



















Article

Addressing Food Insecurity Through Community Kitchens During the COVID-19 Pandemic: A Case Study from the Eastern Cape, South Africa

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Abstract: One of the most critical impacts of the COVID-19 pandemic was on food security. Food insecurity increased in many communities, with some showing signs of resilience through autonomously creating community kitchens that enhanced food security and built support networks. These initiatives filled gaps left by government programmes and provided a critical lifeline for vulnerable communities during the pandemic, fostering community solidarity. This paper aims to investigate the experiences and perceptions of community kitchen managers in addressing food insecurity during the COVID-19 pandemic by using a town in South Africa in 2020–2022 as a case study. Using arts-based participatory approaches, researchers interviewed 11 community kitchen managers

representing 10 community kitchens in four sessions between June and November 2021. The results showed that a lack of jobs and food insecurity were identified as the main threats, whereas COVID-19 was not even identified as a threat by all of the community kitchen managers. Lacking support from the local government, these initiatives depended on individuals and community-based organisations for backing. However, this support decreased in 2021 and 2022, raising concerns about the sustainability of these efforts.

Keywords: engaged research; community kitchens; food security; home gardens; community resilience; COVID-19

1. Introduction

COVID-19 was declared a pandemic on 11 March 2020. To reduce transmission of the virus, governments across the globe responded by closing borders, restricting citizens' movements and directing resources to managing the crisis. These actions directly impacted global efforts towards achieving the Sustainable Development Goals [1,2]. COVID-19 impacted the world as a whole, but it has exacerbated existing inequalities, particularly in marginalised communities [3–5]. The higher COVID-19 case numbers in these communities reflect poorer social and cultural determinants of health [6] and are linked to the legacies of colonisation [7,8].

The pandemic's repercussions extended beyond a public health emergency, encompassing a political and socio-economic crisis [9]. The COVID-19 pandemic tested food systems both globally and locally [10,11]. The global food insecurity crisis resulting from COVID-19 was primarily caused not by a shortage of food but rather by disruptions in supply chains and trade activities [12,13], labour shortages due to lockdown as well as loss of income. These disruptions affected food supplies directly and indirectly in the short and medium term. Panic buying and lockdown restrictions resulted in immediate short-term food shortages [14], whereas the pandemic's indirect impacts, such as loss of employment, compounded medium- and long-term food supply issues [15]. While the pandemic is now over, its lasting effects on food systems and security continue to linger [16].

The COVID-19 pandemic impacted all four recognised pillars of food security: availability, access, utilisation, and stability. However, access was the pillar most severely affected during the pandemic [17]. Food access is the ability of individuals or communities to obtain sufficient nutritious and culturally appropriate food through both traditional and non-traditional food sources [18–20]. This concept encompasses not just the physical availability of food but also the affordability, convenience, and socio-cultural acceptability of food. In this study, food access refers to people's ability to afford food, as well as to the ability of feeding initiatives to provide food to an increasing number of individuals affected economically by the pandemic. Food prices significantly increased in the country, making it difficult for most families to afford basic needs and reducing access to healthy diets. As access to food gained centre stage in efforts to address food insecurity, it became clear that at a government level, programmes to alleviate food insecurity, such as cash transfers, were crucial [9,17]. At the local level, a focus on community resilience can be a useful analytical framework to prepare communities for disturbances that affect their food security [12], particularly in countries with no or limited government responses to address food insecurity.

Resilience, initially understood as the capacity to continue to exist by changing [21,22], highlights the crucial role of expecting change [23]. Thus, resilience refers to the shocks and disturbances a system can withstand before moving into a different state [21,24]. Adaptive capacity is key to resilience, being a capability the system requires to be resilient. As

systems evolve, learning leads to changes in how resources are managed and used [21]. Community resilience, here understood as “existence, development and engagement of community resources by community members to thrive in an environment characterized by change, uncertainty, unpredictability and surprise” [25] (p. 410), can be built through the promotion and engagement of the ability to thrive in a changing environment [26,27]. Despite its appeal and widespread use, there is limited evidence on how to promote and achieve community resilience [28]. The prominent role of diverse actors in the governance of food security lends itself to a governance networks approach. Governance networks are the broad set of actors, from government officials and non-governmental organisations to the private sector—that are active in the management of a specific issue in a specific area [29,30]. The more diverse the actors are, the more resilient the outcomes can be [30].

Communities can increase their resilience to shocks and stressors that affect food security through collaboration and working together to address events that affect their food security [31,32]. One way to collaborate is through co-production, here defined as “the process through which inputs used to provide a good or service are contributed by individuals who are not ‘in’ the same organization” [33] (p. 1073). Although co-production can refer to the involvement of citizens and government in offering a service for their community [34,35], it can also refer to citizens and community groups who know the local context and can provide a service that reflects community needs [36,37].

This type of collaboration promotes community empowerment and relieves pressure from overwhelmed or inefficient public services; thus, it can play a key role during pandemics [35,38]. The process of co-production involves the organisation of both resources and spaces that can be derived from either government or non-government stakeholders [32], while the collaboration process promotes discussions about spatial development [39]. In a pandemic, community collaboration and co-production can be particularly valuable, addressing food insecurity through collective action and reducing dependency on strained public systems.

One co-production approach that includes community leadership to respond to food insecurity is the set-up of community kitchens [40]. Community kitchens are spaces that produce and distribute meals to community members, usually for free [41]. These spaces address hunger through activities within a community, thus addressing food insecurity [42,43]. Community kitchens can be organised by a local organisation or individually run [40,44], where the latter are usually neighbourhood-based. Community kitchens that are neighbourhood-based provide spaces for community members to build relationships with people from their neighbourhood that help them meet their daily needs and revive a strong tradition of self-organised crisis response. Neighbourhood-based community kitchens tend to be more responsive than organisation-based community kitchens as they know the local needs and can be set up quicker, without a lengthy administrative process [45].

Community kitchens’ contributions go beyond addressing food security, with spillover effects reaching other areas of life, from supporting vulnerable people’s diets and nutrition to contributing to positive family health outcomes [46]. The power of community kitchens extends beyond food preparation to spaces of leadership skill learning, of fostering social connections, and of facilitating various health-promoting initiatives [47,48]. These initiatives create spaces for exchange and human connection [49]; thus, impacting the social lives of those who are receiving the food and those who are making it. The multidimensional benefits of community kitchens can contribute to urban sustainability by addressing health, economic and social challenges. With nutritious food, resource optimisation and social cohesion promotion, these initiatives have a role to play in urban food systems.

Although the benefits of these initiatives are a consensus, their sustainability is not guaranteed. Continued funding is needed to keep community kitchens operational and this is even more urgent in crisis situations, such as health emergencies or conflict scenarios. In these situations, the private sector [50] and communities [51] step in to cater to the demand unfulfilled by government.

This article investigates the experiences and perceptions of community kitchen managers in addressing food insecurity during the COVID-19 pandemic in 2020–2022 by focusing on Makhanda, a town in the Eastern Cape, South Africa. Theoretically, this research is grounded in engaged research principles, which emphasise collaboration between researchers and community members to address local challenges [52]. The guiding questions were the following. How much access to resources did the community kitchen managers have? What were the main challenges faced by these managers? And how satisfied were they with their activities and personal lives during the pandemic?

South African Context

South Africa has high levels of poverty, unemployment and inequality and, for this reason, food security remains a challenge [53,54]. Numerous studies have shown that there is a correlation between food security, unemployment, poverty and inequality [54,55]. Studies on the correlation between poverty and food security in South Africa have reported that the unyielding level of poverty is a result of former policies of the apartheid regime that enforced racial inequality, segregation, unequal distribution of resources amongst races and unsustainable settlement patterns. In addition, South Africa presents a food system paradox: although the country has a robust set of food policies, implementation is weak, which leads to poor outcomes [56].

According to Statistics South Africa, the South African Multidimensional Poverty Index (SAMPI)—a four-dimension-based measure of poverty: health (nutrition and child mortality), education (years of schooling and school attendance), living standards (fuel for cooking, lighting and heating sanitation, water, type of dwelling, and assets), and economic activity (adult unemployment)—declined between 2001 and 2016 [57–59]. Although the national landscape is heterogeneous, with improvements and deteriorations in certain provinces, the Eastern Cape was the least developed in terms of formal housing, employment and household goods before the pandemic [60]. The COVID-19 pandemic exacerbated these pre-existing conditions and has severely increased community vulnerability [54,61].

South African food policy focuses on food production, with the Agriculture Ministry leading the agenda and the Economic and Finance and Trade Ministries joining in [56,62]. In this approach, other ministries, such as health or social development, remain secondary. Despite this comprehensive institutional framework and national policy for addressing food-security-related issues, the country continues to face the significant challenges of undernutrition and overnutrition [63]. This highlights the disparities in access to both quantity and quality of food, mirroring broader societal and structural inequalities.

The pandemic also impacted physical access to food, with movement restrictions impacting not only people but also food supply [64]. In South Africa, the measures implemented to prevent the spread of the disease favoured big chain supermarkets, shutting down and criminalising informal vendors [65]. For example, in Makhanda, community members used to sell their home-grown products on the streets. During part of the lockdown period, these vendors were not allowed to sell their products.

South Africa's climate hazards and development status, directly and indirectly, impact communities' vulnerability and their capacity to overcome challenges imposed by COVID-19 pandemic, including droughts and poor health infrastructure. Droughts are considered the most impactful natural hazard in South Africa due to their socio-economic

repercussions [66,67] and this is most evident in the Eastern Cape, a province that suffered from drought from 2015 [68] until 2023. The conditions became so severe, with farmers losing crops and livestock and people going weeks without running water, that on 29 October 2019, the Province Premier declared a state of disaster [69]. The province was thus fighting two disasters during 2020–2022: the drought and COVID-19. The common water shortages brought about by the drought affected people’s abilities to adhere to one of the key preventive COVID-19 measures: regular hand washing. The drought also affected people’s job security in the agricultural sector and their ability to maintain home gardens, which impacted people’s food security [8,66,67].

2. Materials and Methods

2.1. Case Study

The Eastern Cape, one of the least developed and predominantly rural provinces in South Africa, is characterised by poor infrastructure and limited access to public services [68,70], making its population more vulnerable to disasters. The province had 27.9% of its households involved in agriculture in 2016 [70], indicating its central role in the province’s food production. More than 20 years after democratic elections, South Africa still faces challenges that go beyond poor infrastructure and extend to unemployment, education, particularly for Black learners, and access to the public health system [70]. These are more prominent in the Eastern Cape, where 12.7% of households were multidimensionally poor and 72.9% of the headcount in 2015 were living below the upper-bound poverty line [54,70]. Thus, the ongoing climate disaster, together with the infrastructure and development challenges in the Eastern Cape, increases vulnerability and hampers communities’ resilience. These challenges are at the forefront of people’s livelihoods and took priority over COVID-19, although the province had many municipalities that were COVID-19 hotspots during the second (November 2020–January 2021) and the third waves of the pandemic (May 2021–September 2021).

This case study focuses on a small town in the Eastern Cape, South Africa, known as Makhanda, formerly Grahamstown, as seen in Figure 1. With a population of over 67,000 people and more than 18,000 households in 2011, 51.9% had piped water inside the dwelling and 13.2% had no income [71]. In the 2011 census, 78.9% of the population identified as Black African, 13.7% as coloured and 10.8% as white. IsiXhosa is the language of 66.5% of the local population [71].

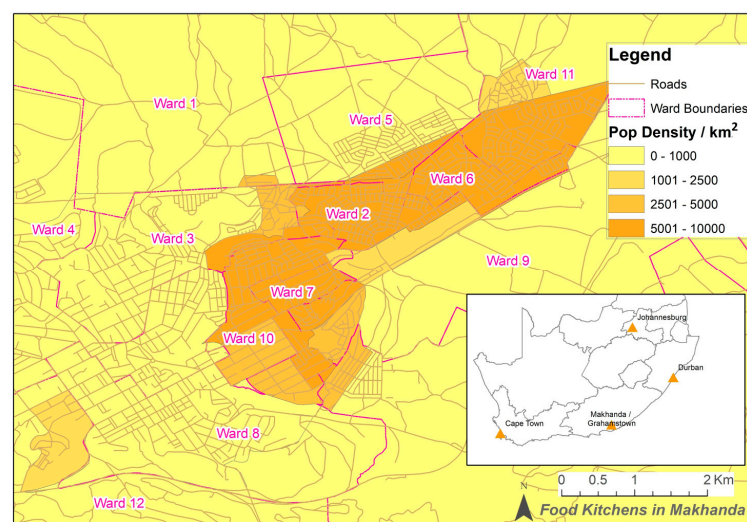


Figure 1. Map of Makhanda and its different wards. Wards are geopolitical subdivisions of municipalities

used for electoral purposes and are each assigned a government official/ward councillor who will work with the community members residing in that ward. These are low-income wards, either formal, informal or mixed. Wards 13 and 14 are on the outskirts of the town, with low population density.

The local governing body of the town is called Makana Municipality and Makhanda town is divided into 14 subsections/wards, as seen in Figure 1.

2.2. Selection Process

One of the researchers in the team was part of a local food security group and had access to a database that listed all the community kitchens in Makhanda, an identified total of 30. The researcher asked permission from all the members of the local food security group to contact community kitchen managers for the research project. This database had the contact details of the community kitchen managers and their addresses. From the list, the researchers chose participants based on their availability to attend a focus group discussion one afternoon. The researchers analysed the community kitchen schedule and selected days that most managers would not be running a community kitchen and would potentially be available. The researchers arranged four different afternoon focus groups with the managers, with the aim of engaging them about food security in Makhanda during the pandemic. All of the focus groups, with a total of 11 participants, were conducted between 22 June and 6 October in 2021. In total, 10 community kitchens were represented, all geographically spread across Makhanda East. Other participants expressed their interest but were unable to join one of the sessions. Ethical clearance was applied for and granted by the Rhodes University Ethics Standard Committee (reference number 2021-4878-5938). Figure 2 illustrates the steps taken during this research project.

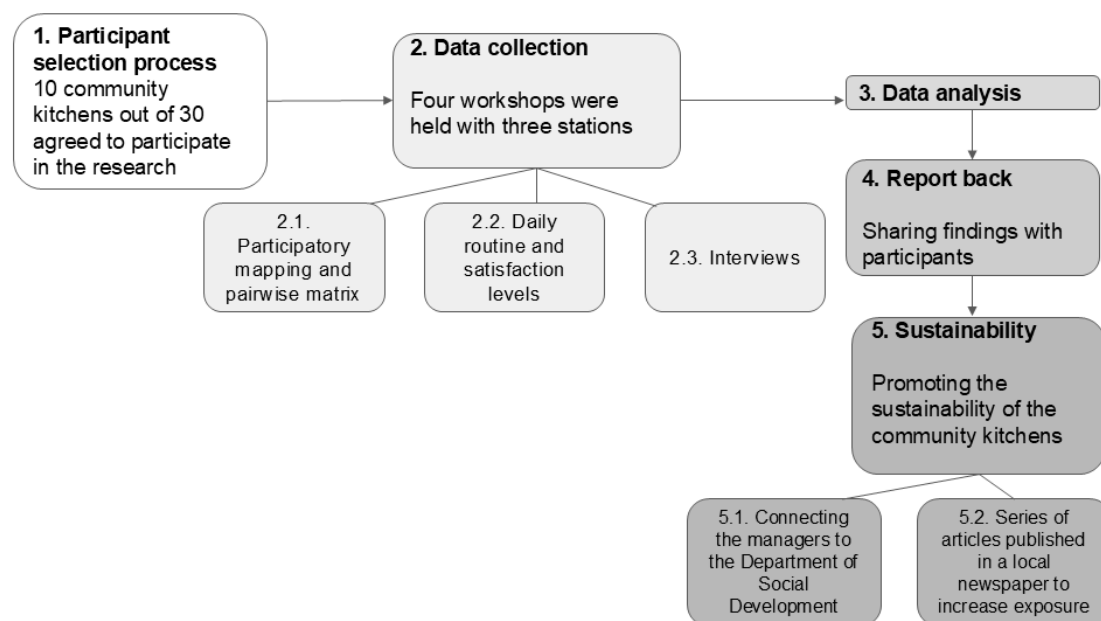


Figure 2. A diagrammatic representation of the methodology. These are the five main stages that were followed in this engaged research case study, and the detailed procedure followed in each step is listed below.

2.3. Data Collection

Initially, community kitchens were contacted telephonically and told the aim of the project. Once the community kitchen managers showed interest in taking part in the research, they were asked which days were convenient to have the workshops. Out of the four workshops, one was held at a community centre in Makhanda East and the other three

were held at the Rhodes University campus. We had three workshops with four participants and one workshop with three participants (due to time constraints, data collection with one group of four participants was performed over two workshops). Transport and refreshments were provided. As participants arrived, the researchers went through the consent forms with them, available in English and IsiXhosa, allowing time for questions and comments. These forms were made available in English because this is the medium of instruction in South Africa and in IsiXhosa because in the Eastern Cape it is the Indigenous language and some of our participants were from the Xhosa community. After participants signed the consent form, the researchers started the workshop using the methods mentioned in the sections below, as depicted in Figure 2. Three stations were set out: one for the participatory mapping and the pairwise matrix; one for the daily routine and satisfaction levels; and one for the interviews. The participants rotated between the stations throughout the session, which lasted between 90 and 180 min. This article mainly focuses on the results of two stations: the participatory mapping and pairwise matrix, and the daily routine and satisfaction levels.

2.3.1. Community-Based Mapping

Participatory mapping engages local communities and Indigenous peoples' knowledge through participatory processes, producing maps that geographically represent this knowledge [72]. The community maps enabled the managers to explore the spatial dimensions impacting the community kitchens by depicting the habitation patterns, nature of housing and social infrastructure, including roads, schools, health facilities and drinking-water facilities [73].

Focus group discussions were conducted to solicit information from the community kitchen managers and ask them guiding questions related to the geographical location of their community kitchen and the availability of infrastructure. The guiding questions included the following. Where is your house? Is that where you host your community kitchen service? Do you have a home garden and/or a community garden that you can use for resources for the community kitchen? Where do you buy the products you use for meals? Where do people that you serve food to come from? Where is the nearest health facility? Using colourful pens and paper, the community kitchen managers were asked to draw their community kitchen and the different resources found in that area, such as water tanks, home gardens, health facilities, food supply shops, and schools.. Although not to scale, the maps reveal what is believed to be relevant information about the habitation patterns [74]. During the mapping exercise, these managers also highlighted some of the challenges that they faced as a result of COVID-19. These challenges were documented for the pairwise matrix activity.

2.3.2. Pairwise Ranking Matrix

A pairwise ranking matrix is a relation method used for the depiction of comparative data, and it is used to draw conclusions on community preferences. It allows for each item on a list to be compared with each other item following a systematic approach [75] and to be ranked [76]. This method presents a visual comparison of the individual items identified by the community [77]. First, each participant listed all the challenges faced by themselves and the community since the start of the COVID-19 pandemic. Then, a table was created with each challenge written twice: in the first column and the first row of a table. The participants were then asked to consider each challenge/threat in relation to the other challenges/threats to determine which one the participant deemed most important [78]. Some comparisons were difficult and there was a discussion and engagement between the participant and the researchers about which challenge/threat was most significant. This

was repeated until all the challenges/threats were compared with each other. Once all the pairwise comparisons were performed, a count was taken of the number of times a particular challenge was selected over its comparison counterpart and the number of times it appeared in the matrix.

2.3.3. Arts-Based Approaches to Satisfaction Levels

This research also focused on engaging with the community kitchen managers individually to understand their satisfaction levels across five key areas from 2019 to 2021: health, family, finance/employment, food security, and access to services [79]. The year of 2019 was included for comparison between the satisfaction levels before the pandemic and during it. The key development areas identified in the municipal development priorities included food security, access to services, health and employment. The key area “Family” was added to get a better understanding of how these key areas identified by the municipality impacted and affected family life. To capture the satisfaction levels, we used arts-based inquiry or an arts-based approach. Arts-based inquiry integrates different methodologies from the arts with action-oriented and participatory inquiry [80]. We used art-based approaches to collect data from respondents rating their satisfaction level as either highly satisfied, satisfied, neither/nor, dissatisfied or highly dissatisfied. This part of the data collection allowed respondents to reflect on their lives and those of their families across the three years and rate their level of satisfaction and how it changed/or not over those times. The participants were given a paper indicating the three years horizontally and the 5 key focus areas vertically, allowing them to respond to the 5 key areas across the three years. To respond to this scale, participants were given colourful pens to draw a face next to each section to indicate their satisfaction: green—highly satisfied, light green—satisfied, orange—neutral, burnt orange—dissatisfied and red—highly dissatisfied. This allowed them to visually see how their lives, in the form of their satisfaction levels, have changed over the three years and exactly how the pandemic affected not just them but also their families and communities.

2.4. Limitations

The initial collection of the data happened during lockdown level 3 (26 July–12 September) in South Africa (lockdown levels from 1 to 5, with 5 being the stricter, where the lockdowns levels were defined by the government) and sessions had to be rescheduled due to constant changes in the lockdown regulations as they related to gatherings. Because of the demand for community kitchens, it was difficult to find time to suit the managers’ availability, which meant that data collection took longer than initially planned. We interviewed 10 out of the 30 existing community kitchens mapped out by civil society organisations working on food security. We acknowledge that there could be more community kitchens open that had not been identified. The satisfaction level methods and the pairwise ranking are subjective and should not be taken as a reflection of how the entire community feels.

3. Results

Nine out of the ten community kitchens engaged were set up in response to the COVID-19 pandemic, as these community members noticed that their neighbours were struggling financially due to loss of jobs in the hard lockdown. The community kitchens emerged as a response to a demand, but the individual motivation of the community kitchen managers was crucial to turn the motivation into a concrete initiative. This section will give an overview of the experiences of these community kitchen managers, from the geographic distribution of these kitchens in respect of the beneficiaries and resources to the challenges faced by these community kitchens during the pandemic.

3.1. Characteristics of Community Kitchen Managers

A total of 11 community kitchen managers were interviewed, representing 10 community kitchens in Makhanda. One community kitchen was managed by a couple. Out of the 11 people interviewed, 10 were women. Their ages ranged from 45 to 65 years old. All of the community kitchen managers were unemployed when they started their initiatives and they were not compensated. The community kitchens that were part of this research study were distributed across Makhanda, with nine of the kitchens being found in the eastern part of Makhanda and one kitchen being situated on the western side of the town. These community kitchens were mainly situated in the homes of the community kitchen managers, with two exceptions of kitchens being run in a church and a community hall. The community kitchens served one meal a day, lunch, up to three times a week. This was not fixed as it depended on donations by individuals or local organisations, such as churches or non-governmental organisations (NGOs), which could be either cash or food supplies. The type of food served varied depending on what food they could buy, what was on sale, and what food they received as donations. Examples of the food served include chicken stew, samp and beans, and vegetables stew. A list of community kitchen resources is included in Figure 3.

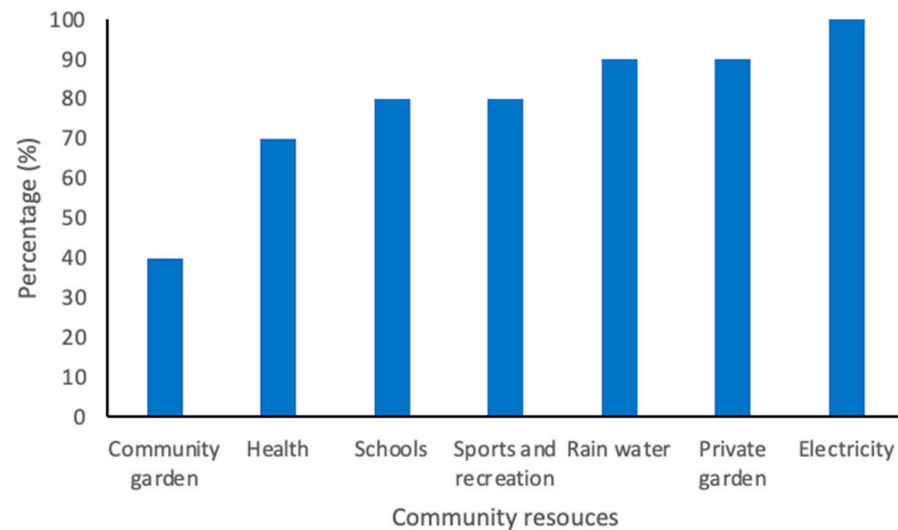


Figure 3. Distribution of the community kitchens by the availability of resources during the pandemic. The bar chart illustrates the percentage of community kitchens with access to various essential resources, such as food supplies, cooking equipment, and manpower, highlighting potential resource constraints faced during the pandemic period.

3.2. Mapping

Makhanda is situated in a water-scarce area, and as such, it experiences frequent droughts. The eastern part of town, where most of the community kitchen managers we interviewed and their beneficiaries are based, has had poorer water supplies and sanitation services than the rest of the town. This meant that in the middle of the pandemic, when everyone was expected to maintain basic hygiene practices like washing their hands, these communities could not follow these practices at times due to a lack of water. In addition, the community kitchens depended highly on the availability of water to provide food to the community.

All the community kitchen managers reported having access to electricity. To prepare the meals for the community kitchens, these managers would use gas stoves and gas canteens (fuel containers), which were provided by the non-profit organisation (NPO) the Grahamstown Residents' Association (GRA) to the community kitchens. When the gas

from the canteens ran out, the community kitchens used their electric stoves to cook. The use of their electric stoves consumed electricity that they bought with their own funds, and this would sometimes mean they struggled to purchase electricity for their own household consumption. Nine out of ten had access to rainwater tanks. Some community kitchens had limited access to community gardens (only 3 out of 10 had access) compared to the managers' privately-owned garden access (9 out of 10). The managers with access to community gardens would use the vegetables from the gardens for cooking the meals in the community kitchens. The managers with access to only privately owned gardens would use the vegetables to cook meals for the community and occasionally share some of these vegetables with community members. None of the community kitchens received government funding.

Several issues were identified during the community-based mapping. These included COVID-19 stigmas associated with spreading the COVID-19 virus while serving food or catching COVID-19 from other community members while being served. This meant that in some instances, community members would not go to the community kitchen for fear of catching COVID-19, although the managers were not sick. Other issues were no funding from the government and inadequate access to water and alternative power sources for cooking. During the workshops, the managers revealed that there was no funding from the government to supplement their access to food and financial resources for their community kitchens. They mostly depended on donations from NGOs, NPOs and individuals from the broader Makhanda community.

Providing meals to those with health conditions became a crucial role fulfilled by community kitchens. The managers highlighted that those on chronic medication for diabetes and high blood pressure, for example, depended on the community kitchens' services for food so that they could take their medication. It also emerged from the workshop that although there were health facilities within the area of the community kitchens, some of the community members would have to travel long distances to access these facilities. At these facilities, patients would have to wait long hours to be attended to by healthcare workers. This would result in the patients waiting on an empty stomach. These managers then decided to go to these health facilities to provide a meal to the chronic patients as they waited to be treated. Managers walked to the health facilities. The meals for chronic patients were additional meals prepared by two of these community kitchens. In these cases, the health facilities provided some of these community kitchen managers with a list of gardens where they could obtain vegetable supplies.

Using the different maps drawn by the community members, we were able to depict the geographic distribution of the community kitchens across Makhanda, as seen in Figure 4. This spatial/geographic distribution shows the approximate regions that each community kitchen benefits. However, in the discussions with the community kitchen managers, they mentioned that they do not only serve community members in their close proximity but normally also serve members from nearby communities. Figure 4 also emphasises the evident social-economic inequities in Makhanda through the distribution of community kitchens in the eastern part of the town, showing a greater need for these initiatives in this area. These socioeconomic imbalances can be linked to the legacy of apartheid with geographical segregation (see Figure 5a for examples of the maps drawn by community members).

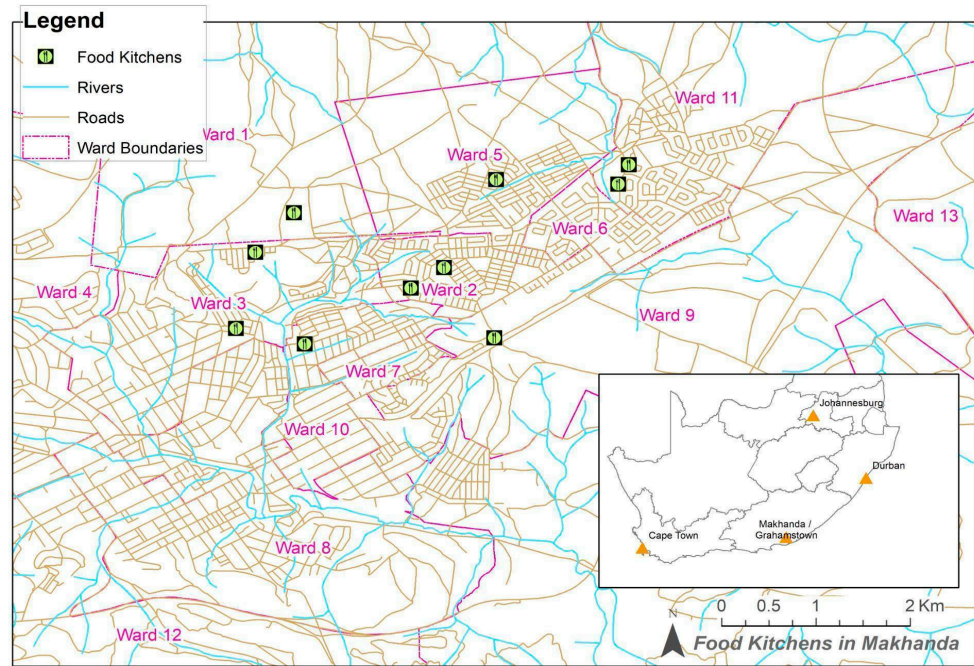


Figure 4. Spatial distribution of the community kitchens across Makhanda (Grahamstown). The map was derived from the community-based participatory maps prepared by the community kitchen managers. Represented on the map are 10 community kitchens out of a total of 30 identified ($n = 10$).



Figure 5. (a) An example of the community maps as envisioned by the community kitchen managers; and (b) the satisfaction levels from 2019 and 2021.

3.3. Pairwise Matrix Ranking

During the mapping exercise, the various challenges faced by the community kitchen managers in their daily lives were discussed and the managers ranked these challenges according to which ones they deemed more important. The results suggest that although COVID-19 was a challenge, the community faces more urgent and long-lasting threats.

Only three managers mentioned COVID-19 as a challenge and none of the community kitchen managers identified COVID-19 as the main challenge/threat.

Based on their opinions about the community as a whole, 9 out of 10 community kitchen managers identified loss or lack of jobs as a challenge. Water shortage and food insecurity (not having access to enough food every day) were mentioned by seven of the community kitchen managers, while access to health facilities was the third most important challenge, mentioned by six interviewees. This, together with the loss of income, emphasises the severity of the economic crisis that the town, as well as South Africa, was undergoing at the time. Table 1 summarises the two most important challenges/threats identified by the interviewees in the order they were interviewed. In some cases, two or more challenges/threats were tied as the most important or second most important challenge/threat. Other challenges/threats mentioned were access to health facilities, alcohol use, drug use, children using drugs, waste pollution, illness, crime, poor road conditions, lack of housing, and poor education.

Table 1. The two most important challenges/threats according to each community kitchen manager. The most important threat is represented on the table by the number 1 and the second most important threat by the number 2. Some managers perceived more than one challenge/threat was the most important or second most important.

Interviewee /Threat Rank	1st	2nd	3rd	4th	5th	6th	7th	8th	9th	10th
Most important (1)	Food insecurity (1)	Loss of income (1)	Sick people (1)	Alcohol and drugs; food insecurity; lack of jobs (1)	Water issues (1)	Drugs (1)	Children out of school (1)	No hope (1)	Crime (1)	Lack of jobs (1)
Second most important (2)	No water (1)	Loss of jobs (2)	Lack of jobs (2)	More people to feed; poverty (1)	No COVID awareness; lack of jobs; crime; access to health facilities (2)	Poverty (1)	Community kitchen supplies (2)	No housing (1)	Loss of jobs; food insecurity; children lost focus (2)	Nothing to do (2)

3.4. Satisfaction Levels

The data collected from the satisfaction level scale indicate that the lives of the respondents were severely affected by the changes brought about by the COVID-19 pandemic. Seven out of the ten respondents indicated that at the beginning of the pandemic, towards the end of April 2020, they were able to start their community kitchens and provide meals three to five times per week. However, mid-way through 2021, due to funding constraints, they were only able to provide meals one to two days per week. The response of starting up community kitchens at the end of April 2020 was within a month of the implementation of the hard national lockdown. They were also very saddened by the fact that, at times, they had to turn people away because they had run out of food.

Funding came from local churches, NGOs and private donors. These funders were also heavily impacted by the COVID-19 pandemic and therefore were not able to support the community kitchens as they did at the onset of the pandemic. Funders assisted the community kitchens with gas for cooking, vegetables, soya mince, and complete soup mixes. Besides the impact of the pandemic itself, the challenges as it related to access to water, electricity and sanitation further impacted the running of the community kitchens.

All the participants were fairly satisfied with their lives and livelihoods in 2019 but still struggled to access basic services and finances (Figure 5b). From 2020 to 2021, they were either dissatisfied or very dissatisfied with their lives and livelihoods. All the participants indicated that they were either dissatisfied or highly dissatisfied with their health, family situation, finances, food security and access to services.

The participants highlighted spouses losing their jobs and family members needing financial and other support, as well as losing loved ones to COVID-19, as the main reasons for them being dissatisfied with life in general. The participants were already facing numerous other challenges before the pandemic started, but these conditions were further exacerbated by the pandemic. The issues of access to basic services and financial resources were a challenge before the pandemic, but from their responses, it is clear that this and other key areas of family and health were severely impacted by the pandemic. The participants were able to cope with the challenges of access to basic services—for example, health services, water provision, continued power cuts—and financial resources before the pandemic, but the added pressures of the pandemic severely impacted their general satisfaction levels.

4. Discussion

4.1. COVID-19 and Resilience

As shocks to systems, pandemics can bring to light and exacerbate the underlying challenges in communities, but they can also reveal the communities' strengths and capacities, often rooted in knowledge, skills and resources [81]. At the global level, the COVID-19 pandemic had a significant impact on community kitchens, which serve as a vital source of food for vulnerable communities, with established community kitchens closing down (see [82] for an example in Canada). At the Makhanda level, despite the challenges brought about by COVID-19, community kitchens were implemented. With no government support and limited resources to start, community kitchens relied on self-autonomy and community-based organisations (NGOs and NPOs) and other social networks and leadership to withstand these challenges, highlighting the role of governance networks in health emergencies. In some instances, these community kitchens started a vegetable garden as an alternative to buying food. These gardens were also usually made accessible to community members. The produce of these gardens was sold by some community kitchen managers to make more income that could be used to purchase supplies for the community kitchens. These are some of the examples of actions undertaken by individuals and organisations that fostered resilience.

The socioeconomic impact of COVID-19, rather than the disease itself, was a challenge in the community. This was largely due to the significant decline in economic activity due to the lockdowns and restrictions imposed to control the spread of the virus. Many community members lost their livelihoods as businesses closed or reduced operations. This situation exacerbated the existing issues of poverty and food insecurity as food supply chains were disrupted, which led to shortages [13] and price increases. Moreover, the prevalence of water shortages highlights the structural problems and the inequalities presented in the social fabric of the town. Although COVID-19 was not seen as the major or one of the most important challenges faced by communities according to the community kitchen managers, the pandemic did have a compounding effect on other threats present in the community, such as unemployment.

Community resilience is not inherent to a community but is rather co-produced through social cohesion, personal relationships and agency when communities have power over their actions [27,83]. The communities in Makhanda have shown that in 2020, they activated these characteristics. Resilience can be fostered by different actors—community

organisations, institutions and even individuals—through their choices and actions [28]. In Makhanda, community kitchen managers and those that supported them with donations were actively increasing community resilience.

However, the continued strain of the pandemic and its direct and indirect impacts on the community, and the lack of government support, lessened their ability to maintain these traits. This change in community resilience reflects the fact that resilience is affected not only by internal factors of the community itself but also by political dynamics on different scales—regional, national, global—as well as by changes in the environment and changes at the space, time and institutional levels [83,84]. This clearly highlights how community resilience is intertwined with broader systemic factors. For Makhanda's communities, the broader economic challenges and infrastructure limitations of the region [61], as well as the national policies on food security, have significantly impacted community resilience. The global economic impact of the pandemic affected local businesses and employment opportunities. The increased frequency of drought in the area [68] has also challenged the communities' resilience by impacting food security and water availability. Institutional challenges continue to persist, including inadequate service delivery, which continues to strain community resources and resilience.

Community kitchens have been criticised, among other reasons, for being a palliative measure that does not tackle inequality in terms of food access [85]. By their nature, these initiatives are not directly addressing food insecurity, and although it might seem that they are reinforcing the status quo, community kitchens provide a service that help people meet basic needs of food and companionship. The service provided is even more necessary in the context of a pandemic that affected food security and even more urgent in a context of fragile government support [50].

4.2. The Role of the State and Power Relations

The community kitchen managers highlighted the lack of support from the government. The Makana local municipality, which includes the town of Makhanda, has been grappling with severe governance and management issues for several years. This prolonged situation has severely impacted the municipality's ability to fulfil its basic responsibility of providing basic services to communities. The situation has deteriorated to the point where the municipality has been sued by its own citizens and has been placed under national administration twice since 2014. This governance crisis means that the municipality was and still is ill-equipped to support community initiatives such as community kitchens, which are critical to addressing food insecurity in Makhanda [86]. Some governments responded to COVID-19 by delegating care to the private sphere [50]. These initiatives are embedded in community solidarity and fill a void left by government structures [51]. In such cases, resilience governance networks played a crucial role in addressing a particular issue [30]. In Makhanda, this void was filled by the rise in civil society self-organisation. One notable example in the food security sector is the Makhanda Circle of Unity. Established in March 2020 to address some of the challenges faced by local communities, such as water supply and food security, the organisation concentrated individual and business efforts to respond to local challenges. Other individuals and organisations, such as churches, also donated funds and resources to these community kitchens. Thus, the lack of government presence and support pushed communities further towards self-organisation.

The decrease in support by organisations, such as churches, and individual contributions witnessed by community kitchen managers from 2020 to 2021, however, reflected the fact that as the COVID-19 pandemic continued, individuals and organisations that had previously helped these spaces were no longer able to do so. Although the need in the community for initiatives like these increased, funding decreased, highlighting the

economic strain in the town. This emphasises the fact that the COVID-19 pandemic was a health and socioeconomic disaster [87]. Thus, despite the agency and self-organisation that allowed these initiatives to flourish in 2020, there was a limit to them. The socioeconomic conditions that existed before COVID-19 and were exacerbated by the pandemic cannot be resolved without government support. Despite the growth of home gardens highlighted by community kitchen managers, the vegetables grown were not enough for the community kitchens to carry on as they were.

Due to the way these community kitchens were set up, they are unidirectional instances of care, rather than collective practices [50]. Those who enjoyed the meals from the community kitchens played a passive role. Because of the restrictions imposed due to COVID-19, the relationships that emerged because of these community kitchens were mostly transactional, rather than relationships that strengthen social bonds and cultivate a sense of community and reciprocity, which would then foster community resilience. This also reveals the power dynamics within these initiatives, so when the givers are no longer able to contribute, the whole system collapses. In Makhanda, this dynamic is particularly evident as the community kitchens were largely dependent on external funding and support, which can be unpredictable and unsustainable. This can reinforce existing power imbalances, where recipients are seen as beneficiaries rather than active participants in their own and the community's development. This highlights the multidimensionality of food systems. Food insecurity is thus a result of the lack of a multidimensional approach to the governance of food systems [88]. To address food security, different dimensions that have a direct or indirect impact on it must be investigated and integrated.

Understanding care as a form of resistance [50], the fact that these community kitchens kept going in 2021, albeit not as consistently as they were operating before, is a testament to the resilience of these individuals and their commitment to addressing food insecurity in their communities and the crucial role of resilience governance networks. However, the sustainability of these initiatives is not guaranteed due to the social and political dimensions that shape the town. In late 2024, four out of the ten community kitchen managers were still offering meals on a regular basis and two offered meals occasionally when they had the resources to do it (food supplies, gas stove, water, etc). Funding remains a major issue for the community kitchens and, despite the interaction with the Department of Social Development, support from the government is still limited. This lack of support from the government and the reliance on private donations that are sporadic translate into a constant state of uncertainty. Community kitchens' benefits extend beyond food. Thus, despite the benefits going beyond food security, the sustainability of these initiatives remains unpredictable.

5. Conclusions

This study has provided valuable insights into the experiences and perceptions of community kitchen managers in Makhanda during the COVID-19 pandemic. By exploring the access to resources, challenges and personal satisfaction of these managers, this research has highlighted the critical role community kitchens play in fostering community resilience. The findings of this research shed light on several critical issues affecting community kitchens in Makhanda. The absence of government support and limited resources forced community kitchen managers to rely on self-organisation and social networks. The COVID-19 pandemic exacerbated the socioeconomic issues in the town and the severe governance and management issues within the local municipality further complicated these challenges. However, the rise of civil society and self-organisation played a critical role in sustaining the community kitchens during the pandemic. As of 2024, this study found that six out of the ten community kitchens that formed part of this study were still operating,

be it regularly or occasionally. This indicates a degree of resilience and adaptability, despite the ongoing challenges.

The COVID-19 pandemic caused unimaginable harm to communities around the world, but it also created opportunities for dialogue on issues of risk management and sustainability. The consequences of not being disaster-ready will be the best foundation for engagements geared towards tackling the multi-layered challenges that contribute to food insecurity and structural imbalances in the community and the apartheid legacy. In the Makhanda communities, one of the most urgent conversations has been about the sustainability of community kitchens. Hunger and lack of resources were prevalent in these communities even before the pandemic, and what the pandemic did was bring these to the surface, with consequences that are hard to ignore. As a result, the Department of Social Development formalised funding for the food kitchens, with compliance and sustainability measures in place. It is unlikely that this would have happened without the combined voices of the people directly involved in mitigating the effects of the pandemic on already marginalised and oppressed communities.

This study has highlighted the importance of communal relationships in enabling communities to come together and seek practical solutions to their problems. For sustainability purposes, the same collective approach has to be applied by bringing in duty holders from designated government departments to work together with various community structures to strengthen the services of community kitchens through resource provision and capacity development. This needs a rights-based approach that recognises food as a right and not a choice. Moreover, this approach requires local government to act in an accountable manner and for communities to develop the agency to hold government agencies accountable. Despite it being a harrowing and destructive experience, there were some valuable lessons learned from the pandemic, with one of them being the interconnectedness of challenges that contribute to food insecurity. These challenges require multi-pronged and multi-sectoral approaches to address them.

Some government departments have since played a more active role in the food security space. The Department of Social Development could not ignore the demonstrated need and value of community kitchens and has consequently embarked on a registration drive, where community kitchens are not only encouraged to register as non-profits but are also supported to apply for funding from the government. The continued demand for community kitchens reveals the reality of food insecurity not being a sudden occurrence resulting from the pandemic but rather an ongoing challenge that was exacerbated by the pandemic. But more still needs to be done to sustain these initiatives and their spillover effects on other aspects of human well-being.

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