the COVID-19 pandemic threatens to exacerbate these conditions. Although the impact of COVID-19 in South Africa is still unfolding, there are numerous surveys and qualitative inquiries that are being conducted. Of note is the South African National Income Dynamics Study (NIDS) Coronavirus Rapid Mobile Survey (CRAM), Human Sciences Research Council (HSRC) Street Talk - Asikhulume project, Institute for Poverty, Land and Agrarian Studies (PLAAS) study, and the ongoing Food System Impact study by the Bureau for Food and Agricultural Policy (BFAP). Findings from these studies show that approximately 2.5 to 3 million people lost their jobs between February 2020 and April 2020 alone. This in turn has exacerbated food insecurity as 33% of respondents indicated having gone to bed hungry more than once since March 2020. The closure of schools has also compromised children's nutrition; 90% of children in the rural Eastern Cape depend on the National School Nutrition Programme for a nutritious meal each day. The pandemic has also caused substantial disruptions in the health system as human, financial and medical resources are diverted to the COVID-19 response. This, coupled with patients' fears has resulted in non-utilization of healthcare services. There is early evidence of decline in uptake of antenatal care services and routine vaccinations for children. The implications of these are increased maternal and child mortality including vaccine-preventable diseases (VPDs) such as measles, multidimensional child poverty, delays in early childhood development.

To avert these effects, One to One Africa has implemented several response strategies, namely ensuring income security of all staff, adoption of tele-health for continuity of healthcare, appointing patient navigators at health facilities, food parcel distribution for extremely vulnerable families, provision of micronutrients for children, as well as 24/7 telephonic psychosocial support services for staff. This paper makes concrete recommendations to reduce vulnerability and to ensure optimal health & well-being for families in the rural Eastern Cape.

Introduction

To date, South Africa has recorded the highest number of confirmed COVID-19 cases in Africa. The first case was reported on the 5th March 2020, and on the 23rd March 2020, a National State of Disaster was declared with a hard lockdown enforced from the 26th March 2020.

- ***5 March 2020 : 1st COVID-19 case reported***
- ***23rd March : National State of Disaster declared***
- ***26th March : Lockdown level 5 commenced***

Although the impact of COVID-19 in South Africa is still unfolding, it is evident that the poor and vulnerable population will bear the greater burden of COVID-19 in the long term (Ataguba, 2020). The pandemic brings with it deleterious health, economic and social consequences. Several studies on the impact of the Coronavirus on low-income households in South Africa have been conducted. Sadly, these studies have an urban-bias, with limited quality research and think pieces on COVID-19 in rural communities of South Africa. Nonetheless, it is imperative to understand how the COVID-19 pandemic will affect rural households, to adequately prepare to support these households. This brief discusses the impact of the coronavirus pandemic on rural households.

In October 2020, South Africa had over 600,000 confirmed coronavirus cases

2. Impact of COVID-19

On the one hand, rural communities may be less affected by the lockdown compared to urban communities; they have the advantages of low population density and land for food production. Unlike poor urban settlements, rural households are often less crowded with more outdoor space. In many rural communities, people were still able to carry on with their daily tasks of fetching water and firewood, herding cattle and working the fields (Ntshangase, 2020). However, the stark socio-economic disparities between urban and rural communities characterised by poverty, unemployment, poor health services in rural communities all render them vulnerable to the impacts of the COVID-19 pandemic.

Vulnerability during the COVID-19 pandemic is complex and can be multi-layered and risks need to be understood in the forms and distribution. Socio-economic status and household composition and structure shape vulnerability during the COVID-19 pandemic. Rural women are disproportionately affected by COVID-19 in numerous ways. Female-headed households and multigenerational households are at higher risk (Parker & Kadt, 2020); this is particularly the case in the Eastern Cape where 47% of households are headed by women (Statistics South Africa, 2019), the highest province with female-headed households in South Africa.

2.1 Economic impact

The pandemic has exacerbated economic woes deepening South Africa's social divide. Firstly, the hard lockdown resulted in massive job losses both in the formal and informal sectors. Findings from the South African National Income Dynamics Study (NIDS) Coronavirus Rapid Mobile Survey (CRAM), indicate that approximately 2.5 to 3 million people lost their jobs between February 2020 and April 2020 alone. Similarly, in the HSRC survey, 60% of respondents reported that the lockdown made it difficult for them to earn an income. Further livelihood losses are projected as companies downsize and shutdown in response to the shrinking economy (PLAAS, 2020). Overall, the pandemic could increase the incidence of income poverty in South Africa. Rural households are disproportionately affected as this means diminished household income from remittances with many breadwinners losing their jobs in the cities and returning home. In 2018, remittances were the main income source for 23% of households in the Eastern Cape (Statistics SA, 2019).

One to One Response & Mitigation - Economic Impact

We have continued to pay our Enable employees their full salaries throughout the lockdown period and afterward; our Bright Start employees were put on 50% salary for May-July, but we applied for UIF TERS (government) funding that covered the balance for all employees that had been employed for >3 months before lockdown. There are no plans for retrenchments or pay decreases for any of our employees going forward.

All our employees have access to financial counselling through ICAS, our employee wellness programme.

We do not offer cash grants or income support to beneficiaries. We do actively support our beneficiaries to access government grants, however, and maintain a relationship with the Dept of Home Affairs and SASSA in the Eastern Cape to help facilitate this.

Approximately 2.5 to 3 million people lost their jobs between February 2020 and April 2020 alone.

2.2 Food Security & Nutrition

With increased income poverty, an increasing number of households will not be able to afford basic food commodities. In September 2020, the Pietermaritzburg Economic Justice and Dignity group indicated that 25% of South Africans were living below the food poverty line of R585 per person per month. 26% of respondents in a survey reported that they had no money to buy food (HSRC, 2020). To further exacerbate this, the cost of food in South Africa has gone up. The Pietermaritzburg Economic Justice and Dignity group indicates that the cost of household food basket has increased by 7.8% (R250) between March 2020 and May 2020. Furthermore, with lockdown, basic consumption has increased and households are spending 30% more on food in order to feed a full household (PMBEJD, 2020). In rural households, the number of mouths to feed has increased as family members have moved back home, either temporarily or permanently. As a result, many households are at risk of severe **food insecurity**. This is evident in the BFAP survey where 33% of respondents indicated having gone to bed hungry more than once since March 2020.

In terms of food production, the HSRC indicates that in the short-to medium term, domestic agricultural production will not be severely affected by the pandemic (Nyamwanza & Sinyolo, 2020). Small scale farmers were hit hardest by the lockdown as they were unable to supply markets, traders and restaurants resulting in wastage and loss causing a disruption in their cycle (PLAAS, 2020). Although the Bureau for Food and Agricultural Policy estimates that South Africa will have good harvests in 2020 providing enough food supply for at least a year, we are already starting to experience challenges with the availability and affordability of basic food commodities. Disruptions have been in the production and supply chain. The lockdown slowed down manufacturing and production, coupled by COVID-19 measures such as reduced staff for social distancing and the COVID-19 outbreak stop-starts.

One to One Response & Mitigation - Food Security & Nutrition

We provided 80 food parcels to extremely vulnerable families in May 2020. We also continue to offer seedlings to families each year so that they can grow their own food gardens.

We have developed a food relief policy that will be presented to the Board in October 2020. Our primary objective is to ensure that our beneficiaries have access to government grants and food parcels, rather than provide these ourselves. Nevertheless, we will intervene and provide food parcels or vouchers for families that are very vulnerable and unable to feed their families.

To address child nutrition, we have partnered with Head Start Kids to receive micronutrients for all children between 6 months - 6 years, including children of staff members.

Reduced income, spike in food prices and the unavailability of nutritious foods will force households to rely on cheaper foods. In addition, lockdown restrictions increased unhealthy eating patterns as people's ability to source nutritious foods were reduced creating preferences for non-perishable and ready-to-eat foods with longer shelf life (Nyamwanza & Sinyolo, 2020). These foods are often ultra-processed with low nutritional value. A study by the BFAP revealed that 64% of survey respondents had changed their diets and what they consume since lockdown. The combination of unaffordability, unavailability and inaccessibility of healthy food threatens food security and **nutrition** in many rural households with deleterious effects on children's nutrition. There is a real risk of severe nutritional deprivation amongst children living in rural households. The lockdown alone compromised the nutrition of over 9 million children who depend on the National School Nutrition

Programme for reliable and nutritious food. The free meal that children receive at school may be the most nutritious and filling meal that many children receive. Thus, school closures could exacerbate child hunger. Prior to the COVID-19 pandemic 9% of children in the Eastern Cape were experiencing hunger and 90% benefited from the school nutrition programme (van der Berg & Spaull, 2020).

2.3 Health impact

The COVID-19 pandemic in South Africa is happening in a context of an already existing quadruple burden of disease (HIV & Tuberculosis, non-communicable diseases, poor maternal and child health, and injuries). The pandemic further exposes the health inequities in South Africa. The Coronavirus Rapid Mobile Survey (CRAMS) conducted by the National Income Dynamics Study (NIDS) revealed that income-related health inequity during the COVID-19 period was six times higher than in the pre-COVID-19 period.

2.3.1 Access to healthcare

COVID-19 causes a gigantic threat to the health system with substantial disruptions to services with resources being diverted to COVID-19 screening, testing and emergency care. South Africa has a quadruple burden of diseases, namely HIV and Tuberculosis; maternal, newborn and child health; non-communicable diseases and violence and injury that are largely treated in the public health system. As demand for COVID-19 care increases, rural facilities may not have the resources to adequately support communities. Facilities will be affected by limited resources, high demand for care of COVID-19 patients, reduced capabilities as health workers are diverted to COVID-19 response activities.

Perceptions and fears of health facilities during the pandemic also deterred many people from accessing chronic medication and essential healthcare services. In Statistics South Africa's COVID-19 behavioural survey, 54% of respondents indicated they did not go to health facilities when they needed health care because they feared contracting COVID-19 and a further 25% did not go to health facilities because they feared being arrested during lockdown (StatsSA, 2020). During the peak of the pandemic, many people living with chronic conditions felt they were in a dilemma of whether to leave home to collect their medication and risk contracting the pandemic or to go without their medication. For many people, the fear of contracting the life-threatening virus outweighed the consequences of defaulting on treatment.

In a recent survey, nearly one in ten people struggled to access their chronic medication during

One to One Response & Mitigation - Health Implications

This is probably the most crucial aspect in terms of our work in the Eastern Cape, and we will evolve our response depending on the situation on the grounds.

We have adopted telehealth to continue providing essential care to women and children. Between March and July 2020, our Mentor Mothers conducted telephonic reviews with clients and continued to monitor, support and refer clients to health facilities where necessary. Remote supervision and support was also provided telephonically and through WhatsApp. The Mentor Mothers resumed fieldwork in mid-July 2020, however, they continue to monitor clients remotely and conduct COVID-19 screening telephonically before visiting a household.

During the lockdown, some of our Supervisors were stationed at local clinics to act as patient navigators to help support with continuity of care. Going forward, we will actively identify children who missed immunisations, who are malnourished, and mothers who are pregnant and not attending ANC visits, who need to access ART or who have defaulted, and connect them to the appropriate service. This is all within the remit of our current programme, but our efforts will need to be intensified in this post-COVID-emergency period to ensure that no one slips through the cracks.

Another major part of this is working on the demand side of accessing health services, and building up people's feeling of comfort in going to the local health facilities. From the supply side, we continue to support local clinics with PPE to help ensure they can remain open (by protecting the frontline health workers).

lockdown (HSRC, 2020). Furthermore, 20% of respondents in rural areas reported that they could not access their chronic medication (*ibid).* Limited transport services as well as the chaos and confusion in health facilities, with some patients being turned away during level 5 of the lockdown, were barriers to accessing chronic medication. Failure to **access essential health services** has far reaching and devastating implications. In particular, the interruption of life-saving Antiretroviral treatment for over 5 million people who are currently on ART in South Africa could roll back achievements towards the 90-90-90 target. South Africa is home to the world's largest HIV epidemic with 7.7 million people living with HIV in 2019 (UNAIDS, 2019). Hogan et al.'s model projects as high as 10% increase in HIV-related mortality in high burden health systems. Other potential risks to HIV treatment include delayed diagnosis and initiation to treatment. Furthermore, the lockdown and limitation of healthcare services also bring additional complications of forced disclosure, particularly for people on antiretroviral treatment who will need to get refills which makes going to health facilities evident. The combined effects of income loss,

2.3.2 Child Health

Food insecurity and poor nutrition translates to wasting (low weight for age) in the short term and stunting (low height for age) in the long term. Almost a third of children who die in South Africa are **malnourished** (van der Berg & Spaull, 2020). Economic and health system disruptions are expected to exacerbate child malnutrition.

The disruption of essential services and the diversion of resources towards COVID-19 could be deleterious for **child survival and health**. UNICEF's Executive Director, Henrietta Fore rightly points out that this reduction in healthcare access will be "more catastrophic to mothers and children than COVID-19 itself" (Fore, 2020). Using lessons from the Ebola and severe acute respiratory syndrome (SARS) epidemics, Robertson et al (2020) modelled the effects of health system disruptions from COVID-19 on maternal and child mortality/survival. In their model, Robertson and colleagues estimate a reduction of essential healthcare services by 9.8 – 18.5% over 6 months would result in 253 500 additional child deaths and 12 200 additional maternal deaths. In the worst-case scenario, coverage reductions of 39 - 51% over 6 months would result in over 1 million additional child deaths and over 57, 000 additional maternal deaths (*ibid).*

There is evidence of significant drops in antenatal care (ANC) and follow-up visits after birth. In the NICS-CRAM study, 1 in 6 pregnant women and mothers reported a two months gap in their ANC and follow-up clinic visits. 37% indicated fear of contracting the coronavirus as the reason for missing their appointments. The survey also found that 1 in 10 pregnant women and new mothers living with HIV ran out of antiretroviral medication during the lockdown; 40% of the respondents indicated they were too afraid to collect refills.

The World Health Organization and UNICEF have raised concerns with the alarming decline in the number of children around the world receiving vaccinations during the COVID-19 period. As many as 80 million children under the age of 1 in at least 68 countries may miss their vaccinations in 2020 due to health system disruptions (WHO & UNICEF, 2020). As health workers shift attention to the COVID-19, there are fewer staff to attend to antenatal care and immunization services and may result in longer waiting hours and some women may be turned away. This is already evident in the Enable catchment area where health facilities were turning away immunization clients as clinic staff did not have essential

personal protective equipment (latex gloves in particular) to safely administer vaccinations to children. These children are at increased risk of contracting vaccine-preventable diseases (VPDs) such as measles. Child immunization is one of the most cost-effective life-saving public health intervention to date, saving 2-3 million lives every year (WHO et al, 2020).

A benefit-risk analysis of sustaining routine childhood immunization services in Africa during the COVID-19 pandemic versus the risk of acquiring the COVID-19 through visiting health centres for immunization was conducted (Abbas et al, 2020). In the high impact scenario, for every COVID-19 death (acquired during immunization clinic visits), 84 child deaths could be averted by sustaining routine childhood immunisation (*ibid).* Overall, the analysis shows that the deaths prevented by sustaining immunisation services outweigh the excess risk of COVID-19 deaths associated with vaccination clinic visits.

2.3.3 Mental Health

The pandemic is also taking a toll on people's mental health. The combination of heightened financial insecurity, food insecurity, fear of the pandemic, loneliness, loss of loved ones, and interpersonal violence all affect mental wellbeing. A survey conducted by the South African Depression and Anxiety Group (SADAG) showed that 55% of the respondents experienced anxiety and stress, 40% were depressed and 47% were worried about the financial stress of the lockdown. The constant media updates of COVID-19 fatalities and watching the pandemic spread throughout the country may have increased anxiety and stress. Kim (2020) points out that rumination, which is thinking too much about the same thoughts contributes to poor health. For people living with HIV, there is also increased anxiety of being infected with this fatal virus (Joska et al., 2020).

There is a critical need to address these COVID-19-related mental health concerns before another epidemic of trauma arises. Joska et al (2020) point out that remote support and telepsychiatry models have the potential to be highly effective in providing support and counselling for women living with HIV provided they have access to communication resources. Joska et al (2020) also recommend training community health workers on basic counselling.

One to One Response & Mitigation - Mental Health

We are offering all our staff access to 24/7 free tele-counseling services through ICAS (available in English & isiXhosa). Two managers from the Enable programme have taken part in a Psychological First Aid training through the DG Murray Trust. We are also planning a self-care programme in early 2021, run in coordination with Stellenbosch University and the Perinatal Mental Health Project. We also met with Ncazelo Mlilo, the Executive Director of Phola, which uses the tree of life methodology to offer context-relevant psychosocial support training. This is something we could explore further, funding-permitting.

Our response does not provide extensive opportunities for our clients as of yet, but it is something that we need to increase our focus on. We recently joined the African Alliance for Maternal Mental Health, and will hopefully be able to incorporate additional responses that are more client-focused. The PFA course that two managers took part in enables them to provide some support to clients, which is something we can build on.

2.4 Social impact

Since the lockdown, household dynamics have been affected with husbands moving back, temporarily for lockdown and indefinitely for those who lost their jobs. Many households have had to take in relatives as the extended family is a traditional safety net (Chademana, 2017). These changes in living arrangements could have both positive and negative implications on child wellbeing. On one hand, more household members could mean more support for child care and household chores enabling women to spend more time with their children. Furthermore, having fathers back home could be beneficial for parent-child bonding and attunement. On the other hand, more household members translates to increased expenses and with some men back home women and children are at increased risk of violence.

2.4.1 Gender-based violence

An unintended consequence of lockdown was a surge in gender-based violence, in particular,

domestic violence. Prior to the COVID-19 lockdown, South Africa struggled with gender-based violence and femicide as a pandemic; according to the World Health Organization, the rate at which women are murdered by their intimate partners in South Africa is five times higher than the global average. However, the lockdown has exacerbated this violence, as it created a situation where women and children were constantly exposed to their abusers at home. In the first week of lockdown, 87,000 cases of domestic and intimate partner violence were reported in South Africa (Clothia, 2020). Van der Berg & Spaull (2020) correctly point out that caregivers struggling with poverty and adversity were likely to be perpetrators of violence. The increasing frustration of unemployment has also fuelled gender-based violence. Furthermore, alcohol withdrawal symptoms may have also contributed as the South African government banned the sale of alcohol and cigarettes in levels 4 and 5 of the lockdown to reduce alcohol related hospital admissions. Intimate partner violence and sexual trauma are prevalent amongst women living with HIV, which further increases their vulnerability. Sadly, women living in rural settlements are arguably at a greater disadvantage due to patriarchal cultures, stronger family influence and expectations, poor access to information, vast distances and limited gender-based violence interventions available for them. This violence consequently affects mothers' parenting capacity as they may not be physically and emotionally able to.

Victims of domestic violence often experience psychological trauma (fear, depression, low self awareness and self-esteem etc), which affects a parent's capacity to perform daily tasks and respond to their children's needs (Bromfield, 2010). As a result, domestic violence can severely damage mother-child relationships.

In addition, exposure to domestic violence, (whether witnessing intimate partner violence or experiencing child abuse) could have long term impacts on children. Witnessing violence is traumatic for children who may feel scared and powerless in such situations and could trigger numerous trauma-related conditions that extend into adulthood. Children exposed to partner violence at home are also at increased risk of experiencing one form of abuse.

One to One Response & Mitigation - Social Impact

In order to support caregivers with the early childhood development of their children, especially in the post-COVID context, we are working to incorporate our Bright Start intervention into Enable. This would allow us to build in a project that we have seen work in Cape Town to our work in the Eastern Cape, and would be the first step in our aim to be able to offer a comprehensive package of care to the families we are working with.

In terms of gender-based violence, this is a difficult issue for us to address given the limited referral network in the Eastern Cape, and various barriers to accessing services. It is something that we are aware of, however, and we have been trying to find a partner to offer training or other resources that would be appropriate for the context.

2.4.2 Access to education

Since the lockdown, children in South Africa have lost 14% to 33% of the academic year. From March 2020, schools and early childhood development (ECD) centres were completely closed and children were restricted to their homes and not allowed to leave unless seeking medical attention. For younger children, the closure of ECD centres reduces their learning and stimulation activities as statistics show that only 53% of caregivers read books to their children (Statistics South Africa). Van der Berg & Spaull (2020) estimate that this period constitutes a loss of 30% of a year's learning in reading and 50% in Mathematics for children in the U.S which could be way higher in South Africa. To reduce this gap, educators have given learners work to do at home with worksheets and online classes, moving education to remote platforms. However, with no electricity, internet nor smart devices, children in rural communities are left behind. Only 1.4% of rural households in the Eastern Cape have access to the internet (Statistics SA, 2019). Furthermore, many rural households are headed by grandmothers and caregivers with low levels of education which makes home-schooling and supervised learning impossible. These learning deficits could

have long-term effects on these children's cognitive development. This perpetuates the vicious cycle of poverty and deepens inequalities.

With the plateauing of the pandemic, schools started re-opening in a staggered approach with Grade 12 (Matric) and Grade 7 learners resuming first. The reopening of schools in these COVID-19 times has also exposed the inadequacies and failure to provide basic infrastructures of electricity, running water and safe toilet facilities in rural schools (Van der Berg & Spaull, 2020).This makes basic hygiene and crucial hand washing challenging for learners and educators and could result in endless outbreaks amongst educators in rural schools further disadvantaging rural learners. To curb this, the Department of Basic Education provided water tanks to many rural schools, however, many schools in the Eastern Cape are yet to receive these water tanks.

2.5 Child Poverty

All the COVID-19 impacts discussed in this paper threaten to exacerbate child poverty. Children in rural households are at risk of experiencing multidimensional poverty, Save the Children & UNICEF (2020) stress that an additional 150,000 million children are living in multidimensional poverty as a result of the COVID-19 pandemic. A child is said to be multidimensionally poor when they are living in households where they are deprived of at least three out of seven dimensions of poverty - Health, Housing, Nutrition, Protection, Education, Information, Water and Sanitation.

3. Recommendations

Concerted efforts are required to ensure optimal maternal and child health & wellbeing. To mitigate the socio-economic and health impacts of the COVID-19 pandemic discussed in this review, the following interventions are recommended for the Enable programme. Households and individuals are impacted differently and may experience different levels of vulnerability. It is important to take note and identify the vulnerable households as well as the type of vulnerability.

3.1 Nutrition & Food Security

Ensure food and nutritional needs of vulnerable households are met. Food gardens are more cost -effective, practical , and provide healthy and nutritious food over a longer period of time. However, food gardens may not always be possible depending on the season, access to water, household composition (households without physically capable individuals). Thus, additional support in the form of food parcels may need to be provided to families. A targeted approach focusing only on the extremely vulnerable should be taken. This is particularly important for households with young children between 0 to 6 years. The growth of these children should be closely monitored. A nutritional boost to ensure children's nutrition would be ideal.

3.2 Access to healthcare

Health facilities may continue to experience COVID-19 related bottlenecks discussed above - shortage of staff, interruptions in supply chain, leading to shortages of essential medicines and material. To ensure continuous access to health services, it is recommended to:

3.2.1. When needed, support local clinics with human resources. While prevention and management of COVID-19 is a priority, continuity of routine health services should be maintained. Lifesaving maternal, new-born and child health services must be maintained. It is vital that women have access to sexual reproductive health services, in particular, contraceptives, HIV testing and antiretroviral treatment. Furthermore, routine immunization should not be disrupted. Mentor Mothers/CHWs and supervisors can support this.

3.2.2. Have staff stationed at facilities to receive clients and ensure that they are attended to and not turned away. In June 2020, Community Health Workers play a critical role in ensuring that women and children do not fall through the cracks.

3.2.3. Transport support for clients may need to be increased to enable them to get to

health facilities - including tertiary facilities for referrals.

3.2.4. Continue to engage stakeholders and sponsors such as the Solidarity Fund, Masks for Medics to obtain considerable quantities of personal protective equipment for all health facilities in our catchment areas.

3.2.5. Engage with stakeholders such as Vitamin Angels and Head Start Kids to obtain supplements and deworming tablets for clients

3.2.6 Participate in dialogues and fora for advocacy and leveraging resources for our communities at various levels

While our clients take priority, we should ensure that *all* women and children in the communities we work in are able to access health services.

3.3 Mental Health

3.3.1 Build the capacity of Mentor Mothers to provide social care. Whilst acknowledging that the Enable Mentor Mothers are not councillors/mental health experts, it is important that they are capacitated to provide first line mental health and psychosocial support (MHPSS) to their clients. This is basic emotional and practical support.

3.4 Communication

3.4.1 Mentor Mothers will have to intensify community awareness efforts to provide information on COVID-19. This includes disseminating material and clearly communicating to demystify misconceptions and fears of accessing health facilities. It is imperative that parents understand the importance of keeping their antenatal care appointments, and immunization schedules, as well as seeking medical attention when necessary. Information should be shared across social and community networks through social media and word of mouth.

3.5 Support Mentor Mothers

3.5.1 Mentor Mothers need to be provided with enough information and resources to support their clients and communities. This includes adequate personal protective equipment to keep themselves and their clients safe, COVID-19 prevention and management information, as well as training where necessary.

3.5.2 In addressing and mitigating the effects of COVID-19 on our communities, it is crucial that the Enable team - Mentor Mothers and Supervisors, are equally supported, as they and their families are part of the community and will likely experience the same challenges. Although Mentor Mothers have more income security, they may experience other effects such as loss of loved ones and increased social responsibilities with the ever increasing household sizes. Furthermore, as frontline workers, the team carries an enormous burden thus, their mental health and wellbeing must be cared for. This should include support to avoid burnout. MHPSS should be ongoing and consistently available.

3.6 Strengthen Community Health

3.6.1 Community health workers have always played a critical role in providing essential healthcare in resource-constrained communities. With the strain of COVID-19 on the health system and the pandemic's threat to roll back progress in maternal and child health, the role of CHWs is greater, now more than ever. CHWs play an important bridging role between the community and the healthcare system, reaching women, children, men and adolescents early to prevent them from falling through

the cracks. During this period, CHWs should be supported to provide preventative care and early detection of health issues thereby reducing pressure on the health system. Furthermore, CHWs work and live in the community thus are strategically positioned to support the COVID-19 response. With adequate training, Enable CHWs can contribute to fighting the pandemic through early detection, referrals and contact tracing. It is recommended that CHWs are adequately resourced, trained and supported to provide these services.

3.7 Social Support

3.7.1 Introduce early learning and stimulation interventions for children.

3.7.2 There is a need to address other social impacts identified in the review, in particular, gender-based violence, access to education and mental health related challenges. These impacts are out of the broader scope of the Enable programme. It is therefore important to leverage existing relationships and establish new partnerships with organizations working in these specific thematic areas.

4. Conclusion

Overall, COVID-19 poses a real threat to children's health and development. Failure to access healthcare could increase maternal mortality, and poor child health with vaccine-preventable diseases (VPDs) such as measles. Lack of adequate and nutritious food could result in child malnutrition and non-communicable diseases such as obesity, cardiovascular diseases and diabetes in adults. Other implications include multidimensional child poverty and delays in early childhood development.

While COVID-19 has certainly exacerbated issues within the communities we work in, the recommendations laid out above tie in with our existing strategy to provide a comprehensive package of care to our beneficiaries in the Eastern Cape. Some of the recommendations, if incorporated into our programmes, will require additional funding, but they are not a departure from our plans going forward since they all feed into the ultimate goal of ensuring that every child survives and thrives.

The Enable programme has been successful in insulating programme beneficiaries against some of the shocks that COVID-19 produced - in the latest UBSOF report, current to the end of September 2020, the number of children with up-to-date vaccinations has remained consistent, the programme has maintained a high level of adherence to ART, and ensured that women continue to attend their ANC visits. While the longer-term impacts of COVID-19, especially some of the socio-economic impacts, will continue to affect the communities we work in for the foreseeable future, it is imperative that we continue to offer the health services we have been, while enhancing the programme based on the needs on the ground that we have the expertise to address.

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