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The Socio-Economic Impact Of COVID-19 Measures of Government on Relieving
Inequality

By

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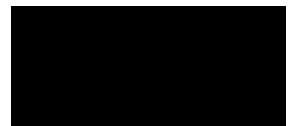


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Acronyms

AU.....	AFRICAN UNION
CEPR.....	CENTRE FOR ECONOMIC POLICY RESEARCH
COGTA.....	COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS
COVID-19.....	CORONAVIRUS DISEASE 2019
CSI.....	CIVIL SOCIETY INDEX
CESA.....	CONTINENTAL EDUCATION STRATEGY FOR AFRICA
CSG.....	CHILD SUPPORT GRANT
CSI.....	CIVIL SOCIETY INDEX
DG.....	DISABILITY GRANT
DOH.....	DEPARTMENT OF HEALTH
DPME.....	DEPARTMENT OF PLANNING, MONITORING AND EVALUATION
DRFS.....	DEBT RELIEF FINANCE SCHEME
GDP.....	GROSS DOMESTIC PRODUCT
GNI.....	GROSS NATIONAL INCOME
HDI.....	HUMAN DEVELOPMENT INDEX
HIV.....	HUMAN IMMUNODEFICIENCY VIRUS
IEJ.....	INSTITUTE FOR ECONOMIC JUSTICE
IMF.....	INTERNATIONAL MONETARY FUND
NDP.....	NATIONAL DEVELOPMENT PLAN
OAG.....	OLD AGE GRANT
POPI.....	PROTECTION OF PERSONAL INFORMATION
RDP.....	RECONSTRUCTION AND DEVELOPMENT PROGRAMME
RSA.....	REPUBLIC OF SOUTH AFRICA
SARS.....	SEVERE ACUTE RESPIRATORY SYNDROME

SMG..... STATE MAINTENANCE GRANT
SMMES.....SMALL, MEDIUM, AND MICRO ENTERPRISES
STATS SA..... STATISTICS SOUTH AFRICA
STISA..... SCIENCE, TECHNOLOGY AND INNOVATION STRATEGY
TERS..... TEMPORARY EMPLOYER/EMPLOYEE RELIEF SCHEME
UIF..... UNEMPLOYMENT INSURANCE FUND
UN.....UNITED NATIONS
UNDP.....UNITED NATIONS DEVELOPMENT PROGRAMME
WHO.....WORLD HEALTH ORGANISATION

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Abstract

The societal gaps in South Africa have been the focus of a great deal of scholarly research. This research showed that the wealth gap had grown because of the COVID-19 pandemic. The study considered how COVID-19 had affected South Africa's economy and society at large, especially the poor and marginalised, and how government efforts to curb the virus's spread impacted both the formal and informal sectors. The research examined whether or not the social stimulus packages and lockdown measures implemented by the South African government in 2020 and 2021 were successful in bringing about the intended changes. Contemporary data were analysed and practices were compared to those of other developing nations.

The research used the Gini coefficient as a global standard measure of income inequality and the findings showed that South Africa and its population would be better prepared for future pandemics and floods if there were early intervention and socioeconomic stimuli and policies that took these into account.

Keywords

Covid-19, Global Pandemic, Socio-Economic Inequalities, Income Inequality, Poverty, Unemployment, Social Security

CHAPTER 1 – INTRODUCTION

1.1 Introduction

The covid-19 pandemic and the resultant lockdown measures taken by governments crippled the world economy as countries tightened transportation regulations to prevent its spread. The majority of these lockdowns occurred in 2020. In late 2019, it was reported that a person(s) in Wuhan, China, was infected with COVID-19. The "coronavirus disease 2019" (covid-19). Was caused by sars-cov-2 (doh, 2020). The first persons who contracted COVID-19 were seafood, poultry, and other animal merchants in Wuhan (DOH, 2020). The weakest increase in the world economy occurred in 2020 (Jackson *et al.*, 2021:2). According to a forecast issued by the IMF in October 2021, global economic growth declined by -3.2% in 2020 before recovering to 5.9% in 2021 and 4.2% in 2022.

In addition, the IMF determined that supply constraints negatively impacted advanced economies until 2022 and that vaccine shortages and economic policy gaps had clouded the outlook for low-income developing states. The International Labour Organisation (ILO) reported that 93% of the world's workers were subject to workplace restrictions as a result of the pandemic and that 8.8% of global working hours were lost in 2020 compared to the fourth quarter of 2019, which was equivalent to 255 million full-time jobs. This meant that the expected average working hours of employed individuals decreased due to the lockdown restrictions.

South Africa was already faced with inequality when the economy was impacted by the COVID-19 virus in 2020. The World Health Organisation (WHO) declared the virus a pandemic in March 2020, which had marked consequences for governments. This study investigates whether the South African government's measures to contain the COVID-19 pandemic were able to relieve inequality.

1.2 Background

South Africa's constitutional democracy consists of the legislative arm (parliament, national assembly, and national council of provinces), executive (president, vice president, ministers, and deputy ministers), and judicial branches (constitutional court; supreme court of appeals; high courts; and magistrates' courts). The constitution of South

Africa governs these three arms of government. Their powers are limited by the Constitution.

Socioeconomic rights, such as housing, healthcare, food, water, and social security, are uniquely enshrined in the South African constitution. Most nations' constitutions don't recognise these rights. The South African constitution mandates state protection of these rights. Executive branch resource allocations fulfil this commitment; having a right to housing does not mean the government owes people a home. Eligibility conditions are set.

The Gini coefficient measures worldwide inequality but has limitations. It ignores non-welfare households and pay-outs. The Gini coefficient does not consider access to public amenities like energy and water. South Africa ranks high in inequality at 0.65: 1% of the population owns 67% of the nation's wealth; the wealthiest 10% own 93% of the wealth (STATSSA, 2019:38). South Africa was already an unequal society before the COVID-19 pandemic struck the country, due to its apartheid history which sought to segregate its population based on race and ensured that all the resources were reserved for the white minority.

Lockdowns and social isolation were used to contain the COVID-19 pandemic in 2020 (CEPR, 2020). China closed Hubei province, "ground zero", in late January 2020 for about two months (CEPR, 2020). Western Europe followed Italy into lockdown on March 9. (CEPR, 2020:2). On March 5, 2020, the NICD (2020) reported South Africa's first COVID-19 case. The people infected were 2,963,679, with 89,822 killed and 2,849,447 cured by October 2021.

The pandemic worsened global poverty. COVID-19 put 34.3 million people below the extreme poverty threshold in 2020, 56% of whom were African, according to the UN. Sluggish or negative economic growth will put 130 million people in abject poverty by 2030 (UN, 2020). This could threaten the Millennium development goals and African Union agenda 2063. The pandemic hit low-wage temporary employees hardest. The influence was minimal for those inside and above the mean, creating a significant income gap between citizens and nations (UN, 2020). Hence, balancing the economy, welfare and mental health of South Africans was crucial (Enserink & Kupferschmidt, 2020).

Despite the pandemic's global influence, human development and poverty had not predicted economic growth in Africa, even though most African nations are impoverished by UN criteria. In an open letter, the Institute for Economic Justice (IEJ) stated that as a result of COVID-19 millions in poverty became destitute, millions in employment were thrown into poverty and unable to cover their necessities, and thousands of enterprises closed down due to decreasing demand, lowering earnings and economic activity (IEJ, 2020:2).

Poverty rates, measured by household income, determine a nation's socioeconomic position. Household surveys measure socioeconomic differences. In South Africa income levels reproduce income inequality which is a cause of poverty. Since few could work during the pandemic, unemployment rose in South Africa: 34.9% of 7.6 million persons were unemployed in the third quarter of 2021 (STATSSA, 2021). The unemployment rate was greater than previously estimated because this estimate excluded persons who stopped seeking jobs.

As shown above, covid-19 worsened inequality in African states like South Africa. The global economy lost over \$8.5 trillion between 2020 and 2021 (un, 2020). The slow South African economy exacerbated poverty and inequality. Informal inhabitants and temporary workers, the most vulnerable South Africans (Corburn *et al.*, 2020), were the hardest hit. Wealth disparity disproportionately affected women, girls, and children (un, 2020). Lockdowns, epidemics, and economic effects increased gender-based violence (un, 2020). Due to the pandemic, many women were forced to "lockdown" at home with their abusers.

Many governments, including South Africa, implemented economic relief measures to mitigate COVID-19's worst economic and social effects (RSA, 2020). The South African Social Services Association (SASSA) launched the Social Relief of Distress ("SRD") food box programme to help individuals in need (RSA, 2020). Unemployed people received R350 social allowance for six months, later extended (RSA, 2020): "CSG recipients received R300 in May and R500 per month from June to October 2020" (RSA, 2020). For six months, other persons received R250 (RSA, 2020:1).

The table below shows the monthly state and grant category payments.

Table 1: pre-covid-19 welfare indices 2020

Contingency	Amount paid out	Number of payments made to beneficiaries per month
Foster child grant	R1050	355,609
Old age	R1890	3,676,791
Family and child support	R410	12,787,448
Disability	R1890	1,042,025
War veterans grant	R1910	62
Care dependency grant	R1890	154,735

Source: Orlandi, 2021:6

The South African government created a COVID-19-affected SME debt relief financing programme (DRFS) (RSA, 2020). From April 2020 through June 2021, the DRFS provided soft loans to small and medium-sized businesses to survive the COVID-19 pandemic (RSA, 2020). The people who received basic needs and social services monthly through a 500-billion-rand stimulus package were 11,3 million. With most businesses badly hit by the COVID-19 pandemic, the executive introduced emergency tax measures on July 25, 2021 (RSA, 2021). These measures were a tax rebate of up to r750 per month for private sector employers with employees earning less than r6500 and a 35% PAYE delay for enterprises with gross income up to r100 million (RSA, 2021). The measures were executed by the minister of finance and national treasury on July 28, 2021.

In Rome, Italy, COVID-19 was investigated in terms of business, social welfare, and economics. South African pandemic research was delayed. According to RSA 2021, COVID-19-related poverty was on the rise and the government was battling it. However, the pandemic confronted South African politicians and public servants with unprecedented obstacles that demonstrated how the public sector had failed to combat

the pervasive corruption in society. Some officials saw COVID-19 operations as an opportunity to benefit themselves, which impeded South Africa's pandemic containment (Mlambo & Masuku, 2020). During the COVID-19 pandemic, the IMF, African Development Bank, and BRICS banks loaned the country money due to corruption's drain on government resources. To optimise current relief efforts and prepare for future pandemics and corruption, a detailed examination of the South African government measures is necessary.

1.3 Problem Statement

Since the epidemic began in 2020, government interventions have impacted different economies, affecting living conditions, wealth, income, and access to health care and other services (World Bank, 2020). The South African government's measures saved lives during the worst parts of the pandemic. According to the Gini coefficient, South African poverty figures and other welfare indicators show that South Africa is the most unequal nation on earth. An in-depth examination of the COVID-19 measures' socioeconomic impact on the government's inequality-relieving efforts is needed to comprehend the measures' effect on the expansion of the socioeconomic inequality gap.

1.4 Research Objectives

This study investigated whether or not the South African government's measures to combat COVID-19 had the unintended consequence of increasing inequality.

Main study objectives:

1. Before COVID-19, what were the levels of inequality in South Africa as measured by the six development indicators, Gini coefficient, and HDI measures?
2. What was the impact of COVID-19 and the measures taken to curb its effect on inequality?
3. How did the public healthcare system react to the COVID-19 outbreak and what impact did it have on the social well-being of the population?

1.5 Other Consequences of The Initiatives for The Social Well-Being of The Impoverished

Due to the damaging impact of the coronavirus on different communities and levels, the study is significant. To reduce future negative consequences, it is necessary to devise effective solutions based on empirical data on employment, livelihood, and health degradation. This study may assist South Africa in bolstering its healthcare infrastructure and preparing for pandemics to mitigate the destructive effects of inequality. Importantly, the study proposes long-term solutions to the current problems instead of quick fixes for problems that will have a long-term impact.

1.6 Delimitations of The Study

The following are the study's limitations:

Theoretically, it is prudent to investigate COVID-19's global impact on the economy. The six social development indices, the Gini coefficient, and the HDI in this study evaluate South Africa's socioeconomic inequality and the effects of the pandemic. Very little scholarly research on the impact of COVID-19 on socioeconomic inequality exists. Typically, this phenomenon would be measured for five to ten years. It is still being investigated therefore data are limited.

1.7 Layout of The Chapters

The research structure consists of these six chapters:

Chapter 1: introduction and background

This chapter discusses the study's theme, challenges, and questions. The chapter also addresses the study's significance, objectives and limitations.

Chapter 2: conceptual framework

In this chapter, the HDI, Gini coefficient and indices of social development theories serve as the theoretical underpinning of the investigation.

Chapter 3: literature review

This chapter reviews current related literature.

Chapter 4: research methodology

This chapter discusses the research methodology used for the study.

Chapter 5: presentation and analysis of data

This chapter analyses all the data gathered through desk research to answer research questions.

Chapter 6: conclusion and recommendations

This chapter concludes the study by discussing the research outcomes and contributing to the literature. The chapter also offers remedies to the issues raised by the research findings.

Chapter 2 – Conceptual Framework

2.1 Historical Background Conceptual Framework

Since the end of apartheid, which was implemented by the national party after the elections in 1948 South Africa has fought against inequality. Apartheid denotes "apartness" in Afrikaans. This system created norms that socially, economically, and politically divided racial groups. While whites (Europeans) were at the top of the food chain, blacks were at the bottom. Blacks were treated equally. This study sought to explain the epistemic origins of inequality. The second section discusses the human development index (HDI). This section discusses the impact of the human development index on socioeconomic disparity. The Gini coefficient is used to examine human capacities socioeconomic disparities and income inequality.

Apartheid is accountable for the appalling inequality in our country. Apartheid restricted African urbanisation by controlling immigration. Colonial expropriation and a strictly enforced racial division of rural land further destabilised the rural economy and made independent farming exceedingly dangerous. Fathers had to leave their rural homes to work in mines and reside in hostels. As impoverished Africans from rural areas flocked to cities, squatter settlements and overcrowding ensued. Women worked as domestic servants in urban areas, leaving their children with families and in a variety of situations.

African children lived in deplorable conditions because education was not a priority and they were forced to engage in low-paying jobs. The majority of Africans were denied access to water, sewerage, and trash collection when they were placed in hostels or squatter camps. In 1994, a new democratic government had the daunting task of undoing a system of discrimination against Africans. The South African constitution was passed in 1996.

The pandemic increased the social burden on the state and income tax rose so that average citizens barely made ends meet on their wages. The first of the next two chapters explains how South African inequality became so entrenched.

2.2 Human Development Index (HDI)

Au agenda 2063 guides progress (au, 2019:2): "Agenda 2063 is the continent's strategic framework for inclusive and sustainable development and a manifestation of Pan-Africanism and the African renaissance's quest for unity, self-determination, freedom, progress, and collective wealth". Africa's development programme, agenda 2063, has seven goals and twenty targets to address poverty; inequality; hunger; social security and protection (particularly for people with disabilities); education and STI skills. These have ignited the revolution and empowered women and girls. Sectoral ten-year programmes achieve agenda 2063. STISA 2024 and CESA 2016–2025 are agenda 2063 strategies. There are various socio-political indicators of development. Typically, social growth is measured via developmental policies. However, governments can assess development using internationally accepted methodologies and indicators. This study concentrates on signs and components of global development. The HDI concerns socio-political growth. Human development index elements are significant. Longevity, education, and a decent lifestyle are essential.

2.2.1 Health

According to the United Nations Development Programme (UNDP, 2015:6), "the number of years a new-born infant could expect to live if prevailing patterns of age-specific mortality rates at the time of birth were to stay the same throughout the child's life" is the indicator for the long and healthy life dimension.

2.2.2 Access To Education

The HDI's education component is measured by 25-year-olds' average years of schooling and school-entry-age children's predicted years of schooling. The average school years for each level are estimated. The number of school-age children and enrolment by age at all levels of education predict years of schooling (UNDP, 2015:6).

2.2.3 Decent Standard of Living

The level of income necessary to maintain a fair standard of living constitutes a decent standard of living. Income is not a direct indicator of human aptitude or progress. Income

is essential and can serve as a proxy for market-based living standards. The natural logarithm of GNI per capita is used to calculate income (UNDP, 2015:6).

2.3 Gini Coefficient

All emerging nations, and South Africa in particular, focus on inequality. The research begins with a variety of inequality notions to propose working definitions that sustain growth and higher living standards as the primary outcomes of democratic governance. The paper analyses why, despite its flaws, the Gini coefficient is still employed to measure global inequality.

One of the five macroeconomic deliverables of developing states is income distribution. Equitable distribution requires techniques for measuring income and wealth disparities. In development economics, the Gini coefficient, commonly referred to as the Gini ratio or Gini index, evaluates statistical dispersion to assess wealth or income distribution and income inequality in a nation (Ramzai, 2019). Perfect equality is 0 and perfect inequality is 1. The 0–1 scale can calibrate several demographic measures of inequality. However, subjects with negative wealth or income can theoretically have values greater than 1 (Bosch *et al.*, 2010).

Income inequality (perfect inequality) grows when the number of individuals increases and vice versa. The greatest financial discrepancy exists when one person earns all the income of a population group or nation (a very unlikely scenario), while 0 indicates that everyone has the same income (perfect income equality). The Lorenz curve, invented in 1905, depicts the cumulative income of the bottom x per cent of a population on the y -axis and serves as the basis for the Gini coefficient. The Lorenz curve illustrates distributions of income. The tool assists scholars in mapping the proportion of total income of a certain population.

2.4 Human Capabilities

Human abilities shape the evolution of inventive systems. Human capabilities are "the capacity of human beings to lead lives they have reason to value and to enhance the substantive options available to them" (Sen, 1997:1959). The influence of health, education, culture, history, family and social contacts, upbringing, and class relations on decisions is considerable. As much as the influence on human capabilities of the evolution of innovation systems may be analysed, how innovation systems may affect human capabilities should also be explored.

Sen's capacity approach is moral. It proposes that social institutions should be evaluated based on how much freedom individuals have to promote or attain valued functions (2011). The human capabilities approach focuses on the interconnections between the economy, class, and society, as opposed to focusing solely on the economy. Sen (1997:1959) states that human capabilities "focus on the ability for humans to lead lives they have reason to value and to improve the substantive options they have". Sen believes that "human capabilities are larger than human capital" and that "human capital is a subset of human capabilities" (Sen, 1997:1959-1961). From this vantage point, it can be observed how class, nutrition, healthcare, education, the social environment, and networks, as well as parenting, influence people's capacity to realize their full potential and have more time-use options. Sen acknowledges that humans play a role in the economy but adds that this perspective overlooks the necessary developmental processes. Human capacities include early development, healthcare, education, and upbringing (happy vs. Abusive), as well as how these factors affect "the capacity of human beings to lead lives they have reason to value and to expand their substantive possibilities". Ignoring these essential developmental conditions will result in an innovative system with restricted human capabilities. Human ability "contributes to economic and social growth" (Sen, 1997:1961). Human capabilities have numerous effects on the economy and society.

Sen suggests focusing on "the capacity of human beings to live lives they have reason to value and to improve their substantive decisions" (Sen, 1997:1959). Post-secondary

education focuses mostly on economic options. While being educated and financially independent does increase options, people will not reach their full potential and capabilities if health, culture, community relations and upbringing are not taken into account.

According to Ieri (2014:29), "Education alone cannot develop comprehensive human abilities. The ability of education to equip a population depends on its historical social and economic context". Before post-secondary education, the talent pipeline must be considered. The individual's upbringing must be investigated together with the social environment, support network, quality time with family and good medical care. Before tertiary education, pre-primary, primary and secondary education must be considered, as well as the first years of graduate school. Human capabilities are depicted diagrammatically in Figure 1.

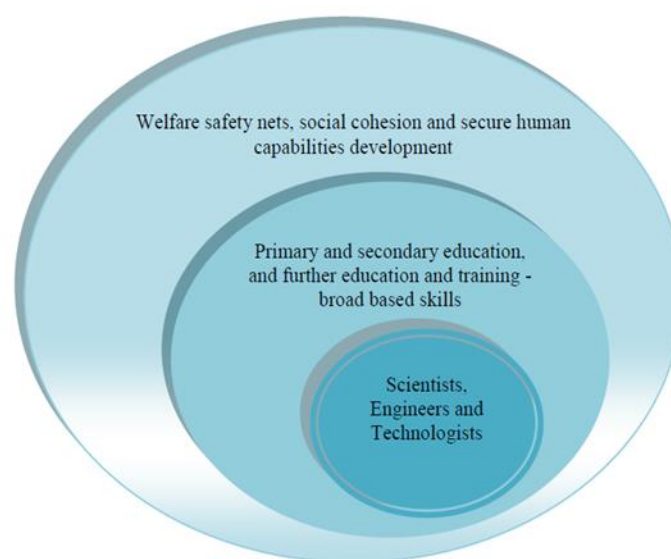


Figure 1: The layers of human capabilities provision

Source: Ieri, 2014

2.5 Triple Challenges: Poverty, Inequality and Unemployment

Starting in 1994, the path was arduous. Social protection and welfare are broad and complex areas. With the publication of the white paper on social welfare in 1994, social welfare in South Africa focused on development. In addition to providing a safety net through social assistance, welfare policy helped the vulnerable and destitute to escape poverty. A democratic government's social policy empowers individuals and communities. Yet, complementing policy implementation and programme design policies have proven to be more challenging, hampering efforts to decrease deeply embedded societal issues such as poverty, economic disparity, vulnerability and risk exposure. Additionally, the stability and independence of impoverished households are impeded.

South Africa has numerous tools and programmes for social protection. These initiatives assist in providing a safety net for the majority of South Africans in need. It is admirable that almost a fifth of the nation now receives social assistance. A successful social protection programme promotes economic independence and escaping poverty. This was included in the Reconstruction and Development Programme (RDP), a white paper on social welfare and other policy documents. Social welfare policy in South Africa strives to empower the disadvantaged. Despite government policy statements emphasising this element, programmes have heavily favoured safety net strategies. Sadly, civic society organisations have prioritised social subsidies over economic progress.

Health, education and basic services must collaborate with social welfare agencies to achieve these goals. These responses ensure money, means of subsistence, employment, medical care, education, food and housing (Repetti *et al.*, 2002:119). Social protection programmes attempt to relieve poverty by meeting certain, but not all, needs. They address absolute deprivation and vulnerability and the need for security in the face of shocks and life cycle events for those who are not currently poor (Department of Planning, Monitoring and Evaluation (DPME), 2015:5).

2.6 Department of Planning, Monitoring and Evaluation (DPME)

Before 1994, racism and inequality ruled the welfare system with discriminatory political, economic and social practices that reinforced white privilege. DPME (2015) found that

whites received superior social assistance. Throughout the transition, millions of people needed government assistance due to poverty, violence, social disintegration, disability, HIV/aids, etc. The major task facing the democratic administration was universal social security (DPME, 2015). The constitution of South Africa refers to social security and social assistance, yet these terms are frequently used interchangeably and as synonyms for "social protection", "social welfare" and "social insurance" (DPME, 2015).

Comprehensive social protection encompasses developmental plans and methods to ensure a minimum standard of living for everyone. It covers social insurance, assistance and services, but its integrated policy emphasises causes and state and local development initiatives. Fewer than 2.4 million South Africans received OAG (old age grant), DG (disability grant) and SMG (state maintenance grant) in 1993. Whites obtained greater social advantages, resulting in racial and rural-urban inequality. In 1993, the last year with racially disaggregated figures on welfare spending, 0.2% of African children received maintenance grants, compared to 1.4% of white children, 4.0% of Indian children, and 5% of coloured children (Lund, 2008). Fourteen government-run welfare programmes were terminated. The majority of black workers had no access to workers' compensation, unemployment insurance or pension funds. Frequently, businesses had race-specific pension accounts. The two-tiered pension system that merged public and private pensions and annuities in 1993 was inadequately regulated and underfunded (Barrientos & Pellissery, 2012:17). Prior to 1994, most vulnerable and low-skilled South African employees had no unemployment insurance. Employers should have compensated rural families for occupational diseases and injuries that occurred in urban settings. The majority of victims of workplace accidents received inadequate compensation that did not make up for the loss of employment or career prospects. The government made South Africa more inclusive, egalitarian and compassionate after 1994: "a humane, peaceful, just, and caring society that will uphold welfare rights, facilitate the meeting of basic human needs, release people's creative energies, assist them in achieving their aspirations, build human capacity and self-reliance, and participate fully in all spheres of social, economic, and political life" was the developmental social welfare strategy of the democratic government (DPME). To accomplish these objectives, societal

reform was required. Social and economic integration advances development strategy advancement. Since democracy, South Africa has invested in social protection. In 2005, social security expenditure (excluding health care) accounted for 8.43% of GDP (UNICEF, 2018/19). Its expansion is supported by democratic laws and programmes. Some initiatives were more specific while others were more general. Many collaborative efforts liberated marginalised populations and enhanced society. The government's social welfare programme currently emphasises self-sufficiency and autonomy. Social assistance is the greatest democratic reform. Additional benefits and guarantees in the new social protection system eliminate racial disparities: CSG made its debut in 1998 for those aged 0 to 7 years old; the CSG age climbed to 18 over time.

Since 1994, blacks have received the OAG on a monthly rather than bimonthly basis. The age limit for men was gradually lowered from 65 to 60 to equal that of women. In south Africa, social aid combats poverty. Grants for foster care, care dependency and disabled veterans were extended. In 1997, the government abolished the SMG and established the CSG to conform with clause 27(1) of the constitution (c). SMG rejected poverty aid to black women and children. The CSG gives a guaranteed income to the primary carer, regardless of gender or biological relationship. The removal of SMGs enhanced grant access.

Health, social security and social aid are covered by section 27(2) of the constitution (RSA, 1996). The state "shall adopt appropriate legislative and other steps, within its available resources, to achieve the eventual realization of each of these rights" (RSA, 1996). The best method for reducing poverty is through democratic social assistance. From 2.7 million in 1994 to 16 million today, social assistance programmes have expanded dramatically: 31% receive government help; there are 2,9 million seniors and 11,3 million CSG recipients. Social security for middle-income South Africans does not cover the poor and unemployed. Due to apartheid's low unemployment rate, the social security system assists impoverished white populations.

South Africa, with a moderate income, has no pension contribution law to strengthen social security. Three million of the nine million employed do not have savings for

retirement. State pensions are variable (Department of Social Development, 2007:5). Four million informal labourers are ineligible for donated vehicles. Government-private sector disparities impede national retirement programmes. Complex social protection matters require coordination to assist the needy. Cooperation is required for policymaking. The scarcity of resources inhibits fragmentation. Despite macro-level policymaking, problems exist. Thus, local governments should institutionalise social development and welfare.

The Social Welfare white paper increased social benefits and security, but not social services. Despite post-apartheid improvements in fragmentation, the social welfare system suffers from a lack of coordination and integration among agencies, insufficient resources and significant competency gaps. Rich private social assistance programmes are racially and economically discriminatory. Care and social services are expanding. Demographics and human evolution suggest significant social fragmentation, estrangement and the breakdown of social institutions. Social services and enforcement that are ineffective demoralise low-income populations.

2.7 Poverty

Apartheid restricted black South Africans from participating in the economy except as low-paid labourers and customers. Exclusions caused ownership distortions, poverty and a low-wage trap and any post-1994 analysis must consider this legacy which continues to shape the country's development strategy.

South Africa lost jobs between the late 1970s and 1994. In the mid-1990s, fewer than half of working-age South Africans were employed, compared to more than two-thirds internationally (DPME, 1994-2014).

Following the 2008 global recession, employment climbed from 9–10 million in the mid-1990s to 13.6 million in the second quarter of 2013. Unemployment hasn't dropped. African women sought employment after apartheid ended in 1994. From 1994 to 2004, economic activity rose from 45% to 54%.

Insufficient data, especially for the 1990s, make measuring inequality trends since 1994 problematic. The South African Gini coefficient climbed from 0.66 in 1993 to 0.70 in 2008, according to numerous household survey methods (Leibbrandt *et al.*, 2010). The Gini coefficient increased from 0.64 in 1995 to 0.69 in 2005, despite the 2010/11 IES reporting 0.65 (Bhorat & van der Westhuizen, 2012). Black South Africans were the most destitute during apartheid (Gumede, 2021). Despite access to assets, services and social transfers like grants and pensions, poverty rates have remained high after apartheid (Gumede, 2021:159). However, South Africa requires stronger more comprehensive and durable poverty and inequality policies (Gumede, 2021:163). CoviCOVID-19 unquestionably exacerbated poverty and inequality (Gumede, 2021:163); the closures induced by CoviCOVID-19 numerous jobs (Gumede 2021:159).

2.8 The Economic Response of The Republic Of South Africa To The HIV/AIDS Pandemic

In 1982, South Africa reported its first case of AIDS, and three years later, its first AIDS-related (Saho, 2022). The administration held a conference to discuss the danger posed by the sickness. In 1987, the law compelled AIDS patients to observe a 14-day quarantine. A proven case might permanently extend the quarantine (Saho, 2022). As a result of the poor efforts of the apartheid administration, between 74,000 and 120,000 South Africans had HIV by 1990 (Saho, 2022). The inter-ministerial committee on AIDS was established in 1997 to coordinate a multi-department response to the AIDS pandemic (Saho, 2022). This organisation was succeeded by the National AIDS Council in 2000 (Saho, 2022). Early in 2000, two council-funded programmes were begun. The National Integrated Plan (NIP) for HIV-positive children was a collaboration between the Departments of Health, Education and Social Development (Saho, 2022). It supported HIV-positive children with life skills education, home or community-based care and NIP-funded child support. Second, the HIV/AIDS/STD national strategy plan for South Africa 2000–2005 made minimising new HIV/AIDS infections and their impact on individuals, families and communities a top priority (Saho, 2022).

The HIV/aids pandemic in South Africa is incomprehensible and the nation's greatest challenge. It has been detrimental to the economy and caused the deaths of millions of people (Minister of Health and Others v. Treatment Action Campaign and others, 2002). HIV/AIDS exacerbated poverty and sickness:

When household members grow unwell and are forced to quit their jobs, the household income will decrease. To deal with the fluctuating income and the need to spend more on health care, children are frequently removed from school to help care for the sick or to contribute to the household's income. When food expenditures are constrained, malnutrition frequently results, and access to other essentials such as health care, shelter, and sanitation may also be compromised. This reduces the resistance of infected adults and children to opportunistic infections, leading to an increase in mortality (Treatment Action Campaign and Others v. Minister of Health and Others, 2002).

South Africa established a social security system comparable to that of many industrialised nations to break the vicious poverty cycle, in contrast to many other emerging nations. The scheme offered non-contributory pensions and social subsidies to assist families with the care of children and the disabled (Booyesen, 2002). Social grant eligibility was presented in imprecise terms because the survey instrument was not designed to determine household eligibility for social assistance, but rather to collect socio-economic data (Booyesen, 2002).

Booyesen believes that social grants help break the HIV/AIDS-fuelled poverty cycle, but the size of the pandemic in South Africa necessitates long-term economic sustainability and affordability (Booyesen, 2002). Internationally, school and factory closures, travel restrictions and city and national lockdowns were implemented to prevent the spread of COVID-19 and lower healthcare costs. In addition to slowing down transmissions, these non-pharmaceutical methods impaired the economy by making it more difficult for people to move around and for businesses to operate (Cepr, 2020:41).

2.9 Conclusion

In developing countries, inequality appears to be pervasive. The majority of emerging nations employ social and historical economic models that disregard the uniqueness of individual innovation systems, hence contributing to underdevelopment. Nonetheless, focusing on the human development index, Gini coefficient and human capabilities sheds light on the current situation as a developing nation and navigating the future.

The elements of the conceptual framework show how the Gini coefficient statistics of inequality and a nation's significance are affected. In the political economy, human skills enhance economic growth, social well-being and individual well-being. The Gini coefficient illustrates the country's income disparity and its primary origins. The human development index explains the complexity of an individual's holistic well-being, which enables individuals to meaningfully contribute to society and helps a country to develop in a manner that is beneficial to society.

Chapter 3 – Literature Review

3.1 Introduction

This chapter reviews the literature on socioeconomic inequality and the South African government's role in redressing it. The literature review explores the socioeconomic impact of government measures implemented during the COVID-19 pandemic. It examines journals, research papers and academic articles, such as those from the World Health Organization (WHO) and International Monetary Fund (IMF), as well as scholarly articles and government documents. The purpose is to obtain insights into the effectiveness of government measures in relieving inequality amidst the COVID-19 pandemic.

The advent of COVID-19 necessitated a prompt response from the government to the immediate health crisis; however, the measures instituted had substantial implications for socioeconomic inequality, as South Africa was already facing challenges of inequality. Post-apartheid South Africa remained economically stable. Poverty, unemployment, social inequality and a lack of public services persisted. Segregation worsened black poverty (Hamann & Horn, 2021:2). South Africa has the largest Gini index inequality due to isolation and discrimination. Many believe inequality has grown in the 27 years of democracy. A clear gap in the literature is shown.

3.2 Impact of Government Measures on Income Inequality

Several studies have explored the impact of government measures, such as income support schemes and unemployment benefits, on income inequality. For example, South Africa instituted a state-wide quarantine and a massive public health response to the COVID-19 outbreak. The president proclaimed a state of emergency in terms of section 57 of the Disaster Management Act of 2002 and the administration developed a risk-based approach that tied increasing levels of transmission intensity to increasingly widespread evacuations across the state (Who, 2021).

Its background allowed South Africa to quickly apply the COVID-19 pandemic social policy. Despite immediate relief efforts, poor communities could access SASSA social grant pay points. The government contributed ZAR 500 billion in social and economic aid during the lockdown, about 10% of the country's GDP (Noyoo, 2021).

Those without other means of support got a ZAR 350 COVID-19 "social relief of distress award" per month. Reimbursements from the unemployment insurance fund (UIF) were a novel form of aid for the unemployed during times of pandemic and lockdown. Two hundred and fifty thousand food boxes were given to the needy by the Department of Social Development, the Solidarity Fund, non-governmental organisations and community-based organisations. During the six months following the "hard shutdown", all social grant beneficiaries received ZAR 250 (Noyoo, 2021).

Small businesses were able to take advantage of tax breaks, relief funds, emergency purchases, UIF wage support and financing thanks to the temporary employer/employee relief system (TERS). These accounted for between 38% and 60% of the monthly income of the well-off (for low-wage earners). As of the 19th of June, 2020, 2.4 million workers were compensated with a monthly salary of ZAR 3,500 by 355,267 businesses (fray, 2020). Following the national shutdown, the number of people receiving food help from the Department of Social Development increased from 1.1 million to 3.3 million (Parliamentary Monitoring Group, 2020; 2021).

Naidu, Sethi and Thomas (2021) compared two municipalities in the United States adjacent to each other, namely, Camden and Cherry Hill. They had a similar population size:

In 2019, the median household income in Cherry Hill was \$105,022. The high school graduation rate was above 94%, and the overwhelming majority of high school graduates went on to college. Just 1.5% of the adult population was unemployed, and less than 5% had no health insurance. Among those aged 25 and older, 54% had a bachelor's degree or higher. Over the six years 2013–2018, there were two murders in this community.

In the same year, in neighbouring Camden, the median household income was \$27,015. The high school graduation rate was below 70%, and just a third of

high school graduates went on to college. More than 8% of the adult population was unemployed, and 12% had no health insurance. Among those aged 25 and older, less than 10% had a bachelor's degree or higher. Over the six years 2013–2018, there were 214 murders in this community (Naidu, Sethi & Thomas, 2021).

Two children who were born on the same day, one from Camden and the other from Cherry Hill, would face different conditions at home or school or in their neighbourhoods. Differences in life prospects that arise from such factors as the wealth or educational attainment of one's parents are called accidents of birth because one has no control over them, but these play a major role in determining the type of opportunities that would be available to one (Naidu, Sethi & Thomas, 2021). Income doesn't cause inequality but income distribution reproduces inequality. The human development index as an indicator of income inequality perfectly explains how the above situation may be possible in society.

3.3 How the Lockdown Impacted Inequality

In South Africa the lockdown restrictions as a measure to minimise the spread of the virus were crucial; however, these restrictions had a negative socioeconomic impact. According to Buheji *et al.* (2020), some of the effects were:

- Unemployment, as there was a surge in unemployment as businesses struggled to keep their doors open and companies had to retrench employees and scale down. This impacted food security as farms shut down and the food basket became more expensive. Service industries, such as retail and restaurants, followed the no work no pay principle.
- Economic downturn, as there was a significant reduction in economic activity leading to a downturn in the South African economy.
- Education disruptions, because when schools closed down only schools in privileged communities were able to carry on with online learning which was not available for many students from disadvantaged backgrounds.

- Mental health challenges are informed by stressors that were linked to the lockdown conditions, like anxiety, depression and mental disorders. Some families were coupled up in one-bedroom shacks with no movement.

Government used fiscal, monetary and financial policies aimed at consumers, health systems and banks to make the cost of public health regulations easier on the economy and keep the public's welfare in mind (CEPR, 2020:41). Countries usually provide liquidity support to banks and fiscal measures, such as payments to consumers and businesses, social security benefits, tax breaks and money for healthcare (CEPR, 2020:42). India and South Africa had a pandemic curve characterised by a trough between two peaks (CEPR, 2020). Below are the Indian South African economic responses to covid-19.

Table 2: International Responses to COVID-19

India	South Africa
<p>Removing restrictions in stages:</p> <p>Unlock-1 unlocked hotels, restaurants and commercial facilities across India and dropped curfew from 21:00 to 05:00.</p> <p>Unlock-2 decreased the daily curfew by one hour and reopened some routes and international air travel.</p> <p>Unlock-3 loosened personal curfews and extended outside quarantine activities.</p> <p>Unlock-4 opened malls, subways and amusement centres. In October, cinemas, theatres and other venues</p>	<p>Removing restrictions:</p> <p>Reduced lockdown and allowed businesses to continue operations.</p> <p>Less communal control.</p> <p>Eventually reopened borders, foreign travel, public outings and most enterprises.</p> <p>Reduced curfews and alcohol/tobacco sales restrictions.</p>

<p>reopened with 50% of their legal capacity. Schools, parks and other locations opened.</p>	
<p>Economic stimulus policies:</p> <ul style="list-style-type: none"> • Introduced "India self-made" and a 20 trillion-rupee economic stimulus package. • Three economic stimulus rounds: <ul style="list-style-type: none"> - The first 20.97 lakh crore round supported basic livelihoods. - The second round encouraged consumption, while the third supported pandemic-affected industries like tourism and catering. 	<p>Promoted economic recovery and job stability:</p> <ul style="list-style-type: none"> • New economy: organised public and private resources to create and maintain massive infrastructure for economic recovery. • Launched 500 billion rands in economic and social help. <p>"risk adjustment strategy" – dynamic early warning and pandemic containment became government priority; extended basic living conditions far into communities; helped businesses and employees.</p>

3.4 Reaction of Healthcare Systems

The COVID-19 pandemic further exposed the existing healthcare inequality and access disparities. Yang and Qi (2022) explored the relationship between government measures and healthcare disparities. The study found that the rapid spread of the 2019 coronavirus (COVID-19) had caused health disparities to become more acute and urgent globally. For example, in the United States, the rates of illness and death were higher in disadvantaged populations than in other populations due to covid-19. These disparities precipitated social instability, in forms such as incidents of police brutality and increases in hate crimes against Asians.

This was also the case in South Africa as those who had access to medical aid (middle to upper class) were able to get the vaccine prompts from their healthcare providers informing them of their next vaccine dates as well as boosts that they needed to receive. A classic example was the discovery group which went above and beyond for its clients to ensure that their health was a high priority. Those living in abject poverty bore the brunt of having to wait in line for the vaccines; however, the government's strategy in communicating the importance and the benefits of vaccination was not only poorly implemented but was riddled with allegations of corruption (Davis, 2021). In addition to this, disinformation or fake news across social media platforms increased the resistance from individuals to get vaccinated. This was despite South Africa having acquired sufficient vaccines for its population.

Chapter 4 – Research Methodology

This chapter discusses the methodology of the research, starting with the research design. The prior chapter described what motivated this investigation. The researcher then collected data through desktop research. This chapter outlines the process of data collection and analysis and concludes with a discussion of ethics and a summary.

The COVID-19 outbreak revealed and aggravated socioeconomic difficulties in South Africa. This chapter describes how pandemic-ravaged nations responded and whether their actions improved the lives of impoverished people. It also illustrates how the World Health Organisation dealt with challenges confronted by various states, particularly in procuring immunisations for underdeveloped nations, which caused some governments to accept payments from third-world nations. South Africa procured pandemic vaccinations but individuals were required to be immunised. The global market economy did not appear to address the socioeconomic challenges of any nation. As the epidemic broke out, the Gini coefficient in South Africa rose, putting the country's economic stability at risk due to rising levels of poverty, unemployment and inequality

4.1 Research Design

The empirical or non-empirical status of a study is significant. In an empirical study, the researcher observes and measures events directly (Emerald Publishing, 2022). Human intervention topics are investigated empirically. Inequality and poverty are real problems that necessitate human responses. This study followed a qualitative research design, systematically analysing existing scholarly literature to meet the research objectives. A literature survey is an excellent way of synthesising research findings to uncover areas in which more research is needed, which is a critical component of creating theoretical frameworks and building conceptual models, In this case: extensive research will still be conducted on COVID-19 as it's only been four years since the pandemic broke out.

4.2 Data Collection Method

Data were collected through a literature survey – going through the literature and making use of quantities derived from the literature. This study collected data using South African pandemic responses to measure and compare pandemic responses, laws and expenses. The criteria used to collect the data were not extensive; data were collected from publications between the years 2018 and the current year (2023), as information prior to the pandemic was also required. The relevant sources were the World Health Organisation (WHO), International Monetary Fund (IMF) and official government reports, as well as scholarly articles on the pandemic. The keywords used in the search engine were inequality, the impact of the COVID-19 pandemic, etc. This study examined South Africa's poor social relief recipients. The population hardest hit by COVID-19 was targeted. Before COVID-19, 55.5% (30.3 million people) were at the national upper poverty threshold (ZAR 992) and 13.8 million (25%) were food insecure (World Bank, 2020).

There were several limitations whilst collecting the data, as the international institutions didn't have current data regarding income inequality. For example, the last Gini index results for South Africa date from 2014, although there were estimates or predictions of what it would be post-COVID-19. There were also problems related to South Africa's census statistics. Data on inequality levels preceded COVID-19 because the census was conducted during the pandemic and the official results of the census had not been released by August 2023.

4.3 Analysing Data

Standard indicators and qualitative data from the South African government, UN, World Bank, WHO, IMF, NICD and UNDP were used in the analysis. Since the method used for data collection was a literature survey, which constituted a qualitative research design, the aim was to make use of quantities derived from the literature. Tables and diagrams were used to analyse secondary data for ease of interpretation. Evaluations and interpretations of poverty, inequality and social relief distress (SRD) grant stimulus packages were conducted. The data analysed were from the HDI, Gini index and six

indices of social development, as the focus was the impact on socioeconomic issues, like income inequality, unemployment and poverty.

4.4 Ethical Considerations

This study had no ethical concerns because it consisted of desktop research; no participants were involved in data collection and no participants were compelled to reveal their identities or personal information, which would necessitate confidentiality. The desktop research involved no confidential information. Due to the nature of the research, ethical guidelines were adhered to, even though no clearance was required.

4.5 Conclusion

This chapter introduced the study's conceptual framework and research methods. The study method was specified. The research variables, the Gini coefficient (which measures inequality) and the human development index (which shows the correlation between inequality and development) were linked by the conceptual framework. In South Africa inequality and poverty have been studied, but not covid-19. South Africa is one of the world's most unequal nations, with more than half of its inhabitants living in poverty, stalled economic growth, rising inflation and unemployment near 30%. Yet its constitution emphasises socioeconomic rights and is one of the most progressive in the world (Francis & Webster, 2019).

Chapter 5 – Presentation and Analysis of Data

5.1 Introduction

This section analyses the data collected to show how the most disadvantaged people in South Africa were affected economically and socially. Data were gathered from sources such as the South African Department of Health and Social Development's six social development indices, the Gini coefficient and the human development index (HDI) to conduct exploratory analysis. The focus of the data analysis is how the South African government's interventions during the pandemic impacted the levels of socioeconomic well-being in South Africa.

5.2 Gini Coefficient Analysis

South Africa has one of the highest Gini coefficient percentages (0.63) in the world; compared to other countries it is close to perfect inequality, according to the scale. The study analysed inequality as a major aspect of all progressive states, with a particular focus on South Africa. The study used multiple definitions of inequality to propose working definitions that promote development and higher living standards as primary outcomes of democratic governance. The study then investigated the Gini coefficient, a global index of inequality. Its definition and formula are provided. The inequality record of South Africa is then evaluated using the Gini coefficient. The report concludes with some recommendations after having acknowledged the shortcomings of the Gini coefficient and explaining why it is still used to measure inequality.

Developmental states' macroeconomic deliverables include income distribution. Equitable distribution requires techniques for measuring income and wealth disparities. In development economics, the Gini coefficient, also known as the Gini ratio or Gini index, evaluates statistical dispersion to assess wealth or income distribution and income inequality in society (Ramzai, 2020). Perfect equality is 0 and perfect inequality is 1. The 0–1 scale can calibrate several demographic measures of inequality. However, subjects with negative wealth or income can theoretically have values greater than 1 (Bosch *et al.*, 2010).

Table 3: Gini Coefficient

	Name of country	Year measured last	Gini coefficient reading
1	South Africa	2014	0.63
2	Namibia	2015	0.59
3	Suriname	1999	0.58
4	Zambia	2015	0.57
5	Sao tome and Principe	2017	0.56
6	Central African Republic	2008	0.56
7	Eswatini	2016	0.55
8	Mozambique	2014	0.54
9	Brazil	2019	0.53
10	Belize	1999	0.53

Source: World Bank, 2022

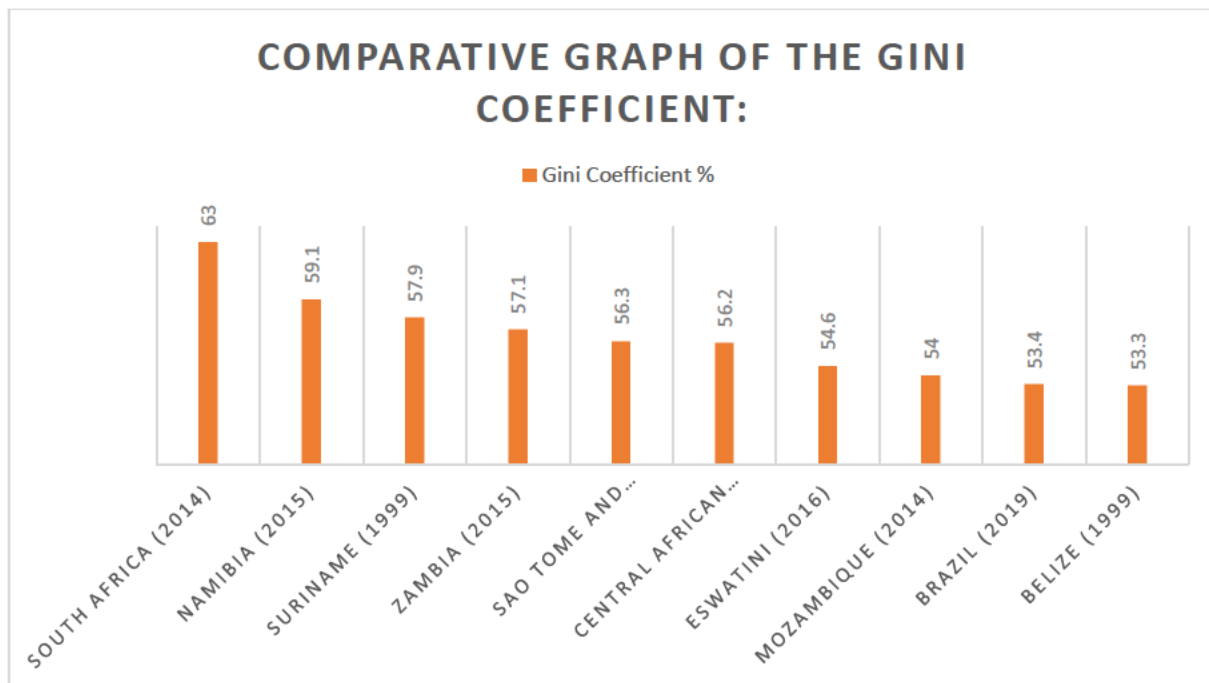


Figure 2: Comparative graph of the Gini coefficient

Early forecasts related to the COVID-19 outbreak projected a yearly increase in the Gini coefficient of between 1.2 and 1.9 percentage points through 2020 and 2021, showing income disparity. Based on the top ten countries, the World Bank forecast that South Africa would continue to have the biggest income difference after COVID-19.

5.3 Human Development Index (HDI) Analysis

The HDI is a composite indicator that takes into account indicators of education, income and health to provide an overall picture of a country's level of development. HDI is a normalised index that measures performance in three dimensions. Life expectancy at birth is used to assess health, while the average number of years spent in school by those aged 25 and the expected number of years spent in school by those entering kindergarten are used to assess educational attainment. The standard of life can be measured using the gross national product per person.

Table 4: Human Development Index 2019

South Africa	
2019 HDI value	0.736
HDI change from 2018	-0.010
Life expectancy at birth	66.2 years
Expected years of schooling	13.6 years
Mean years of schooling	11.4 years
Gross national income per capita	13.366 (constant 2017 ppp\$)

Source: UNDP, 2022

Table 5: Human Development Index 2020

South Africa	
2020 HDI value	0.727
HDI change from 2019	-0.009
Life expectancy at birth	65.3 years
Expected years of schooling	13.6 years
Mean years of schooling	11.4 years
Gross national income per capita	12.450 (constant 2017 ppp\$)

Source: UNDP, 2022

Table 6: Human Development Index 2021

South Africa

2021 HDI value	0.713
HDI change from 2020	-0.014
Life expectancy at birth	62.3 years
Expected years of schooling	13.6 years
Mean years of schooling	11.4 years
Gross national income per capita	12.948 (constant 2017 ppp\$)

Source: UNDP, 2022

The years studied were 2019 to 2021, and statistics show that South Africa’s HDI value has steadily decreased since 2019, lowering the standard of living, lifespan and knowledge. COVID-19 South Africa despite its 109th-place ranking in human development.

5.4 Six Indices of Social Development

This study considered the six social development indices listed below.

Civic engagement is regaining pre-COVID-19 levels. On the frontlines of many of these challenges, civil society organisations (CSOS) offer vital services or campaign for legislative change. They now have complete capacity. The vitality of civil society is determined by civic engagement and information access. CSOS, networks and individual human rights activists supply civil society with a variety of skills and information. Since CSOS had to work during the pandemic, they were vulnerable (de Haan & Foa, 2014).

Like natural disasters, financial crises or armed conflicts, pandemics have long-lasting social, political and economic effects on the health of countries. Throughout the pre-disaster, acute, post-disaster and recovery phases, social cohesion is required. Clubs and associations foster communal confidence and cohesion. The pandemic weakened social cohesion, connectedness and solidarity among varied community groups in South Africa and clubs and associations have not necessarily regained their former strength.

5. Interpersonal safety and trust are nonviolence's social standards

Women and children were particularly vulnerable to the pandemic. Post-covid-19, gender-based violence (GBV) has grown, making households unsafe. Covid-19 harmed intergroup cohesiveness, which is trust and cohesion between identified ethnic, religious

or linguistic groups (de Haan & Foa, 2014). AfCOVID-19d-19, religious communities have not completely reappeared. Some people have left these groups.

The inclusion of minorities assesses bias towards vulnerable groups (indigenous peoples, migrants, refugees and lower caste) (de Haan & Foa, 2014). Due to a lack of understanding, many illegal foreign nationals feared being deported if they were vaccinated during the pandemic. Since they lacked the authorisation to operate their spaza shops, the informal sector of the townships, which was predominantly run by foreigners, shut down. The community relied on these eateries for sustenance, therefore their closure was heart-breakiPost-COVID-19d-19, the government has been in the process of registering all unregistered businesses so they can function legally. Refugees and illegal immigrants continue to be excluded, as this process requires legal documentation to be in the country and have an operational business.

Gender equality is measured by non-discrimination in employment, home, educational and public institutions (de Haan & Foa, 2014:7).

Inequality in South African society during and after COVID-19 is addressed below.

Table 7: pre- and post-covid-19 analysis

Indices Social of Development	Pre-covid-19	Post-covid-19
Civic activism	Increased	Decreased
Clubs and associations	Increased	Increased
Interpersonal safety	Increased	Decreased
Intergroup cohesion	Increased	Decreased
Inclusion of minorities	Increased	Decreased
Gender equality	Increased	Decreased

- Civic activism

This indicator decreased, as COVID-19 there was marked citizen participation in policy-making decisions, ensuring that public institutions were accountable and functioned in a transparent and accountable manner. Although there is still some form of activism, it is not as prevalent as it was before COVID-19.

- Clubs and associations

This not only refers to social clubs but also political clubs. Currently (2023) there is lively participation in these associations, especially related to the national general elections due in 2024. Most political parties feel that they would have handled the situation much better had they been the governing party during the pandemic.

- Interpersonal safety

Society's safety has been compromised, due to the loss of employment and people not having a form of income, even post-covid-19. Many people have not been able to find employment again, which has sparked an increase in criminal activities which has affected individuals' interpersonal safety.

- Intergroup cohesion

This refers to cooperation with and respect between identity groups in a society. Post-COVID-19 there have been interracial killings and violence, as each of these different groupings expects the government to prioritise it. For example, recently in the western cape coloureds from the area launched a movement saying that blacks who migrated to the western cape from the eastern cape should go back to their province as they occupied their place (that of the coloureds).

- Inclusion of minorities

This issue has been gaining prominence. There is the perception that foreign nationals from African countries have come to take jobs from South Africans or they are drug dealers destroying the youth. The minister of home affairs was taken to court by the Helen Suzman Foundation fighting to retain the Zimbabwean permits that were due to expire. When the minister lost the bid in court, there was an uproar in townships such as Diepsloot.

- Gender equality

It is quite unfortunate that in 2023 gender equality is still an issue and women are constantly fighting for expression on every platform. Covid-19 did not make the situation any better as women battle for equal pay in the workplace.

5.5 Inequalities Post-Covid-19

Due to factors such as informal employment and inadequate access to health care, clean non-public transportation, water and sanitation, the poor, women, children and the young were more likely to contract COVID-19. Privileged children continued their education at home during the COVID-19 epidemic by making use of open and remote learning opportunities. This problem has still not been solved. Although the Southern African Development Community (SADC) regional infrastructure strategy (2012) aimed to provide accessible, low-cost internet to all member states, digital disparities persist across the area. Access to the Internet is necessary but not sufficient for online education. The majority of people who have access to the internet can only use it infrequently and for short periods due to the high cost of connectivity, which makes digital learning difficult. It is more challenging for the most at-risk students to compete with the top students (un, 2022:23).

In southern Africa, the unemployment rate is particularly high for young people and women. As the private sector has shrunk, the subregion's informal economy has grown to account for half of all economic activity. The missed opportunity to capitalise on the demographic dividend and transformative power of the region's youth is reflected in the high youth unemployment rate. Table 6 displays the unemployment rates in southern African countries (un, 2022:25).

Table 8: Unemployment rates in Southern Africa

Country	Overall population			Youth population		
	Total	Male	Female	Total	Male	Female
Angola	9.4	7.9	10.9	19.4	17.7	20.9
Botswana	17.9	14.6	21.4	36.0	29.6	43.5
Eswatini	22.7	21.0	24.4	47.1	44.2	50.1
Lesotho	24.4	22.1	27.2	34.4	44.3	53.6
Malawi	28.7	21.0	36.7	40.5	33.1	8.5
Mauritius	6.4	4.4	9.5	23.9	20.6	28
Mozambique	3.4	3.2	3.7	7.1	7.7	..
Namibia	19.9	21.1	18.6	38.0	37.5	38.5
South Africa	28.5	26.8	30.5	57.1	53.2	61.7
Zambia	12.0	11.1	13.5	26.0	24.7	27.6
Zimbabwe	4.8	4.4	5.2	6.8	5.9	7.8

Source: ILO, 2022

According to the findings of the survey, gender inequality in South Africa is the worst in all of southern Africa. Data gathered for the COVID-19 gender quick assessment showed that 52% of women did not get any form of government assistance. Financial aid in the form of covid-19 relief grants (22%) and new social protection awards (19%) were the most common types of aid; others were food boxes (7%), emergency cash (7%) and prophylactic measures (2%) (un, 2020:26).

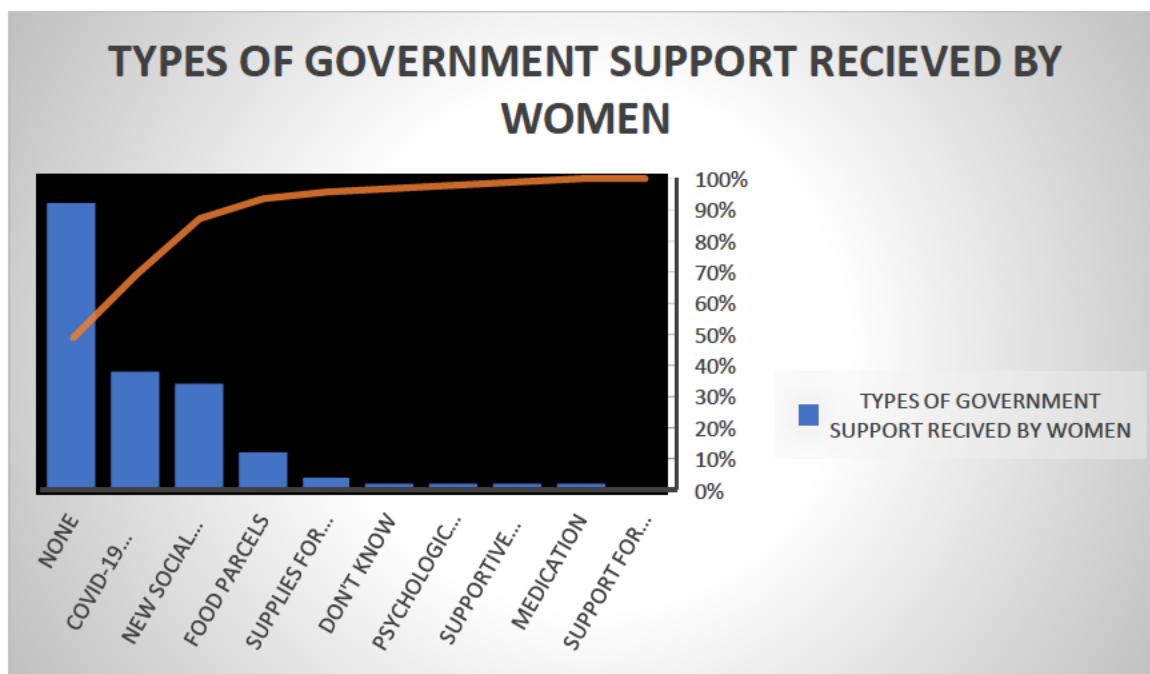


Figure 3: Types of government support received by women

Source: un, 2020

The table shows south African welfare standards. Inequality persists despite government social transfers.

Table 9 The Social Security welfare minimum standards

Contingency/ risk	Directives	South African provisioning
Healthcare	Adequate health services.	Access to state healthcare.
Sickness	Access to cash benefits to cover loss of earnings.	Unemployment insurance fund (UIF) for contributing members.
Old age	A domestic retirement age law should cover this.	State old-age pension – a social assistance cash transfer for eligible persons

		over 60 years and regulated by the SASSA.
Unemployment	Appropriate benefits for lost earnings, also covering informal and unusual employment. This includes adequate social protection outside official schemes.	Contribution-based unemployment insurance. No more working-age social assistance.
Employment injury	Once a breadwinner dies: covering medical expenses, lost wages and dependant-assistance contributions should not matter.	Compensation for Occupational Injuries and Diseases Act 130 of 1993 contribution-related benefits. The employer pays contributions.
Family and child support	Including cash benefits and social services, providing adequate food, clothing, housing, water and sanitation.	Child support grant under the Social Assistance Act. (very limited value compared to need.)
Maternity	Income supplement, including for atypically employed women.	UIF is for contributing women only.
Disability	Disability-related expenses and caregiving from loved ones and others who pitch in to help should be covered by the government's programme of income replacement.	Social Assistance Act provides both an adult disability grant and a care dependency grant for children under the age of 18.

Survivors and orphans		Non-contributory foster care grant under the Social Assistance Act.
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Sour Social Security Review view, 2021

5.6 Response to The Public Healthcare System

The spread of COVID-19 ravaged southern African healthcare. Healthy employees are indispensable to any healthcare system. Between January 2020 and May 2021, 80,000–180,000 healthcare professionals died due to COVID-19 (WHO, 2021). Healthcare requires money. Even in countries with adequate support for health care, the disease spread and killed. Inadequate funding for the infrastructure and supplies of the health system hampered outbreak management. COVID-19 indirectly affected healthcare through increased healthcare mistrust and COVID-19 concerns. This fear prevented the majority of people with a range of diseases from getting treatment, with catastrophic consequences. This also applies to individuals who rejected immunisation out of fear. COVID-19 also hindered the treatment of HIV, tuberculosis and malaria, which are prevalent in southern Africa (UN, 2022:21). South Africa vaccinated 36,979,793 individuals against COVID-19. Assuming everyone required two doses, 31.6% of the population was vaccinated (Reuters, 2022).

South Africa was given the following WHO resources:

- Infection prevention and case management training for healthcare personnel delivered remotely and in-person: 1278.
- Using ipcat, 456 public and commercial health facilities were evaluated for IPC compliance and recommended actions.
- Deployment of 107 international and local specialists to eight provinces in support of the national COVID-19 response and distribution of 135 computers to assist go. Data with quality pandemic data collection.
- One hundred COVID-19 champions received training in risk communication and context-specific community engagement.
- There were nine intra-action assessments: one national and eight provincial in-depth assessments of answers that revealed gaps, difficulties and suggestions for enhancing and sustaining best practices.
- Training in contact identification and follow-up of 1431 case investigators and contact tracers to reduce the spread of the disease (WHO, 2021).

The World Bank group's board of executive directors approved a 454.4-million-euro loan for the COVID-19 emergency response project in South Africa on June 13, 2022. South Africa had the largest number of COVID-19 cases and deaths. The impact of the allocation to health is yet to be seen, primarily because the South African government is notorious for corruption. In truth, the cost of COVID-19 to the healthcare sector is still being accounted for.

5.7 Disproportionate Impact on The Poor

It is now clear that the poor and disadvantaged bore the brunt of the COVID-19 pandemic (Mubangiz, 2021). Lockdown and the declaration of a state of emergency were extreme reactions to the need to contain and handle the virus, as detailed in the previous chapter. Thus, the consequences of COVID-19 might involve a shutdown and further efforts to contain the infection (Mubangiz, 2021). The inequalities, which include low levels of income, employment, assets, healthcare, education, equal opportunity and public services, were exacerbated in both direct and indirect ways by the lockdown. The impoverished were hit harder by the lockdown's shortage of resources like food and medical treatment (Mubangiz, 2021). Women and girls in low-income communities suffered disproportionately from the effects of COVID-19. Gender-based violence increased throughout the lockdown (Mubangiz, 2021).

The National School Lunch Programme (NSNP), through which the government delivers a healthy lunch to all elementary and secondary school students, was suspended while schools were closed. Most low-income children benefited from this programme (Mubangiz, 2021). As rich institutions shifted to online education, underprivileged pupils were left behind because they lacked access to computers, data plans, electricity and the internet.

Table 10: Timeline of COVID-19 crisis measures

Measure	Implementation period	Details	Implications for Informal Workers
Full lockdown level 5	27 March – originally for three weeks but extended to April 30.	Unless to perform a vital service, get an essential commodity or service, collect a social grant, or obtain emergency, lifesaving, or chronic medication, everyone must stay at home during the lockdown (COGTA, 2020:4).	Only informal labourers providing necessary goods and services were allowed, including informal personnel in health, transport, formal food systems and security.
Amendment to lockdown regulations	Valid from 2 April onwards.	“grocery stores and wholesale product markets, including spaza shops and informal food vendors, with a valid license from a local government to operate”. (COGTA, 2020:12). Commuter transport is prohibited save for vital services and supplies. Exceptions: (a) taxis shall not exceed 70% of licensed capacity (COGTA, 2020:7).	Uncooked food trade is permitted. Spazas, street vendors and taxis were regulated. Informal waste recyclers were not essential service personnel.
High restrictions level 4 regulation number	30 April – 30 May.	Under alert level 4, workers in the following industries and activities will be allowed to work outside the home and travel to and from work, subject to (a) strict health protocols and social distancing rules; (b) phasing in back to work	The table contains informal activities like clothes production, retail, minibus transportation, and security. Domestic

		to make the workplace covid-19-ready; and (c) avoiding and reducing infection risks (COGTA, 2020:24).	employees are defined as "live-in staff and staff providing care to the sick, mentally ill, old, individuals with disabilities and children" (COGTA, 2020:27). Informal garbage recyclers work if permitted.
Moderate restrictions level 3 regulation number	31 May – ongoing.	Persons will be allowed to perform any type of work outside the home and travel to and from work and for work purposes under alert level 3, subject to (a) strict compliance with health protocols and social distancing measures; (b) the return to work being phased in to put in place measures to make the workplace covid-19 ready; (c) the return to work being done in a manner that avoids and reduces infection risks.	Except for "consumption of food and beverages at or in a place of sale including informal traders" and on-site liquor and shebeen consumption, most informal employees might work. Education providers closed.

Source: COGTA, 2020

5.8 Impact on The Economy

To reiterate, the poor are disproportionately hit by covid-19. Rogan and Skinner (2020) posit that COVID-19 altered formal and informal economies. Those without access to safety nets like unemployment insurance, health insurance or savings were most affected. In South Africa, the COVID-19 epidemic may have long-lasting repercussions for poverty rates due to its implications for health, education, employment, crime and domestic violence. To make ends meet during the lockdown, many families had to sell their productive assets. Another way in which poverty could hinder human capital and income generation was through the availability of food, the closing of schools, and restricted access to online learning opportunities for children from low-income families. The lives of millions of poor South Africans were at stake, so the government had to act boldly to protect them (Schotte, 2020).

5.9 How Future-Ready Is South Africa?

Inequality between class and race will hinder south Africa's future prosperity. Race, gender and social class have organised civilizations throughout evolution. The status and colour of low-income black children will result in their suffering.

Time is required to overcome this obstacle. The government must finance talents that can be learned:

- Capabilities' financial resources.
- Competence is coupled with capability and capacity.

The government offers numerous services that satisfy the aforementioned needs, but the majority of people lack access to information due to their class and/or race, thus they will continue to be segregated. The NYDA (National Youth Development Agency) has initiatives to enhance the aforementioned; however, corruption excludes the disadvantaged and benefits the well-connected.

5.10 Recommendations

Individuals who have been most harmed must be prioritised in policy actions. Typically, interventions target the poorest, most unequal and most sectoral/production-affected individuals depending on factors such as marital status, number of children in the home and income level. Interventions based on a family's income and level of education should take into account the gender and sex of the family head.

There should be a focus on non-essential sectors like the textile, glass, shoe, education, food, lodging and cigarette industries. If they received financial support in the form of direct fiscal aid or tax incentives, these SMMES would be able to recover and contribute to the economic resurgence. The lockdowns caused difficulties with cash flow for small and medium-sized businesses (SMEs). The commercial sector and small and medium-sized businesses (SMBs) need support for digital transformation and digital competencies to recover. In addition to legal SMEs, some small and medium-sized enterprises in the informal economy stand to gain from liquidity initiatives, tax postponements and employment aid (COGTA, 2021). More social assistance is needed to help fill this gap. Increases in social handouts are part of the government's social protection plan in South Africa. Funding for low-income families on the brink of poverty may be increased.

5.11 Conclusion

This research showed that the pandemic devastated South Africa and that government aid did not reduce inequality but rather improved socioeconomic status. Informal workers suffered the most from the pandemic. The outbreak increased informal economy unemployment and closed some enterprises. Owing to eligibility limitations, the government had to provide food packs during and after the pandemic through local efforts for the poor. This programme helped the impoverished in many places, especially big ones. Unemployment insurance coverage should be quickly expanded to include informal wage earners like domestic workers who lost their jobs due to the outbreak. Most are poor. Most businesses ignore informal labour laws.

The lockdowns proved that social assistance was not enough to cover basic food supplies, therefore the government increased it. Unemployed 18–59-year-olds without social assistance might get a universal basic income grant (UBIG) instead of the special covid-19 award. The Department of Small Enterprise Development should evaluate SMME assistance requirements. According to Rogan and Skinner (2020), “the lockdown hit small bakeries, apparel, textiles, and vehicle aftermarkets, but not retail sales (39%), community and social services (16%), construction (16%), transportation (11%), finance (10%), or manufacturing (8%)”.

The South African government's efforts to curb the spread of COVID-19 were commendable. The state acted decisively and swiftly. There was no telling how high the number of those who succumbed to COVID-19 would have been had the state not acted as it did. However, the impact of what was described as one of the most stringent lockdowns globally on the economy was felt by the poor and marginalised. The long-term consequences have been an increase in the inequality gap.

The Gini coefficient of 2022 compared to 2019 demonstrates that inequality had risen by at least 10%, as predicted. Income inequality has risen due to unemployment: 73% earn less than r6000 per month in 2023 and 3.3% earn more than r52000 per month. And 23% of the adult population depends on social grants, according to the Bureau of Market Research report. There is a direct correlation between educational qualifications and income earnings, interpreting the relationship between the HDI and income inequality.

Chapter 6 – Conclusion and Recommendations

6.1 Introduction

This section elaborates on the study's findings. The chapter sets out the major conclusions about inequality. The previous chapter's socioeconomic indicators are discussed in depth. This chapter also includes suggestions on how the South African government might improve its pandemic response and alleviate inequality through social development.

6.2 The Connection Between the Literature Review and The Results

After the Union of South Africa had been created, there was a "fever" of new laws and other ways of doing things that helped create apartheid and inequality in South Africa.

Apartheid began before the 1948 election victory of the National Party. The persistent segregation laws were designed to exclude blacks from politics and business. There was a loss of political authority and segregation into Bantustans on the basis of language and tribe.

Literature on South African inequalities demonstrates that apartheid caused most of the government's and society's problems. This study contributes significantly to the literature on inequality and socioeconomic problems in South Africa. The social development programmes and initiatives of the government can address these concerns.

The 10% GDP stimulus packages should be administered in an organised manner to prevent theft. The South African Social Services Agency (SASSA) and the South African Revenue Service (SARS) should merge to combat the economic damage caused by ghost social grant users.

The government must establish an ecological relationship with society and the private sector to share the socioeconomic challenges of society. If citizens share responsibility, the government cannot enslave society.

6.3 The Impact of COVID-19 and Measures Put in Place

The socioeconomic measures of the government were negative, but they did help people survive COVID-19. South Africa had a national social policy in effect when covid-19 struck. The government based its new COVID-19 social policy initiatives on its post-apartheid attempts to combat poverty, inequality, unemployment and other social ills. During the outbreak, the government modified its existing norms and laws to accommodate the requirements of the populace.

The Reconstruction and Development Programme (RDP) affected South Africa's post-apartheid social policy. South Africa's first macroeconomic policy repaired apartheid's damage. During the lockdown, the government provided R500 billion in social and economic aid, 10% of the GDP (Kings & Tromp, 2020). Hence, COVID-19's R350 monthly "social relief award" went to unemployed and uninsured people.

Food boxes were dispersed across the country by the Department of Social Development's solidarity fund, as well as by NGOs and community groups. The average social grant was R250. TERS paid businesses and workers. Low-income people received 60% and high-income people R3500.

There were several measures put in place to try and control the spread of the virus and to mitigate its effects:

- Lockdown: Lockdown restrictions were structured in levels. There were stricter restrictions and more relaxed restrictions which were dependent on the number of active cases and the spread of the virus.
- Travel restrictions: International and domestic travel was restricted and very extensive screening processes were implemented.
- Testing and contact tracing: Testing capacity was increased and contact tracing measures were implemented to isolate individuals who might have had contact with COVID-19-positive individuals.

- Healthcare capacity: The government ensured that there was increased capacity in hospitals; it also set up field hospitals and repurposed existing facilities to handle the number of cases.
- Social distancing and hygiene protocols: The public was encouraged to wear masks and practise good hygiene as well as regular handwashing.
- Economic relief: Several economic relief measures were implemented including support for businesses, wage subsidies and social grants which were all discussed in length in Chapter 5.

While these measures assisted citizens in getting through COVID-19 and helped contain the spread of the virus, they didn't relieve inequality; the results confirm that there are still individuals living below the poverty line and the 350 SRD grant has proven to be insufficient, with the ever-increasing vat and interest rates in the country.

6.4 The Levels of Inequality Before COVID-19

Before the COVID-19 pandemic, South Africa had high levels of inequality, as presented in the results section. The country's long history of economic and social disparities stemming from apartheid effects has continued to impact society. Income inequality is still a significant concern, as also reported by the Bureau of Market Research report covering 2018-2023 (BMR, 2023). The racial divide remains and contributes to inequality, especially for individuals who identify as either black, coloured or Indian. The legacy of apartheid policies such as land dispossession and disparities in education and employment opportunities continues to perpetuate inequality. Although the measures implemented had a significant impact on society, the pandemic increased unemployment, reduced food security and limited access to healthcare services, which affected vulnerable populations. It should be noted that the South African government had been implementing diverse measures even before COVID-19 to address inequality, including land reform initiatives and increased investment in education, healthcare and social development.

6.5 How the Public Healthcare System Reacted to the COVID-19 Outbreak and The Impact on The Social Well-Being of The Population

The public healthcare system in South Africa had a sustained response to COVID-19, although it was also an epicentre for corruption. There were treatment centres set up across the country to provide appropriate medical care to the general population. Awareness campaigns were launched to educate people on the virus and the importance of following safety measures. Increased resources were allocated to the healthcare system, including funding for personal protective equipment (PPE). Collaboration with the private sector expanded testing capacity and provided additional resources.

6.6 Recommendations

In light of the medium-term budget policy statement released on October 26, 2022 (MTBPS), the government must prioritise specific issues and groups like low-income and impoverished individuals. Vaccine resistance demonstrated that many individuals continued to mistrust Western medicine, hence traditional healers and leaders should be empowered. By recognising the virus's symptoms, traditional healers could have saved many lives.

6.6.1 Addressing Joblessness, Poverty and Inequality

Budget cuts are detrimental to public services and long-term economic growth. Treasury should evaluate the MTBPS's excessive budgetary consolidation and debt stabilisation. Instead, what is needed is a paradigm for a macroeconomic policy that explicitly eliminates unemployment, poverty and inequality. The medium-term expenditure framework (MTEF) should through policies on taxation, underutilised public funds and credit allocation mobilise additional resources to control debt. More should be invested and spent, especially in industries that need many workers; public services; social infrastructure; social security; and jobs in the public sector (IEJ, 2022).

6.6.2 Public Service Security

A more expansive civil society has emphasised the importance of well-resourced public services. Without superior public services, neither dignity nor living conditions can be enhanced. Austerity policies worsen the living conditions of the poor and working class, particularly women who rely on public services. The government should instead:

- Invest in public services such as education and healthcare, as well as universal healthcare.
- Increase funding for South African diseases such as malaria. Climate change has made malaria a hazardous virus.
- Align public-sector funding with population growth, user volume and inflation.
- Fill all available positions to alleviate classroom congestion and enhance healthcare.
- Reduce high-level officials' pay and increase front-line employees' wages in alignment with inflation to close the wage gap in the public sector.
- Assess the fiscal strategy's impact on socioeconomic rights realisation and make adjustments to avoid regression (IEJ, 2022).

6.6.3 Complementing the Ubi Grant with The SRD Grant (UBIG)

The SRD award precedes the UBI grant (UBIG). In the context of increasing poverty, UBIGs will fill the void in the labour market, particularly for those between the ages of 18 and 59. "The SRD must be adjusted to the food poverty line of R624 per month following an expanded means-test barrier set at the current upper-bound poverty line of R1,335" (Goldman, M. et al., 2021) grants should eventually reach the poverty line's upper limit. The aim should be to increase the grant to the lower-bound poverty line (currently r890) and then the upper-bound in 2–5 years. To implement a universal basic income, the means-test threshold should be raised and eliminated within two years.

Progressive taxation must finance the expansion of social support, on UBIG paths, the government must interact with stakeholders and consider alternative funding sources.

6.7 Conclusion

This chapter examined the major findings of the pandemic and how the South African government's assistance efforts decreased inequality and increased socioeconomic well-being. Due to government shortcomings, the health system was unable to address the pandemic's prevalence.

South Africa is devoid of epidemiologists (doctors and professors who investigate how and why diseases arise in diverse groups of individuals) and it is not clear whether it has adequate facilities for epidemiological research (NIH, 2022). During the pandemic, a large number of informal businesses were forced to close. Ways should be found to make the enormous informal sector work, provide more jobs for the unemployed and support most informal small enterprises to end poverty.

The economic and legislative interventions of the South African government, although commendable in the short term during the pandemic, had consequences in the months and possibly years post the pandemic with a disastrous effect on the economy, mainly because the shutting down of the fragile South African economy meant pushing even more people closer to the poverty line and forcing government to maintain the ZAR 350 grant to ensure that people didn't slip too far below the poverty line.

The impact includes fewer resources available to fund infrastructure development education health and the public sector wage bill. Despite this, the government's measures considered life and living more valuable than profits.

Covid-19 showed regular South Africans that life was precious and could be snatched away in an instant. Ubuntu could have avoided international vaccination apartheid. The countries of the First World sent vaccines to Africa, and South Africa followed suit by donating vaccines to its African neighbours.

The government is incapable of eradicating poverty, unemployment and inequality. This should be a group effort because entrepreneurship and innovation drive economic growth in any economy, and the private sector can assist the government in establishing

ecosystems that sustain small businesses and support entrepreneurs so that the South African government can effectively address its triple threat challenges.

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