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| Danish organisation | Designere uden Grænser. |
| Title of the intervention | Design for Food Solutions, South Africa. |
| Partner name(s) | Designers without Borders, South Africa. |
| Amount applied for | 99.664 DKK. |
| Country(ies) | South Africa. |
| Period (# of months) | 8 months. |

1. **Objective and relevance (the world around us)**

* **What we wish to achieve with the intervention:**

**Designere uden Grænser** (DUG) and its South African partner **Designers without Borders SA** (DWB SA) are applying for a Small-Scale Intervention in South Africa’s Western Province through the Civil Society Fund, starting 15th of June 2021 and running till 15th of February 2022. The intervention finds inspiration in the following SDG goals: partnerships for the goals (SDG 17), the need for inclusive societies and justice (SDG 16), zero hunger and focus on health (SDG 2&3) and pervasive inequalities (SDG 10).

In 2020, as a response to the Covid19 pandemic and lockdown in South Africa, the partners implemented a small-scale project “Capacity building of CSOs in South Africa during the Covid-19 pandemic”.

The goal of the intervention was to strengthen the capacity and administrative functions of 18 local CSOs. The project provided them with a platform to connect with local, district and provincial authorities and private stakeholders. They also gained solid information and knowledge about Covid19. They used this knowledge to create community awareness about Covid19, currently reaching more than 5500 people. Several strategic initiatives were also implemented: hand washing stations, masks and vegetable gardens.

However, it is evident that local food insecurity and malnutrition continues to be a major and also escalating problem in the area. The escalation is related to the prolonged lockdown, a spike in local food prices and growing unemployment. Malnutrition is further accentuated by a lack of knowledge of health and nutrition.

This intervention will focus on three CSOs: **Bethesda Kids, Soul Food Harmony** and **House of Elohim,** all from the 2020 small-scale project. Their operations are spread into three of the poorest Wards[[1]](#footnote-1) within the Grabouw area and include some informal areas with no services (sewage, water, electricity).   
The CSOs work with people most in need in the Wards. These are mainly children, pregnant mothers, elderly, homeless and people with disabilities and on chronic medication (ART therapy for HIV/AIDS). The CSOs have various activities but have taken it upon themselves to assist their communities with food, starting during the lockdown 2020.

**The immediate objective of this intervention therefore is:**

1) To empower **Bethesda Kids, Soul Food Harmony** and **House of Elohim** to advocate against the growing issue of food insecurity in Grabouw and Elgin Valley - and to create awareness about health and nutrition in the communities where they work.

To reach this objective we need to activate the following elements:

The CSOs need to gain an understanding of the different levels of government and the underlying and structural causes of food insecurity. This also relates to land and water rights and how to apply for small pockets of land for small-scale farming. Through the intervention we can empower the CSOs to address and discuss these issues in local CSO and Ward forums and on local government level. The intervention will also provide a shared platform for the discussion of a dilemma CSOs are facing when they hand out food. While some community members bring vegetables from their gardens as a way to contribute, others come to rely on and demand their daily meals. This can end in conflict if their needs are not met. Preventative measures and how to communicate to the community the general roles and responsibilities of a CSO vs. local government will be discussed. The CSOs also need to build their knowledge on diet-related illnesses and to understand how a poor diet affect people with chronic diseases. They need training in nutrition and to learn to cook with local produce on a low budget.

Finally, a focus will be on strategic delivery to gain evidence based data for advocacy purposes. During the first lockdown food was cooked at a local hot spot and distributed by our partner. Now private houses are used for cooking and food often served on the street or from the back of a van, which do not live up to local legislative and health requirements for a food kitchen serving the public. Through this intervention the partners therefore plan to construct one community kitchen at **Bethesda Kids** as a pilot and demonstration kitchen. The idea is to be able to demonstrate to local government how a community kitchen with a vegetable garden can function not only as a nutritional hotspot, but as a gathering point and learning and information hub. Hundreds of people already stand in the food lines on a daily basis to get a meal. A permanent kitchen structure acting as a community gathering point gives the CSOs a unique opportunity. It enables them to inform a large number of community members about job and social grant opportunities and local government information. The community kitchen will also be a place where community members can ask for advice on how to maintain their own food gardens or receive seedlings and guidance on how to start growing their own food at home. Finally, the intervention will look at whether community kitchens can function as chronic medication pick up spots and help community members in need of referrals to health care workers.

* **The importance of the intervention:**

South Africa is suffering. The strict Covid19 lockdown has had devastating economic consequences for the country and on already impoverished communities. It is estimated by the World Bank that extreme poverty will increase in South Africa by 9% as a consequence of the pandemic. In South Africa inequality was high and persistent long before the pandemic. The Gini coefficient in South Africa was estimated at 0.65,1 in 2019, putting the country at the top of the list as the most unequal country in the world. These high levels of income polarization are manifested in very high levels of chronic poverty, a few high-income earners and a relatively small middle class. About 56% of the South African population was living in poverty before the pandemic and almost 28% in extreme poverty, below the food poverty line. Food security in rural South Africa is heavily reliant on cash incomes, which, in turn, are boosted considerably by social grants. But, unlike food prices, these have not increased in response to the price hikes due to the pandemic (World Bank and Stats SA).

All of these factors have added to the triple burden of malnutrition that South Africa is facing - undernutrition, hidden hunger (malnutrition) and overweight, especially among children under 5. An estimated 27% of children under the age of 5 in South Africa are stunted (too short for their age) (Unicef). In South Africa a main cause is the shift from traditional high nutrient and fiber rich diets towards ’ultraprocessed' foods high in sugar, fat, salt, low in fibre and less nutrient dense.

Food — how and where we grow, process, distribute, sell, and eat it — is central to the health of our communities, economy, environment, and bodies.

The concept of community food security is generally defined as *“a situation in which all community residents obtain a safe, culturally acceptable, nutritionally adequate diet through a sustainable food system that maximizes community self-reliance and social justice”* (Hammand Bellows 2003). Food insecurity on the other hand can be described as a condition in which people lack the food that would provide the energy and nutrients they need to live an active and healthy life. Inequality and poverty is one of the main reasons why people experience food insecurity. Inequality is making people sick in Grabouw and Elgin Valley.

* **The context of the intervention:**

Grabouw and the broader Elgin Valley, where the partners work, are agricultural areas. According to Stats SA around 60.000 people live in the town and the surrounding valley. According to the local NGOs its closer to 100.000 due to the continuous growth of informal settlements.

The town is highly segregated, with affluent, mainly white, farmers living in the Elgin Valley and the low and middle-income residents living in Grabouw town. The town and valley are divided into different wards and each ward is represented by a democratically elected community councillor.

The majority of the community was living in poverty before the Covid19 pandemic. High unemployment rates and low income-rates are prevalent in the area and most people live on some form of government grant.

There is a housing shortage and most of the High School function fall within the government school system with overcrowded schools.

The unemployment rate is more or less 40% and, because of seasonal work, it rises at the off-season time. Due to unemployment and financial struggles many families in Grabouw live in conditions of extreme poverty. This, combined with a HIV prevalence of 34% and one of the highest TB rates in the world, makes the community extremely vulnerable to Covid-19 breakouts.

Another challenge is related to the fact that the area has an underdeveloped smallholder and subsistence-farmer sector and a weak culture of home food production. Most people in Grabouw and Elgin Valley cannot afford the high costs of inputs and do not have access to land. Due to climate change water supplies are also a growing concern. As a result, their choices are severely limited by low or no income, what they can find at the local retail stores and their lack of capacity to produce their own food.

* **How the intervention can contribute to supporting collaboration, public engagement and civil organising and how this in time will contribute to social justice:**

Unequal distribution of wealth and where you reside is a main driver of socioeconomic inequalities in food insecurity and malnutrition. Poor people, living in rural areas, are dependent on the ‘food environment’ which is a complex set of factors from global trade policies, national food production and distribution patterns, local policies and the price tag set by the retail industry. The unfolding crisis of climate change also play a large role as well as unequal access to land and water.

Relying heavily on purchased food from the retail industry is making rural people vulnerable. Their health and especially the health and future of their children is put at risk due to limited choices and inappropriate marketing and advertising by a profit-steered retail industry. What is needed overall is systemic change and looking at the underlying causes of food insecurity. We believe this intervention can contribute to and ignite the spark to change on grassroot level. The focus is on capacity-building, emphasizing the broader goal of self-reliance and focuses on building decision-making skills by encouraging the participation of CSOs and community members in food-based networks.

The community food kitchen can become a place where all relevant information from government departments and private sector is distributed. Also, by encouraging CSOs to become part of their Ward Committee structure, participate in the “Integrated Development Planning” meetings hosted by the TWK Municipality and participating in the local Thusong Forum (local network for CSOs) they will have a platform to advocate for food security and access to land to strengthen small-scale vegetable production. The aim is that the model we are building will become that standardized model for all community food centres in the Elgin/Grabouw area that is funded by private and public money. The key players here are the civil society and grassroot organisations in Grabouw and Elgin Valley. A strong civil society sector working constructively together to assist and empower the local communities can help build a more trusting and cohesive local community, which will be able to show resilience when facing the long-term food insecurity consequences of both the pandemic and climate change.

* **Climate- and environmental conditions that we respond to:**

Increasing water scarcity causes a variety of pressure on agricultural production and related sustainability concerns given current and growing food demands. The ’urban’ cultivators in Grabouw are currently dependent on municipal water supplies. Municipal water is more expensive than agricultural water supplies and is more energy intensive, as municipal water has been treated to drinking water standards. To incorporate water use efficiency and conservation practices into urban agriculture practices is therefore key.

A focus for the nutritional workshops and cooking lessons is going ‘back to the roots’ and to start eating less processed and imported food. The goal is for the community to rediscover local and indigenous plants and herbs which can be used for cooking, and to use the food from the sea in a sustainable way. Also, a goal is to teach small-scale farming without the use of pesticides.

There is also a lack of land for urban agriculture in the Theewaterskloof area to grow vegetables and herbs. Cumbersome processes have been put in place to apply for the use of public open spaces that is currently used as dumping and trash sites (causing pollution) and creating unsafe areas in the community.

Through capacity building the local CSOs will be assisted and capacitated to apply for these pockets of land that can be utilized to cultivate food. With the expertise DWB SA has acquired through partnership with the Municipality the CSOs will be guided in the completion of applications.

1. The partnership/collaborators (starting point)

* **Previous acquaintance and cooperation between the partners, and how these experiences have fed into the development of the proposed intervention:**

*Designere uden Grænser (DUG)* is a registered, volunteer based civil society organization, based in Copenhagen. DUG is driven by a board of 6 people, a group of 10-20 volunteers as well as the founder and program manager, who has a degree from KU in Social Anthropology. The volunteers are a mixed group of loosely connected students who help at fundraising activities as well as people with a relevant academic background leading new project groups. Since becoming members of CISU end of 2017 the organisation has participated in 46 relevant CISU trainings and courses. DUG also collaborates with 11 Danish fashion companies who donate their surplus clothes to the organisation. DUG packs the clothes and ships it to South Africa where it is sold through a collaborative effort with DWB SA at Fashion Fundraiser pop-ups and at a social enterprise shop in Grabouw, raising funds for the projects.

*Designers Without Borders SA (DWB SA).*

DWB SA was founded by DWB SA’s current project officer, Alfra Rene Cox, in collaboration with DUG’s founder in 2017. The organisation is a registered Public Benefit Organisation working in the Cape Winelands, Overberg District in South Africa’s Western Province. DWB SA is governed by a volunteer board of five people from Grabouw and the surrounding areas. DWB SA’s co-founder and Program Manager, Alfra Rene Cox, has extensive experience from working within the different sectors of local government.

The partners have collaborated on various projects since 2017, focusing on youth, education and skills development. During these previous collaborations DWB SA has continued to build and expand their network in both the public and private sphere. Due to the positive track record following the implementation of these, DWB SA is endorsed by TWK Municipality to take a leading role in food relief during Covid19.

Three of the participating CSOs during the 2020 intervention, namely **Bethesda Kids**, **Soul Food Harmony** and **House of Elohim** have showcased their consistency before and throughout the pandemic. They participated in various capacity building workshops, had one-on-one interventions, and participated in agricultural training provided by the Department of Agriculture. **House of Elohim** became a registered entity though the previous intervention and all three CSOs have developed long term strategies to sustain their food relief efforts through agriculture and entrepreneurial ventures and fundraising.

* **The partners and other actors’ contributions, roles, and responsibilities:**

In relation to the intervention, the partners contribute equally to the planning and overall coordination and monitoring, with DUG taking responsibility to ensure that the project follows the time and budget plan through the handover of reports on the process. DUG is also responsible for the final reporting to CISU.

DWB SA is responsible for the actual implementation of the intervention. This includes all planning, local coordination, evaluation and assisting the CSOs every step of the way. The Program Manager (PM) will plan trainings and activities and facilitate transparent and constructive dialogue between CSOs and stakeholders.

In relation to **activity 1** the PM and the Project Assistant (PA) will plan, facilitate and evaluate the workshops. PM will do weekly visits and follow up with each CSO, assist and also provide ongoing support in relation to applications for land for community vegetable gardens. PM will build a database of all entities (public, private and CSOs) involved in the food security sphere in Grabouw and Elgin Valley, to be used to build stronger networks and long-term advocacy purposes. In terms of **activity 2**, the PM, PA and a trained chef and nutritionist will be building capacity in nutrition and food literacy through workshops and follow up visits. The CSOs have lost the knowledge and confidence to cook and choose healthy food due to poverty and a loss of indigenous knowledge and need these inputs for the intervention to be a success. The PM will also conduct focus group interviews with 10 community members with chronic illnesses to gather data on the effect of the changed diet. Finally, the PM and PA will visit established and new food gardens in the communities and gather data for the report for local government. In relation to **activity 3,** the PM will be responsible for the coordination and managing of the building process and assist with permits as well as liaise with the local Medical clinic. In collaboration with the CSOs the PM will also gather evidence-based data to use to advocate for the need for provincial government to address food insecurity and malnutrition.

During the pandemic local trusts and the private sector formed a Solidarity Fund. They are a strategic partner in this intervention and will construct a kitchen at **Soul Food Harmony** and will, based on the success of this intervention, provide additional funding to construct the kitchen at **House of Elohim**.

The agricultural input with regards to different methodologies to build water-wise gardens will be sourced from the Department of Agriculture. The Department of Health will be consulted on the collaboration with the local Medical Clinic.

1. **Target groups, objectives, and expected results (our intervention)**

* Target groups

Direct target group: Bethesda Kids, Soul Food Harmony and House of Elohim. Each CSO will participate with 5 board members/leaders and 5 kitchen staff, making the total number 30 people.

**Bethesda Kids** is a faith-based organization that run kids club for predominantly primary school kids as an afterschool activity in various wards in Grabouw. They focus on sport and culture as well as art activities. They have been active in Grabouw for more than 10 years. They are mostly dependent on church donations for their activities. While working with kids they have identified the food insecurity need and also branched out into establishing food distribution points which fed more than a 1000 people daily during the height of the Covid-19 pandemic. A vegetable garden has been established as a food relief sustainability measure.   
**Soul Food harmony** focus on aftercare for kids in their program as well as substance abuse prevention programs and assistance to families in distress. Food relief also became a focal point during the pandemic to alleviate the strain on their beneficiaries who could not work during the hard lockdown or lost their jobs. They have been active in the food relief sphere before the pandemic, mostly serving meals to the kids in the aftercare. They have also extended their already established food garden as a sustainability measure and have opened a tuck shop and take-away as a social entrepreneur effort to sustain the food relief efforts. **House of Elohim** is a faith-based organization which is affiliated to their church. They focus on religious activities as well as youth development. House of Elohim have also established a vegetable garden as a sustainability measure to their food relief efforts.  
**Another direct target group** is +/- 1.500 people from the communities using the services provided by the CSOs. This target group is mainly Afrikaans or isiXhosa speakers with English as a second language. The majority define themselves as ‘people of colour’ and speak Afrikaans. The second largest group is isiXhosa speakers, and consist mainly of people who have immigrated from the Eastern West Province, looking for work on the farms and factories in the valley. The CSOs focus on the people most in need in the area where they are based. These are mainly children, pregnant mothers, elderly, homeless and people with disabilities and on chronic medication (ART therapy for HIV/AIDS).   
**An indirect target group** is DWB SA who will be able to expand their network and further build and boost their legitimacy with the CSOs and with public/private stakeholders.

* **Implementation of the intervention, outputs and activities.**Report to CISU: 15th of Jan 2021 – 15th of Feb 2022. Office closed: 15th of Dec. 2021 -15th of Jan 2022.

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| **Outcome** | **Outputs** | **Activity 1:** 15th June - 15th of Dec. 2021 | |
| The CSOs are empowered and confident to advocate for policy changes on local government level on issues such as: urban agriculture, the right to land and water and food systems education. And have promoted the institutionalization of the model being developed with this pilot.  The CSOs are part of a stronger network and have confidence and skills to address food insecurity and malnutrition - and build strong and trusting relations with their beneficiaries. Ultimately building a more cohesive, trusting and resilient civil society. | **15 board members and 15 kitchen staff from 3 CSOs are knowledgeable about:**   * the function, role and responsibility of local, provincial and national government * how poverty and inequality is linked to food insecurity and malnutrition. * land and water rights and how to apply for small pockets of land. * how to build water-wise gardens. * how to meet all legislative and health requirements for a public food kitchen. * how to communicate the role and responsibilities of CSOs versus government to their beneficiaries. * diet-related illnesses that affect their beneficiaries.   - A database of all entities (public, private and CSOs) involved in the food security sphere in Grabouw and Elgin Valley has been established. - The CSOs have been represented in the local Ward Committee structures, at the local Thusong Forum (local network for CSOs) and at the “Integrated Development Planning” meetings hosted by the TWK Municipality. | | **2 workshops, on organizational capacity building:**  **Workshop 1 - themes:**  - The role of local, provincial and national government and the basic rights of civil society  - How socioeconomic inequality is linked to food insecurity and health inequality.  - Land and water rights and the application process to apply for land.  **Workshop 2 - themes:**  - Input from agricultural professional on how to build water-wise gardens.  - Local legislation and health requirements for public food kitchens.  - Communicating methods re beneficiaries.  - Input from qualified health professional on diet related illnesses.  - Collecting data for database and design of template.  **Weekly visits at CSOs –** gathering of data, as well as support in terms of land applications. |

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| **Outcome** | **Outputs** | **Activity 2:** 15th June - 15th of Dec. 2021 |
| The CSO’s kitchen staff feel confident in preparing healthy meals on a budget, and are able to share this knowledge with community members.  Community members using the services are healthier and we see that they start to take informed healthy food choices, especially those with chronic diseases. | **15 kitchen staff from 3 CSOs have:**   * gained knowledge on therapeutic food-plants. * have been introduced to the concept of community beekeeping and aloe vera plantation. * knowledge on sprouting, fermentation, soaking and how to forage, legally, on coastal areas. * have knowledge about healthy, affordable food products that can be easily sourced locally. * have knowledge about the importance of a healthy diet, especially for pregnant mothers and people who are chronically ill. * have gained practical experience on how to prepare healthy and nutritious meals on a small budget.   **-**30 booklet recipe formats have been produced. - Interviews have been conducted with focus group (10 community members who are chronically ill). | **Capacity building through food literacy: 3 workshops, 3 follow up visits and production of recipe booklet.**  **Workshop 1:** Gardening, using alternative therapeutic plants. Introduction to the concept of community beekeeping and aloe vera plantation.  **Workshop 2:** “Health Conscious Menu” planning and cooking lessons (incorporating sprouting, fermentation, soaking, sea vegetables).  **Workshop 3:** Cooking lesson with a focus on nutritional needs of pregnant mothers, children and the chronically ill.  **- Visits to food gardens in the communities.**  **- Informal group interviews with focus group.** |

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| **Outcome** | **Outputs** | **Activity 3:** 15th June - 15th of Dec. 2021 | |
| Community members are informed and empowered, because they can access job opportunities, social grant opportunities, and information from local government.  More community members get help when needed because they have access to a chronic medication delivery service.  Due to a presentation of the ’Community Kitchen Model’ local stakeholders and authorities are aware of the need for kitchen community centers. | - A demonstration and pilot “Community Kitchen” has been established next to Bethesda Kids’ vegetable garden.  - The medical clinic is a strategic partner, and agrees to use the community kitchen as a medical hotspot.  - A standardised template has been developed for the CSOs to supply monthly statistics with regards to how many people they are feeding, which times of the month they have an increase or decrease and how they are coping with the newly developed nutrition plan and use of the kitchen.  - Written report on findings and recommendations. | | - Procurement, preparation, building and delivering of community kitchen.  - liaising with medical clinic. - Gathering and analysing data for report. - Presenting findings on local government level. |

1. Metropolitan and local municipalities are divided into wards (areas), with each ward electing one councillor to the municipal council. [↑](#footnote-ref-1)