



THE STATE OF HOUSEHOLD FOOD INSECURITY IN SOUTH AFRICA

2026 REPORT





About FoodForward SA

FoodForward SA's core focus is the recovery of edible surplus food from across the food system, to address two urgent challenges:



Reducing food loss and waste and its resultant methane emissions that cause climate change



Using this unsellable but still edible food to address food insecurity across South Africa. The not-for-profit organisation provides food to nearly 1,000,000 vulnerable people daily through a network of 2,500 registered and vetted beneficiary organisations that undertake life-saving work in underserved urban and rural communities.

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We would like to sincerely acknowledge the following individuals and organisations for their invaluable contributions to bringing this research to life:

1. FoodForward SA Foundation

We extend our sincere gratitude to the FoodForward SA Foundation for funding this 18-month research project. Research is central to FoodForward SA's mission, as it informs strategic direction and ensures that the organisation remains relevant and responsive to the evolving challenges of food and nutrition insecurity in South Africa.

2. University of Cape Town's Southern Africa Labour and Development Research Unit (SALDRU)

Our heartfelt thanks go to the University of Cape Town's SALDRU for their expert contribution and unwavering commitment to delivering high-quality, evidence-based research. Their work has been instrumental in deepening our understanding of household food insecurity and in informing future strategic direction and programme action.

3. FoodForward SA Beneficiary Organisations and Community Participants

We thank the FoodForward SA Beneficiary Organisations (BOs) within our network for facilitating hundreds of person-to-person interviews. Our deep appreciation also extends to the individual representatives of the 796 households, who regularly receive food through our BO network and who generously shared their time and experiences. By placing their trust in us, participants enabled vital insights into the lived realities and daily challenges faced by those most affected by poverty and food insecurity.

4. FoodForward SA BO Coordinators

We gratefully acknowledge the FoodForward SA BO Coordinators for their dedication to effectively monitoring and vetting the BO network nationwide, as well as for organising and conducting interviews across the country. Their commitment and professionalism ensured that this research was implemented thoroughly and effectively.

FOREWORD

South Africa stands at a critical juncture, facing a convergence of crises that threaten the foundations of its food systems and the wellbeing of its people. Climate disruptions, biodiversity loss, land and water degradation, conflict, persistent inequalities, and economic shocks are increasingly undermining our collective ability to ensure food security and nutrition for all.

These intersecting challenges demand bold policymaking grounded in scientific evidence, and purposeful action to translate that evidence into meaningful change. Only through informed, coordinated efforts can we build resilience and chart a sustainable path forward.

It is within this context that we present this research – both as a reflection of the complex realities confronting South Africa’s food systems and as an urgent reminder of how these dynamics affect vulnerable households across the country.

Over the past five years, food and nutrition insecurity have risen sharply. Escalating

living costs, soaring food prices, rising unemployment, and limited access to affordable, nutritious food have deepened hardship for millions.

Of even greater concern is the growing number of children suffering from hunger and malnutrition – a tragedy that remains among the world’s most preventable causes of death.

Despite remarkable global advances in food production, vast quantities of edible surplus food are still discarded every day, while countless children go without a meal – sometimes for days. The devastating irony is that the food needed to save lives exists, yet remains out of reach for those who need it most.

We hope this research will help illuminate pathways toward a more equitable, resilient, and sustainable food future. One where no South African goes hungry, and where evidence informs the action needed to achieve lasting change.

Andy Du Plessis
FoodForward SA Managing Director



EXECUTIVE SUMMARY

South Africa's perverse paradox of persistent hunger amid national food sufficiency is most acutely felt among households reliant on food support. Policymakers need a clear, concise picture of food insecurity in South Africa – who is affected, why it persists, and what can be done in the short to medium term.

The severity of food insecurity measured by quantitative indicators varies by gender, race, employment, and household size, with female-headed households and several provinces exhibiting deeper deprivation. Urban households often report greater severity, reflecting cash-based food systems and higher living costs.

Child exposure to hunger is substantial: most children live in moderately food-insecure households, and roughly one-quarter to one-third face severe conditions, revealing limits to adult buffering.

Coping behaviour escalates from portion cuts and meal stretching to meal skipping, cheap-staple substitution, high-cost debt, asset sales, and foregoing medication, with temporal peaks around grant-cycle troughs and seasonal job gaps. Food donations buffer acute hunger but are constrained by timing, quantity, and transport costs.

The Southern Africa Labour and Development Research Unit (SALDRU) was appointed by FoodForward SA to undertake this research project, measuring and explaining household food insecurity across South Africa. The study generated robust, policy-relevant evidence to support FoodForward SA in informing their

strategic decision-making so that they have a better understanding of the scale, severity, and drivers of food insecurity in the country.

This research synthesises key patterns from the source study and translates them into practical, evidence-based policy options to inform timely and effective action.

SALDRU OBJECTIVES AND DELIVERABLES

The research was structured around two core objectives, both of which were achieved:

1. Measure:

We measured the prevalence, severity, and persistence of household food insecurity using internationally validated instruments (Food Insecurity Experience Scale (FIES)/ Household Food Insecurity Access Scale (HFIAS). Findings were triangulated with food price data, household expenditure patterns, and labour market indicators.

2. Explain:

The study identified the key drivers of food insecurity – most notably employment shocks and food price inflation, while quantifying the mitigating effects of social grants and household composition.

Team Resourcing

A SALDRU team – project lead, senior analyst, data engineer, and an M&E coordinator, with a PI and communications support, delivered the work using SALDRU's secure infrastructure and reproducible analytics workflows.



Why Partnerships Matter

This partnership demonstrates how a national NPO and a university-based research unit can combine their strengths to generate powerful insights into one of South Africa's most enduring crises. We view this work as a pilot initiative, and we will explore opportunities to scale the approach in the near future.

The research reveals that household food insecurity in South Africa is not only widespread but deeply layered. Millions of families are forced into impossible choices – from shrinking portions and skipping meals to going without food for entire days. As financial pressure intensifies, coping strategies escalate, households sacrifice essentials such as transport and medication, take on costly debt to buy food, and experience mounting stress that erodes wellbeing and stability.

These findings underline the urgent need for innovative, locally responsive interventions. Priorities include early childhood nutrition programmes, community kitchens that support entire households, targeted food or voucher assistance for the most vulnerable, and protective safety nets that prevent families from falling into food-related debt traps.

By grounding policy and programme design in the lived experiences behind the data, we can strengthen food systems that do more than alleviate hunger – systems that protect health, dignity, and livelihoods. The way forward is clear: evidence must guide our actions, and those actions must be rooted in compassion.

Prof. Reza Daniels
Director of SALDRU

PART 1

RESEARCH APPROACH AND HEADLINE FINDINGS ON HOUSEHOLD FOOD INSECURITY



This research examines the severity of food insecurity among households already identified as food insecure. Unlike nationally representative surveys, the data were drawn from a purposive sample of individuals dependent on donation-based food assistance, capturing the experiences of the most vulnerable segment of society: households for whom conventional coping strategies have been exhausted and external support is essential.

By focusing on this population, the research provides a complementary perspective to national level monitoring. It offers a detailed profile of the socio-demographic and economic characteristics of food aid beneficiaries, explores their income sources and coping strategies, and documents the severity of food insecurity within these households. The data thus sheds light on those who fall through the cracks of both market-based food access and formal safety nets and provides evidence to inform policies and programmes aimed at addressing hunger in its most acute form.

Descriptive statistics reveal the extent of this marginalisation. More than three-quarters of respondents rely primarily on social grants as their main source of income, highlighting both the critical role of South Africa's social protection system and its limits in preventing hunger. The findings underscore the persistence of severe food insecurity as a structural problem rooted in inequality, exclusion, and constrained livelihood opportunities.

Among households already identified as food-insecure, the severity of their experiences determines urgency and the types of support that work. To investigate the extent of food insecurity and how households cope, we used a convergent mixed methods approach that sheds light on the lived experience of food insecurity in a quantitative survey of adults and the qualitative focus group.

SETTING, PARTICIPANTS, AND SAMPLING

Data Source and Study Population

The data used in this report comes from a pilot survey of food-insecure individuals, defined by having received support from a donation-based food aid for needy people. The sample consists of 796 households across South Africa. Households were included based on the completeness of their responses to the Food Insecurity Experience Scale (FIES) questionnaire and key demographic variables.

Interviews were conducted face-to-face with the oldest woman in the household, or another household member knowledgeable about household arrangements and food consumption patterns.

While the household remains the primary unit of analysis in this report, the data also allows for additional insights into the distribution of food insecurity, by demographic characteristics, such as the gender and race of the household head, as well as household location and province.

The questionnaire covered four domains:

- Demographics and household composition (age, gender, education, marital status, and household roster).
- Household location and living conditions (province, urban/rural location, access to water and electricity, dwelling characteristics, and housing tenure).
- Household income and livelihoods (sources and levels of income, with a focus on grants, wages, remittances, and sales from farming products/services).
- Food insecurity experiences and coping strategies, drawing on the Food Insecurity Experience Scale (FIES) and adapted questions on intra-household food distribution, including whether adults or children skipped meals, went hungry, or went a whole day without food.

Analytical Approach

The analysis is descriptive in nature. We use frequency distributions, cross-tabulations, and summary statistics to assess the severity of food insecurity of 796 households in the sample. The findings provide insights into the lived realities of households experiencing varied forms of food insecurity in South Africa.

SURVEY METHODS AND INSTRUMENTS

Quantitative Measures: The Food Insecurity Experience Scale (FIES)

Household food insecurity in this study was measured using an adapted version of the Food Insecurity Experience Scale (FIES), which captures a continuum of experiences ranging from anxiety about food access to severe manifestations of hunger and deprivation.

The FIES comprises eight experience-based questions asked at both the 12-month and 30-day reference periods, with the 30-day questions administered only to respondents who answered 'Yes' to the 12-month questions. These items cover a progression of food-related constraints, beginning with worry and dietary compromises and extending to situations where households went hungry or went an entire day without food. Responses to each question were coded dichotomously (Yes = 1, No = 0), with 'Refused' and 'Don't know' coded as missing.

For each household, a severity score was constructed as the sum of affirmative responses, yielding values from 0 to 8. A higher score reflects a greater severity of food insecurity. Table 1 presents the eight questions used to measure food insecurity.



TABLE 1: Food Insecurity Experience Scale (FIES) questions

QUESTION SUMMARY REFERENCE PERIOD: 12 MONTHS OR 30 DAYS		
	FIES Question	Response options
Worried	During the last 12 months, was there a time when you or others in your household were worried you would not have enough food to eat because of a lack of money or other resources?	Yes/No/Refused/ Don't know
Healthy	Was there a time when you or others in your household were unable to eat healthy and nutritious food because of a lack of money or other resources?	Yes/No/Refused/ Don't know
Few foods	Was there a time when you or others in your household ate only a few kinds of foods because of a lack of money or other resources?	Yes/No/Refused/ Don't know
Skipped meal	Was there a time when you or others in your household had to skip a meal because there was not enough money or other resources to get food?	Yes/No/Refused/ Don't know
Ate less	Was there a time when you or others in your household ate less than you thought you should because of a lack of money or other resources?	Yes/No/Refused/ Don't know
Run out	Was there ever no food to eat of any kind in your house because of lack of resources to get food?	Yes/No/Refused/ Don't know
Sleep hungry	Did you or others in your household ever go to sleep at night hungry because there was not enough food?	Yes/No/Refused/ Don't know
Whole day	Did you or others in your household ever go a whole day and night without eating anything at all because there was not enough food?	Yes/No/Refused/ Don't know

The sequence of questions is important, as it reflects an increasing intensity of deprivation, from anxiety about food sufficiency to experiences of hunger and extreme deprivation. The survey also included questions on the food insecurity experiences of children within the household. Children’s food insecurity was measured through targeted items embedded in the Food Insecurity Experience Scale (FIES), with specific follow-ups for households with children under the age of 16.

After establishing household-level experiences of food insecurity (as summarised in Table 1), the module extended these questions to capture children’s direct experiences. Respondents were asked, for example, whether children were unable

to consume balanced meals due to lack of resources, had to rely on only a few kinds of low-cost foods, or were forced to skip meals because there was not enough money for food.

More severe forms of deprivation were also probed, including whether children’s meal sizes had to be reduced, whether children ever went hungry because the household could not afford more food, and whether children went a whole day and night without eating. Each question was framed with reference to the past 12 months. In line with the household-level indicators, these measures provide a comprehensive account of the extent and intensity of child hunger, ranging from compromised diet quality to extreme deprivation.

Classification of Severity of Food Insecurity

Following the FAO methodology (FAO et al., 2018), households were grouped into three categories based on the number of affirmative responses:

- Adequate or mild food inadequacy (0–1 affirmative responses): Households have little or no concern about food, though mild insecurity may be reflected in anxiety or uncertainty about future access.
- Moderate food inadequacy (2–5 affirmative responses): Households compromise on food quality and variety and begin to reduce food quantities, including skipping meals.
- Severe food inadequacy (6–8 affirmative responses): Households experience extreme deprivation, including hunger, going without food, and in some cases not eating for an entire day.

Table 2 summarises this classification, linking each severity level to the summation score and corresponding FIES questions.

TABLE 2: Classification of the severity of food insecurity

CATEGORY	SEVERITY OF FOOD INSECURITY	SUMMATION SCORE	RELATED FIES QUESTIONS & MEANING
1	Food secure to mild food insecurity	0–1	e1; Household uncertain about ability to obtain food (in the case of mild insecurity).
2	Moderate food insecurity	2–5	e2–e5; Household compromises on food quality and variety; reduces food quantity and skips meals.
3	Severe food insecurity	6–8	e6–e8; Household runs out of food; members go hungry or spend a whole day without food.

Focus Group Work

Food insecurity is not binary; households move along a spectrum of severity with distinct social, economic, and health consequences. This study reports on a pilot focus group with food-donation recipients in Mitchells Plain, Cape Town, undertaken to: (i) test the feasibility and acceptability of the focus-group approach on a sensitive topic; and (ii) surface locally grounded markers of severity to inform a larger mixed-methods design and programmatic responses. The pilot was commissioned in partnership with FoodForward South Africa (FFSA).

Conceptual/Theoretical Framework

We adopt a pragmatic, qualitative-descriptive stance to elicit lived experiences across the availability–access–utilisation–stability dimensions. For the specific construct of severity, we consider household responses along a coping ladder (from meal stretching to last-resort strategies such as asset liquidation or foregoing medication).

PART 2

HEADLINE FINDINGS



The findings below highlight the critical importance of geographically targeted, time-sensitive, and child-focused interventions, reinforcing the need for coordinated responses by government, food donors, and implementing partners to address food insecurity.

LEVELS AND PERSISTENCE

Food insecurity spiked in 2023 and remained elevated relative to prepandemic baselines. Key findings for the years in which Statistics South Africa collected the Food Insecurity Experience Scale data are as follows:

- **In 2019:** The number of food insecure people in South Africa were approximately 24% of households, amounting to approximately 14.25 million people. The number of severely food insecure people were 5.2 million.
- **In 2022:** The number of food insecure people increased to 14.85 million people. The number of severely food insecure people increased to 6.2 million people.
- **In 2023:** The number of food insecure people increased to 17.8 million people. The number of severely food insecure people increased to 8 million people.

MOST AFFECTED HOUSEHOLDS

Households with children, youth-headed households, and those reliant on unstable or informal employment experienced higher severity and volatility of food insecurity.

GEOGRAPHIC HOTSPOTS

Elevated levels of food insecurity were concentrated in parts of the Eastern Cape Province, Limpopo Province, North West Province, and low-income urban settlements, with significant variation within municipalities.

KEY DRIVERS

Employment shocks and rising food prices were the strongest predictors of transitions into severe food insecurity. While cash transfers provided meaningful protection, they were insufficient to fully offset rapid food price increases.

THE PREVALENCE OF HOUSEHOLD FOOD INSECURITY

Table 3 shows the percentage of affirmative responses to each of the eight items in the FIES for the 12-month and 30-day reference periods. These results are also compared to the food insecurity findings from the General Household Survey (GHS) 2023, which are based on the 12-month reference period.

TABLE 3: Percentage of affirmative responses to hunger questions

Item	SALDRU SURVEY 2025		GHS 2023
	12-month reference period	30-day reference period	12-month reference period
Worried	69.9%	81.7%	23.7%
Healthy	47.3%	82.4%	23.4%
Few foods	56.3%	80.1%	23.6%
Skipped	43.7%	78.8%	16.7%
Ate less	58.7%	73.9%	19.5%
Run out	35.0%	77.9%	17.9%
Hungry	24.7%	73.3%	13.4%
All day	9.9%	87.2%	9.4%

The results indicate that affirmative responses are very high in this sample; for the 12-month reference period, the most common concerns were 'worried' (69.9%) and reductions in diet quantity captured as 'ate less' (58.7%) and 'few foods' (56.3%).

For the 30-day reference period, all items show extremely high affirmative rates, with the lowest exceeding 70%. This result indicates pervasive acute food insecurity, with

at least seven in ten households experiencing food insecurity across all FIES items in the 30 days preceding the survey.

Relative to the estimates for the 12-month reference period from the GHS 2023, the prevalence of food insecurity among households is approximately 50 percentage points higher than the national average, which underscores the extreme vulnerability of this group.

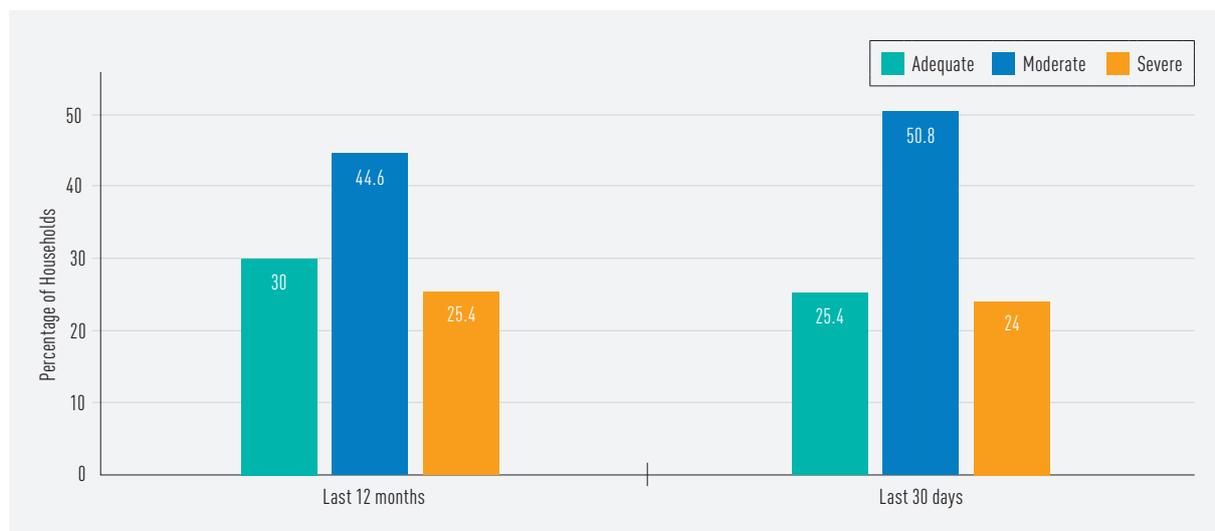


FIGURE 1: Severity of food insecurity among households

The results show that food insecurity is widespread and persistent among the sampled households. Using the 12-month reference period, 70% of households fall into either moderate (45%) or severe (25%) food insecurity, with only 30% reporting mild or adequate food access. When the shorter 30-day reference period is considered, the distribution shifts slightly: approximately 51 percent of households are moderately food insecure, while 24 percent report severe food insecurity and 25 percent are classified as mild or adequate.

These findings underscore two important dynamics. First, the burden of food insecurity is consistently high across both reference periods and highlights the extreme vulnerability of households reliant on donation-based food aid. Second, the relative stability of the estimates between the

12-month and 30-day measures indicates that food insecurity is not merely a short-term shock but a persistent structural condition for most households, with limited evidence of substantial fluctuation or relief over time.

The results highlight that food insecurity among this population is not episodic but chronic, with large shares of households unable to meet basic food needs even with access to external assistance. To place these findings in context, it is useful to compare the experiences of food aid households with national-level estimates from the GHS.

While the GHS provides a representative picture of food insecurity across South Africa, the food aid survey highlights the conditions of those at the most vulnerable end of the spectrum.

PART 3

HUNGER CRISIS EMERGING



Food is fundamental to human survival, dignity, and development. A threat to food security is a direct threat to life, health, and well-being. The concept of food security extends beyond the simple availability of food; it encompasses the stability, accessibility, and adequacy of nutrition required for individuals and households to live active and healthy lives. The Food and Agriculture Organization (FAO) defines food security as a situation in which “all people, at all times, have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life” (FAO, 2001).

Food insecurity isn't just about hunger – it's about uncertainty. It stretches from anxiety over future meals to actual days without eating. This spectrum of experiences makes accurate measurement crucial. While progress had been made in reducing hunger in the early 2000s, recent years

have seen reversals due to the combined effects of conflict, climate change, economic downturns, and global health crises. Rising food prices and disruptions in global supply chains have further undermined access to food for vulnerable populations (Headey & Ruel, 2020; Laborde et al., 2021).

South Africa faces a deepening hunger crisis, with millions of households unable to consistently access enough nutritious food despite the country producing sufficient food overall. Rising food prices, unemployment, and inequality are forcing families to skip meals, compromise on nutrition, and adopt harmful coping strategies just to survive.

Intra-household allocation patterns can reveal whether some members, such as children, women, or the elderly, bear a disproportionate share of food shortages, and whether coping strategies involve rationing across age or gender lines.

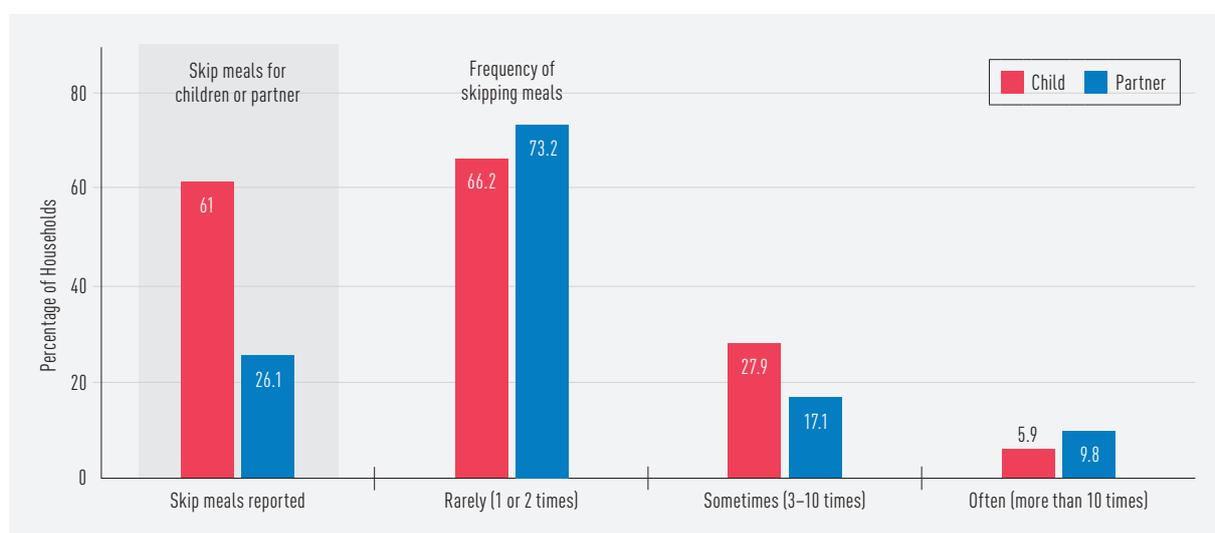


FIGURE 2: Distribution of food within households

Figure 2 shows that food insecurity within households is not experienced uniformly. Adults across many households report skipping meals so that children or other household members (partners) can eat, indicating that food rationing is a common coping strategy.

Thus, adults across households use self-sacrifice as a protective buffer for more vulnerable members, particularly children. However, the high percentage of affirmative responses for child hunger signals that protective strategies are often insufficient under severe deprivation.

These patterns point to the difficult trade-offs households face when allocating scarce food resources, and they show that intra-household disparities can amplify the impact of food insecurity. The findings underscore the need for targeted policies that address not only household-level access to food but also the distributional dynamics that shape who within the household eats, how much, and how often.

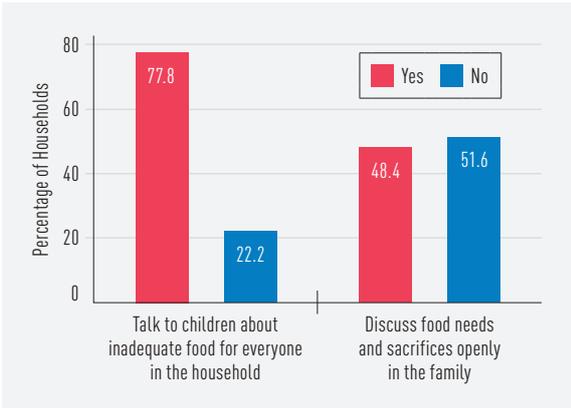


FIGURE 3: Discussion of food insecurity within households

Figure 3 highlights how households communicate and cope with food insecurity. A large majority of households (77.8%) report talking to children about the inadequacy of food, which suggests that children are directly engaged in the reality of scarcity. Just over half of households (51.6%) also discuss food needs and concerns openly within the family, while 48.4% do not. These findings indicate that food insecurity is not only a material challenge but also an emotional and relational one, shaping household dialogue and children’s awareness of hardship.

The implication is that children in these households are not shielded from food-related stress, but are instead drawn into coping strategies, which may have psycho-social as well as nutritional consequences. Interventions targeting food-insecure households should therefore consider both the nutritional and psychological dimensions of scarcity, including support for children who face the dual burden of hunger and stress.

SOME CONCERNING TRENDS STARTING TO EMERGE

- 

Hunger Rate Increases Between 2019–2023
In just four years, South Africa’s severe hunger rate jumped from 6.4% to 8.0% – that’s over one million more people going days without food.
- 

Female-Headed Households
One in ten female-headed households (10.2%) are now severely food insecure – double the rate of male-headed households (5.1%).
- 

Eastern Cape
The epicentre of the crisis: 12.3% of households face severe food insecurity – triple the rate in the Western Cape (4.1%).
- 

Black African Households
9.5% are severely food insecure – compared to just 0.9% of white households.
- 

Western Cape’s Quiet Crisis
Though often seen as ‘better off’, moderate food insecurity in the province rose from 10.6% to 13.1%.
- 

National Trend
Overall, the percentage of moderately food insecure households jumped from 14.9% to 17.2%, while severe cases rose from 6.4% to 8.0%.

Source: Table 4, SALDRU-FFSA Report (October 2025), based on NIDS-CRAM & Stats SA.

PART 4

DEGREES OF DESPERATION



Not all hunger looks the same. Among households already facing food insecurity, some are coping, while others are in crisis. Food insecurity exists on a continuum of severity, and that severity determines what kinds of support are needed, and how urgently.

PSYCHO-SOCIAL IMPACTS OF FOOD INSECURITY

In this section we provide a detailed analysis of the thematic categorisation applied to eight open-ended variables from the food insecurity survey that evaluate the psycho-social impacts of food insecurity. For each variable, we summarise the distribution of responses across themes, highlight the most prevalent categories, and discuss plausible interpretations. We reproduce the tables in the exact order presented in the source report, retaining the reported sample size (N =796) and category frequencies/percentages. Missing/blank responses are treated as an explicit category where applicable, consistent with the source.

FEELINGS WHEN SKIPPING MEALS FOR CHILDREN

Most respondents did not provide an interpretable free-text response (“missing/blank” about 72%). Among coded responses, sadness/grief dominates (about 12%), with a notable tail in other/unspecified (about 12%). Smaller but meaningful shares indicate resigned/accepting and sacrifice/pride; acute stress/anxiety and physical symptoms are rare. Overall, emotional burden is the salient theme among those who answered.

TABLE 4: Feelings when skipping for children (N=796)

CATEGORY	N	%
Missing/blank	574	72.1
Sadness/grief	96	12.1
Other/unspecified	94	11.8
Resigned/accepting	14	1.8
Sacrifice/pride	12	1.5
Stress/anxiety	4	0.5
Hope/faith	1	0.1
Physical symptoms	1	0.1

FEELINGS WHEN SKIPPING MEALS FOR PARTNER

Non-response is even more pronounced here (“missing/blank” about 95%), suggesting either low salience of the question or hesitation to articulate partner-related trade-offs. Among the small set of responses, other/unspecified and sadness/grief are the most frequent, with traces of sacrifice/pride, resigned/accepting, physical symptoms, and stress/anxiety.

TABLE 5: Feelings when skipping for partner (N=796)

CATEGORY	N	%
Missing/blank	755	94.8
Other/unspecified	17	2.1
Sadness/grief	14	1.8
Sacrifice/pride	4	0.5
Resigned/accepting	3	0.4
Physical symptoms	2	0.3
Stress/anxiety	1	0.1



CHILDREN'S REACTIONS

Among valid responses, children are most often described as understanding/supportive (about 11%) or sad/crying (about 7%), with smaller shares for complain/ask for food and angry/frustrated. This pattern suggests considerable empathy from children but also visible emotional distress.

TABLE 6: Children's reactions (N=796)

CATEGORY	N	%
Missing/blank	574	72.1
Understanding/supportive	90	11.3
Sad/crying	59	7.4
Other/unspecified	50	6.3
Complain/ask for food	15	1.9
Angry/frustrated	7	0.9
Not applicable/no children	1	0.1

THE CONTINUUM: FROM ANXIETY TO EMPTY PLATES

Household food insecurity typically moves through stages:

1. Worry about running out of food
2. Cutting portions or compromising on diet

3. Skipping meals
4. Going a whole day without eating

The research found that even among vulnerable groups already classified as food insecure, a significant number experienced severe episodes, including entire days with no food. This is often hidden from public view – but it is real and rising sharply.

WHO ARE MOST AFFECTED



Households with unstable or no income



High dependency ratios (many children or elderly)



Caregivers dealing with chronic illness or disability



Families who live far from affordable food retailers

A recurring pattern: adults skipping meals so children can eat. This coping mechanism is a critical early warning flag.

PART 5

COPING MECHANISMS

How households adapt to hunger and why some strategies do more harm than good



Household coping strategies escalated in a clear sequence, beginning with portion reduction and meal stretching, followed by meal skipping, substitution toward cheaper staples, reliance on borrowing, store credit, and high-cost debt, asset sales, and ultimately the postponement or abandonment of necessary medication.

Food insecurity peaked predictably during grant-payment troughs and seasonal employment gaps. While food donations helped buffer acute hunger, their effectiveness was limited by irregular timing, insufficient quantities, poor predictability, and the transport, time, and queuing costs borne by recipients.

Severe psychosocial strain was evident, with sadness and grief commonly reported in open-ended responses. Food scarcity was frequently discussed with children, and adults often reduced or skipped meals to protect children’s intake; nevertheless, child hunger remained widespread.

STRATEGIES TO MANAGE SCARCITY

Compared to the feelings/reactions items, this question elicits more substantive content: the largest category is other/unspecified (reflecting heterogeneous tactics), followed by meal planning/bulk cooking (about 17%) and cheaper foods/staples (about 10%). A substantial minority reports skipping/reducing portions/meals (about 9%). Productive/self-provisioning responses (gardening/own production) and social strategies (ask family/neighbours, food support/NGO, borrow/credit, work/side jobs, stokvel/savings) appear at low frequencies, but collectively demonstrate a diversified coping portfolio.

TABLE 7: Strategies to manage scarcity (N=796)

CATEGORY	N	%
Other/unspecified	458	57.6
Meal planning/bulk cooking	131	16.5
Cheaper foods/staples	82	10.3
Skip/reduce portions/meals	73	9.2
Gardening/own production	13	1.6
Ask family/neighbours	10	1.3
Food support/NGO	10	1.3
Borrow/credit/store account	9	1.1
Work/side jobs	9	1.1
Stokvel/savings	1	0.1

HOW DISCUSSIONS SHAPE MEAL PLANNING

Among those who responded, a broad other/unspecified cluster dominates (about 34%), while specific planning actions include portion control/schedule, cheaper menus, and cook once/use leftovers. This suggests many households translate discussions into rationing and cost-conscious planning, but with varied detail.

TABLE 8: How discussions shape meal planning (N=796)

CATEGORY	N	%
Missing/blank	421	52.9
Other/unspecified	273	34.3
Portion control/schedule	68	8.5
Cheaper menus	25	3.1
Cook once/use leftovers	9	1.1



ACTIONS TAKEN TO RAISE MONEY

Two large modes emerge: (1) none/no action (about 40%) and (2) other/unspecified (about 41%). The primary actionable strategy is piece jobs/extra work (about 12%). Institutional and social support routes (social grants, food support/NGO, ask family/friends, borrow/loans/credit) are present but individually small. This mixture indicates constraints to income generation with reliance on ad hoc opportunities.

TABLE 9: Actions taken to raise money (N=796)

CATEGORY	N	%
None/no action	319	40.1
Other/unspecified	325	40.8
Piece jobs/extra work	98	12.3
Social grants	31	3.9
Food support/NGO	10	1.3
Ask family/friends	6	0.8
Borrow/loans/credit	4	0.5
Reduced spending	3	0.4

FOODFORWARD SA/PARTNER SUPPORT FREQUENCY

Most households report receiving FoodForward SA's Beneficiary Organisations support or other donors sometimes (3–10 times in the last month; about 50%) or rarely (1–2 times; about 22%). A fifth are coded other/unspecified. Only a small share reports none or often (10 times). This distribution suggests intermittent but meaningful reliance on formal food support channels.

TABLE 10: FoodForward/partner support frequency (N=796)

CATEGORY	N	%
Sometimes (3–10 times)	394	49.5
Rarely (1–2 times)	176	22.1
Other/unspecified	169	21.2
None	46	5.8
Often (>10 times)	11	1.4

THEMES AND SUBTHEMES

The table below presents the themes and illustrative evidence synthesised from the moderator/meeting notes. Quotes are paraphrased from notes.

THEME	ILLUSTRATIVE EVIDENCE (PARAPHRASED FROM NOTES)
Severity spectrum (escalating coping)	Households report moving from meal stretching and portion reduction to meal skipping, switching to cheaper staples, relying on neighbours or store credit, taking on high-cost debt, selling household items, and ultimately foregoing medication.
Temporal patterns (grant cycles, seasonal work)	Food shortages peak before grant payouts and during gaps in seasonal employment.
Gendered burdens (care and sacrifice)	Women often reduce intake first and carry the emotional labour of managing scarcity; safety concerns when accessing distributions.
Health trade-offs (food vs. medicine)	Participants describe choosing food over medication, exacerbating chronic conditions.
Donations: buffer with constraints	Donations reduce acute hunger but are limited by timing predictability, quantities, cultural fit, and transport/queue costs.
Community networks (neighbours, faith groups)	Informal support fills gaps but is thin and quickly exhausted during widespread need.

SURVIVAL ISN'T ALWAYS SAFE

When food insecurity strikes, households respond not by choice, but by necessity. The research reveals a stark reality: as hunger deepens, so too do the risks families are forced to take. What begins with cutting back and stretching meals quickly escalates into skipping meals altogether, selling off vital assets, and taking on debt simply to survive.

Understanding this progression is critical. It allows us to design support that meets households where they are, and to intervene early enough to prevent short-term coping strategies from becoming long-term, irreversible harm.

THE SIX STAGES OF COPING

- 1. Dietary adjustment:** Buying cheaper food, reducing variety, cutting portions
- 2. Intra-household rationing:** Adults skip meals so children can eat
- 3. Temporal strategies:** Skipping meals entirely or delaying food until grant/payday
- 4. Asset responses:** Selling small assets, borrowing money, buying food on credit
- 5. Debt and distress:** Rolling over high-interest loans, skipping medication to afford food
- 6. Social strategies:** Asking neighbours, churches, and community kitchens for help

Most households do not rely on a single coping strategy. Instead, they layer multiple strategies, escalating them as pressures mount, from food price shocks to sudden income loss.

PART 6

RECOMMENDATIONS



The evidence in this research underscores that food insecurity in South Africa is not a temporary crisis but a chronic condition affecting millions of households. The severity of food insecurity across South Africa necessitates actions that significantly turns the tide on food and nutrition insecurity now and for the future. Below are some recommendations worth considering.

PRACTICAL POLICY AND PROGRAMME RECOMMENDATIONS



Expand national food and nutrition security programmes, explicitly integrating the safe recovery and redistribution of edible surplus food as a core pillar to reduce food waste and increase coverage.



Scale up food vouchers and social grant top-ups, with price guarantees or negotiated bulk pricing on a basket of nutritious staple foods to protect purchasing power against food price volatility.



Strengthen community kitchens by providing coordinated food, financial, and technical support, including access to bulk buying arrangements, basic equipment, and guidance on nutritious, culturally appropriate menus.



Pilot mid-month micro-payments for grant-dependent households to bridge income shortfalls between payment cycles, reduce consumption smoothing shocks, and limit reliance on debt.



Lower transport-related access barriers by testing last-mile delivery models and establishing decentralised, community-based food collection and distribution points.



Expand school and Early Childhood Development (ECD) feeding schemes, including coverage during school holidays, exam periods, and other gaps when feeding programmes are suspended.



Integrate food security and nutrition support into primary healthcare services, particularly at clinics serving pregnant women, young children, and patients with chronic conditions requiring regular medication.



Partner with registered debt counsellors and financial service providers to reduce exposure to predatory lending practices linked to food purchases and promote safer financial coping mechanisms.



Subsidise cold-chain infrastructure and fresh-produce market days at transport hubs and informal markets to improve the availability, affordability, and quality of perishable foods.



Use simple, experience-based vulnerability indicators – such as recent meal skipping, adult rationing, or going a whole day without eating – to rapidly prioritise households most in need of support.



Strengthen monitoring and accountability by routinely collecting and reporting food security data disaggregated by gender, disability status, age, and household composition, to ensure equitable targeting.

CONCLUSION

This research provides a descriptive examination of the severity of food insecurity among food-insecure households in South Africa using data from a pilot survey conducted in 2025. By applying the Food Insecurity Experience Scale (FIES) in line with FAO guidelines, the analysis reveals not only the widespread prevalence of food insecurity among food aid-dependent households, but also its pronounced severity and uneven distribution across population groups and geographic locations.

The findings demonstrate that nearly seven in ten households (70%) experience moderate or severe food insecurity over a 12-month period – levels that substantially exceed national averages and reflect entrenched structural vulnerability.

Children bear a disproportionate burden of this deprivation, with higher rates of severe food insecurity than the household average, underscoring the limitations of intra-household coping strategies. While adults commonly sacrifice their own consumption to protect children, such measures prove insufficient in contexts of chronic scarcity, illustrating both the resilience and the fragility of affected households.

Household attributes further shape exposure to severe food insecurity. Larger households and those without any employed members are especially vulnerable, reflecting the interplay between demographic pressure and labour market exclusion. Social grants provide partial protection, reducing the likelihood of the most extreme outcomes, yet

they are insufficient to prevent widespread hunger among grant-dependent households, confirming the limited reach of current social protection in the face of rising needs.

Marked provincial disparities reinforce the spatial dimensions of food insecurity. While the Western Cape records comparatively lower levels of severe deprivation, provinces such as the Eastern Cape and Northern Cape experience acute and pervasive food insecurity. Other populous provinces, including KwaZulu-Natal, Gauteng, and Mpumalanga, exhibit persistently high levels of moderate food insecurity, indicating that even where extreme deprivation is less prevalent, food access remains fragile for many households.

Overall, the results highlight the critical yet constrained role of social protection, alongside enduring structural, economic, and regional inequalities. Reducing the depth and persistence of food insecurity among food aid-reliant households will require an integrated policy response that goes beyond emergency food provision. This includes strengthening and expanding social assistance, improving access to stable and dignified livelihood opportunities, and geographically targeting interventions to provinces and household types facing chronic deprivation. As a pilot study, this research also underscores the value of continued, scaled-up data collection among highly vulnerable populations to inform more responsive and equitable food security policies in South Africa.

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TEL: 021 531 5670

ADDRESS: 21 Polaris Road, Lansdowne, Cape Town

EMAIL: info@foodforwardsa.org

WEBSITE: www.foodforwardsa.org

