

SOUTH AFRICAN

Food Security Index 2025

A deep dive into dietary diversity
in South Africa



Interactive Index



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FOREWORD

It is truly troubling that hunger remains so pervasive in South Africa today, impacting at least one in ten children, yet this barely makes a dent in the national conversation.

Recognising the urgent need for **reliable and independent data**, the Shoprite Group has initiated the annual South African Food Security Index. This Index is designed to monitor the country’s progress in addressing hunger and to close the significant research gap that exists on this critical issue.

The latest findings offer a glimmer of cautious optimism: the SA Food Security Index has risen to 56.5, up from 44.9 in 2023. While this improvement is encouraging, it remains below the 2019 score of 65.8, when hunger levels were notably lower.

The Index is underpinned by four key factors: food availability, economic and physical access to food, diet diversity, and stability.

Price continues to be the most significant influence on consumer food choices. As part of our continued

dedication to affordability, the Group remains committed to helping keep food price inflation as low as possible. In the 2025 financial year, **our prices increased by only 2.3%, and over 13 300 products in our stores were cheaper than in the previous year**, providing significant relief to constrained consumers.

Many of our affordable offerings, including R99 food combos, R5 deli meals and R5 loaves of bread, are subsidised, and have helped ease the burden of hunger for millions. To illustrate the scale, **the 27.7 million loaves of R5 bread sold in 2025 would stretch from Cape Town nearly all the way to London**. Through our Xtra Savings rewards programme, **we have saved customers R55 billion in cash** since its inception in 2019, further supporting South African households.

The Index also examines access to food, and here, the Group’s wide footprint ensures that most households are now within 5km of a store, making it easier and more affordable to purchase fresh food. The causes of food insecurity are complex and multifaceted, rooted in economic conditions, government and agricultural policy, international price

pressures, and other factors beyond the control of any single food retailer.

Addressing this issue requires a whole-of-society approach. The government, the private sector, and communities must work together to implement comprehensive solutions, such as strengthening school feeding programmes, considering the introduction of food vouchers and grants for pregnant women and early childhood development centres, expanding access to vegetable gardens, and fostering sustained economic growth.

This does not take away from the Group’s role in making nutritious food accessible, affordable, and convenient. The research reminds us that almost a quarter of South Africans do not have a diverse enough diet to access the nutrients they need.

To this end, the retailer has supported **287 community food gardens** since 2015. An estimated **106 595 kilograms of vegetables have been produced last year** and 3 593 community members provided with training. In the past financial year, **it donated R258 million in surplus food and goods** and the fleet of **33 Shoprite Mobile Soup**

Kitchens served 8.9-million meals.

The marginal improvement in the Index is a sign that change is possible. It should motivate us all.



Sanjeev Raghupir

Chief Sustainability Officer

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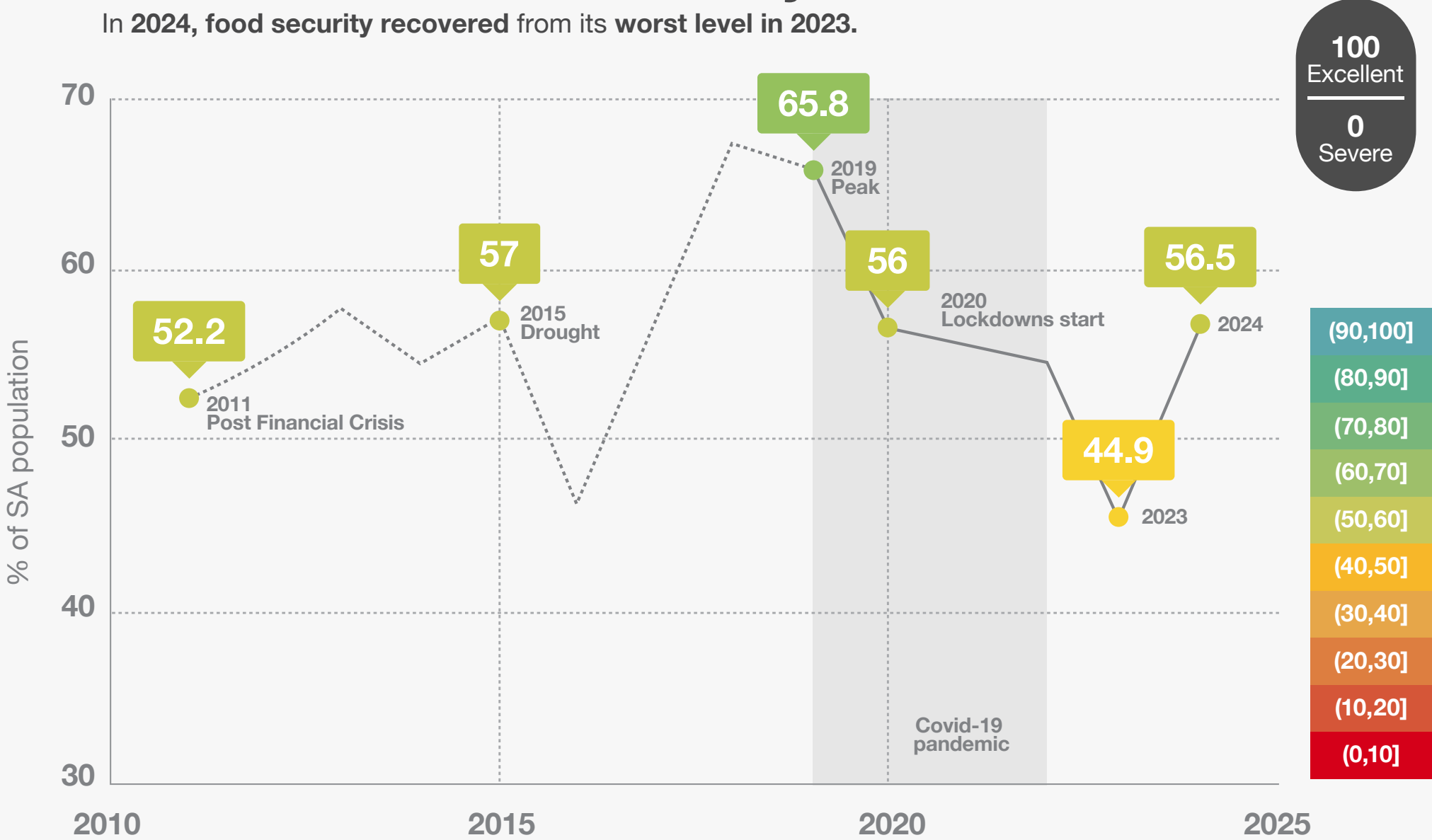
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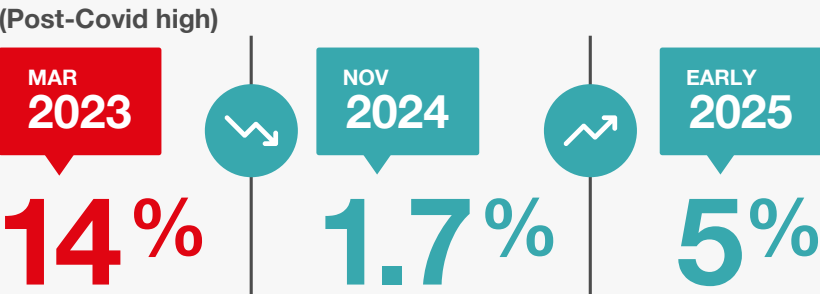
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South African Food Security Index 2025

In 2024, food security recovered from its worst level in 2023.



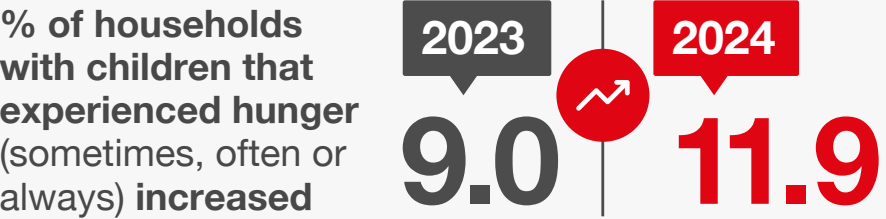
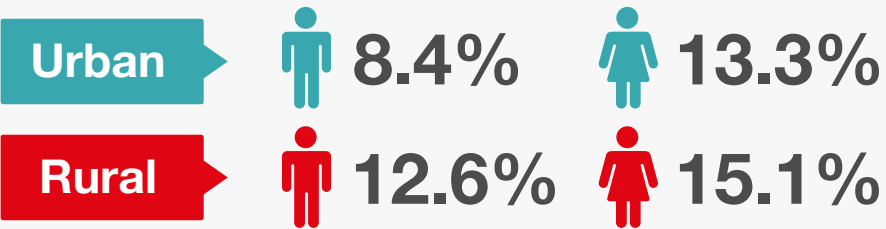
Improved food inflation is the key driver behind the Index change



School feeding programmes at record high

78+ of public school learners now benefit from school feeding schemes.

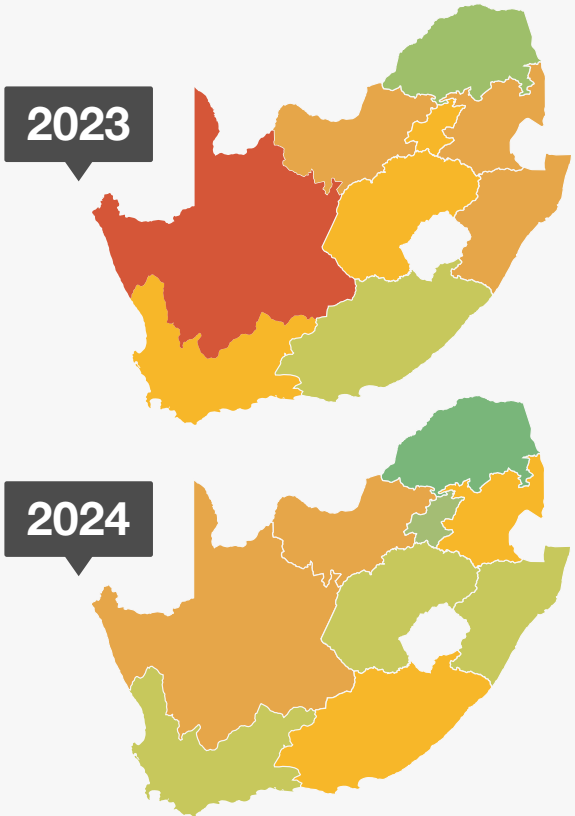
Households that experienced hunger in 2024 by sex of household head



% of households living below the food poverty rate roughly equal % of households reporting not having their desired food types

Provincial variation

All provinces except the Eastern Cape experienced an improvement in Index values



How behavioural constraints shape dietary diversity

- Affordability** drives healthier food choices in low-income households
- Scarcity** shapes decision-making in powerful ways
- Retailers** hold a pivotal but bounded role

Recommendations

- Strengthen frameworks and coordination
- Invest in school and community feeding
- Maintain and expand fiscal/regulatory tools
- Support culturally relevant foods
- Link social protection to nutrition
- Improve monitoring/ data systems

Dietary diversity findings

South Africa's agricultural sector: highly diverse and able to meet most of the country's fruit and vegetable needs.

Supermarkets are the main retail provider of food to households, followed by informal food vendors.

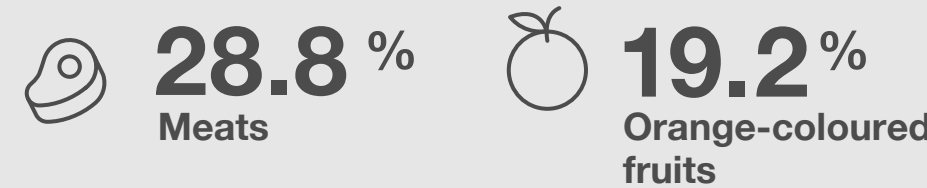
The poorest households purchase more of their food from informal vendors.

20% of SA households showed medium-to-low dietary scores.

49.3% of the Free State, consumed an inadequate diet eating three or fewer food groups in the last 24 hours.

Sugars and sugar-rich foods like cereals and condiments was the food group eaten most frequently by South Africans.

Lowest consumption rates:





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SECTION 1

Updating on the nutritional landscape in South Africa

This year we will be taking a more balanced look at nutrition, focusing on dietary diversity, examining how the foods South Africans consume influence health outcomes in different communities and income brackets.

Nutrition forms the crux of human development and healthy diets have the power to **promote proper growth**, support active lifestyles, prevent nutrient deficiencies, infectious illnesses, chronic diseases and foodborne conditions ([World Health Organization & Food and Agriculture Organization, 2024](#)).

South Africa faces the double burden of malnutrition: where under and overnutrition can both exist in not only the same population, but also the same household. According to a [2024 Child Food Poverty Report](#) by Unicef, 23% of South African children live in **severe**

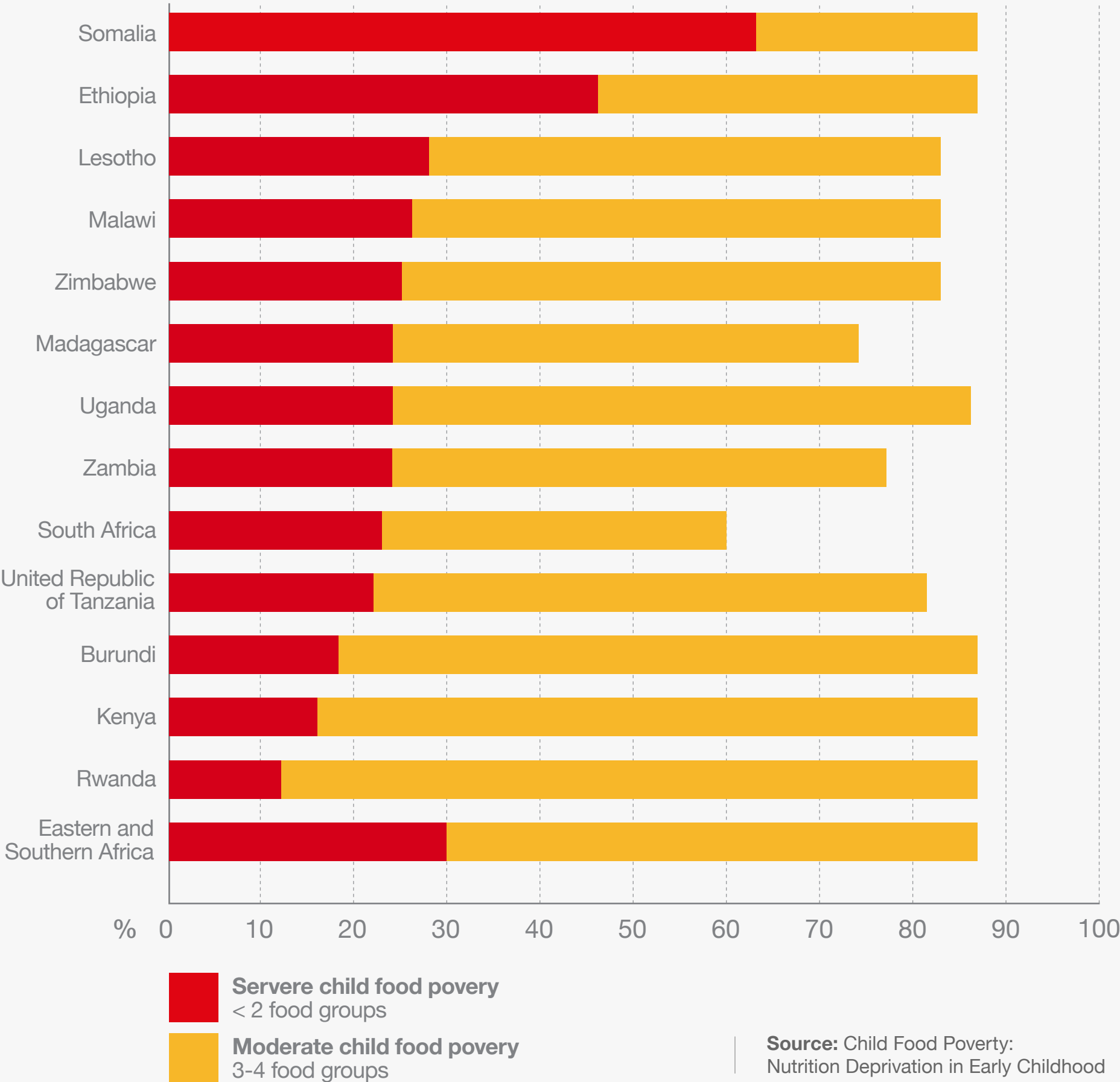
food poverty¹, placing the country among just 20 nations that together account for 65% of all children affected worldwide. This food poverty leads to stunting, where children are unable to achieve sufficient height-for-age.



23% of South African children live in severe food poverty, placing the country among just 20 nations responsible for 65% of affected children worldwide.

¹UNICEF and the WHO use a dietary diversity score approach to measuring child food poverty. Children need to consume foods from at least five out of eight defined food groups to meet the minimum dietary diversity score for appropriate growth and development.

Figure 1
Percentage of children living in severe child food poverty and moderate child food poverty, by country and in Eastern and Southern Africa, 2016-2022



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At the same time, **South Africa had the highest proportion of obese adults on the continent in 2022** (around three in 10 adults), according to a [World Health Organization Report \(2024\)](#).

This problem affects children too. Approximately **13% of children under five years old** were overweight in South Africa in 2023, according to the [Food and Agriculture Organization of the United Nations](#). While proportionally, this means fewer children are

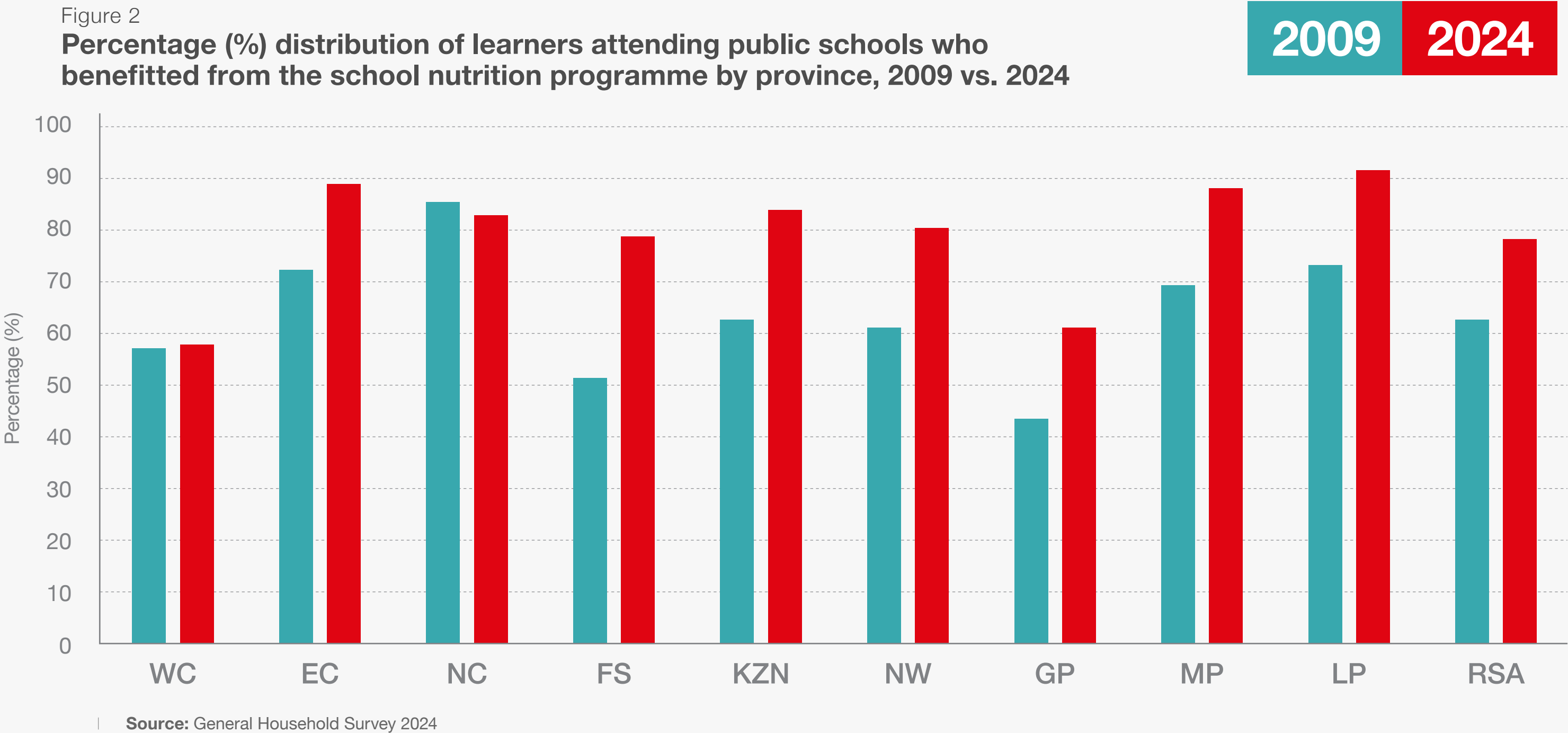
overweight than adults, obesity in childhood often leads to obesity in adulthood.

The link between food insecurity and obesity has many causes. Low incomes are one of the contributors to obesity. Economic instability can mean that people compromise their diets and opt for cheaper, calorie-dense foods over healthier options ([Darmon, 2003](#)). This is frequently referred to as the poverty-obesity paradox ([Salmasi, 2017](#)).

Despite the dire picture, this report presents a few small glimmers of hope in the broader South African food security context. This report builds on the South African Food Security Index 2024, reflecting new data as well as recent changes in local and global economic conditions.

More South African learners are accessing school feeding schemes² than ever before, according to the [2024 General Household Survey](#).

In 2024, over 78% of learners in public schools benefitted from these programmes, up from 63% in 2009. The highest coverage was recorded in the Eastern Cape, Northern Cape, KwaZulu-Natal, North West and Limpopo where over 80% of public-school learners received food through these schemes. These programmes are critical for good nutrition in a context where learners often go hungry at home.



Nearly **1 in 3** South African adults were obese in 2022.

13% of children under five in South Africa were overweight in 2023.

Over 78% of learners in South Africa’s public schools benefitted from school feeding schemes in 2024.

²These include publicly provided feeding schemes, as well as privately sponsored feeding schemes as it is not always possible for parents to discern between sources of funding.

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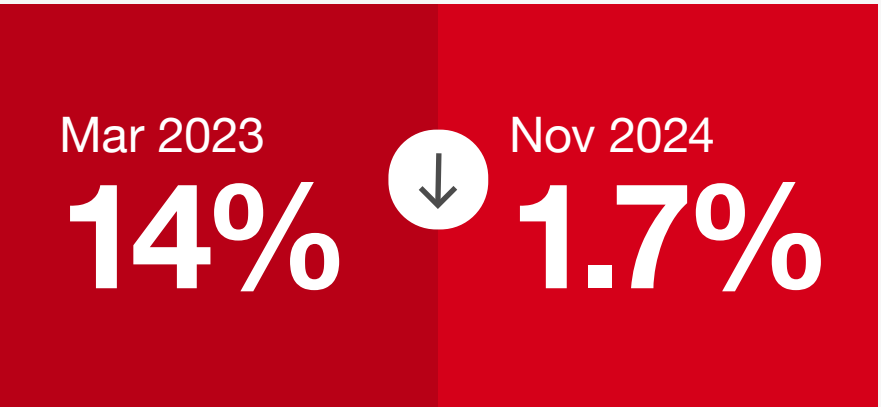
Food inflation has improved substantially since its post-Covid highs, falling from 14% in March 2023 to 1.7% in November 2024, before moving up to 5% in early 2025. It remained below general inflation through most of 2024, helped by declining global food prices. However, rising international prices, trade uncertainty and a weaker Rand may reverse these gains. The Bureau for Food and Agricultural Policy (BFAP) 2025 Baseline projects food inflation of 4.5% for 2025.

Given the moderation of food inflation and its significant impact on food security, the South African Food Security Index strengthened substantially in 2024, reflecting much greater price stability in the Availability dimension and contributing to greater stability in all three dimensions of the Index in the latest year. In aggregate, hunger has mostly remained stable (see Figure 5 in the next section from 2023-4), while self-reported satisfaction with dietary diversity also improved (see also Figure 5).

This year we also consider the food poverty rate, or the percentage of South Africans who had incomes less than R796 (in May 2024 prices) per person per month (StatsSA, 2024). This refers to the amount of money that an individual will need to purchase a basic basket of food for individuals to reach their most essential nutrition needs. It incorporates an element of “basic nutrition” (as it captures a minimum caloric intake required) and is not equivalent to only having “enough” food (i.e. avoiding hunger).



In May 2024, the **food poverty line was R796 per person per month**, which is the minimum needed to meet basic nutrition needs.



Food inflation dropped sharply, boosting price stability and strengthening the South African Food Security Index in 2024.

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The Food Security Index 2025

The Food Security Index has been created using four dimensions related to food and drawing on the definition first shared at the 1996 World Food Summit. The four main dimensions of food security include⁴:



The data sources for the dimensions of the Index (Table 1) were selected with two main objectives in mind:

- **Replicability over time** – the data source needs to be available yearly so the Index can be updated.
- **Representivity** – the data source needs to be representative at both national and provincial levels.

Dimensions and data sources of the Index

Availability

Physical availability of food

Data Source: StatsSA food inflation relative to general inflation (2010-2024)⁵

Access

Economic and physical access to food

Data Source: General Household Survey (2010-2024)⁶, StatsSA, reported hunger

Utilisation

Diversity of food consumed

Data Source: General Household Survey (2010-2024)⁷, StatsSA, reported satisfaction with household dietary diversity

Stability

Stability of the other three dimensions over time

Data Source: A combination of the above three dimensions over index period⁸

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The Index ranges from zero (severe food insecurity) to 100 (excellent food security), with 50 as an “average” value. Below 50 signals time of relative food insecurity, while values above 50 represent periods of relative security.

In 2024, the Index’s value was 56.5, up from 44.9 in 2023.

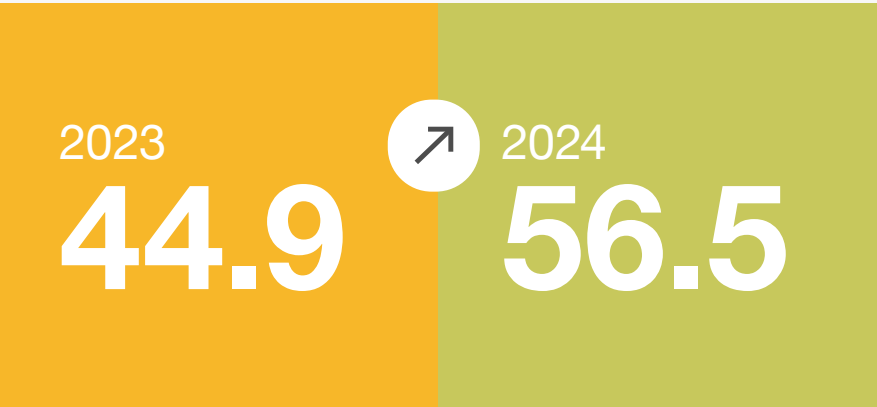
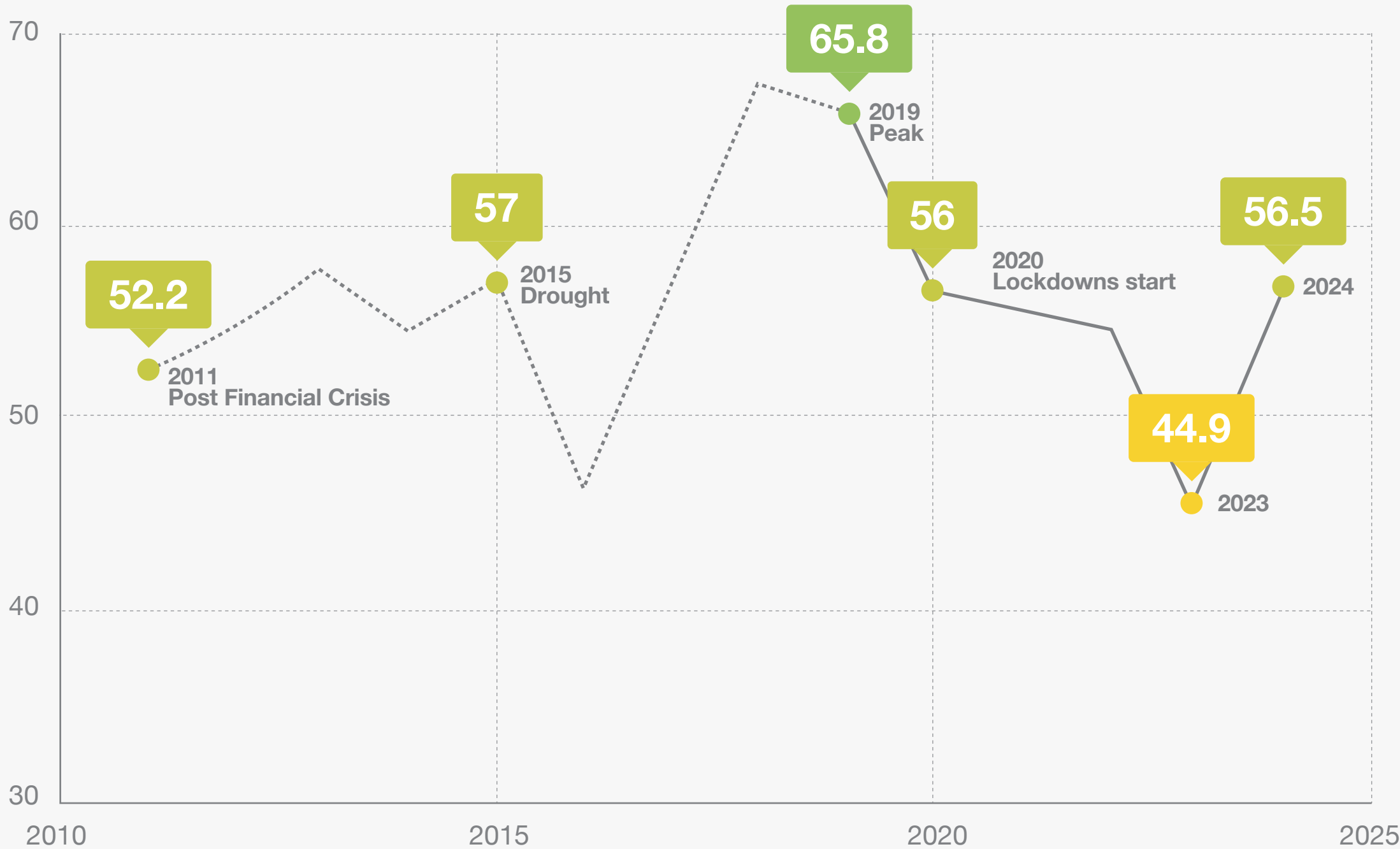
The Food Security series starts shortly after the Global Financial Crisis³ when food security was close to average. The series shows a brief recovery after this difficult economic period. A small drop in food security values followed the 2012 global food price crisis, before recovering in 2015. However, the drought of 2015/6 had a sudden and sharp downward impact on the Food Security Index before recovering dramatically.

The start of the Covid-19 lockdown took the Index down from its peak values. Inflationary pressures at the start of the Ukraine war assisted in creating further drops in Index values to the lowest food security levels in 2023, as shared in last year’s Food Security Index report.

³It is the period when the relevant question on dietary diversity which informs the Food Utilisation dimension of the Index was first asked in the General Household Survey.

Figure 3
The Food Security Index, 2010-2024

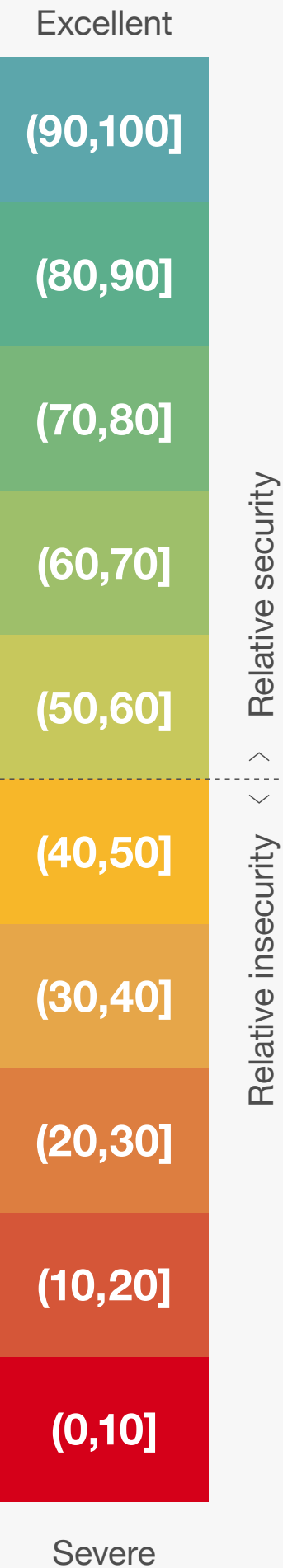
Source: Authors’ Own, estimated using various data sources



South Africa’s **Food Security Index** rose, signaling a shift back to relative food security.

*The Index is robust to the change in GHS questionnaire, though the most reliable and consistent segment is the solid line from 2019 onwards.

Food Security Range



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By province

The Index’s performance varies substantially by province. Some provinces like Limpopo fare surprisingly well in the 2025 Index. The Index deteriorated substantially in the Northern Cape from the 40-50 range in 2019 to the 10-20 range in 2023. However, by 2024 it had improved somewhat (Figure 4). Many other provinces (such as the Western Cape, Gauteng and KwaZulu-Natal) started out at higher levels of food security in 2019, but the situation sharply deteriorated towards 2023. **All provinces except the Eastern Cape experienced an improvement in Index values in 2024.**

Limpopo and Gauteng achieved the highest Food Security Index scores in 2024. The Northern Cape showed significant improvement from 2023.

Figure 4
Food Security Index Values, 2019-2024

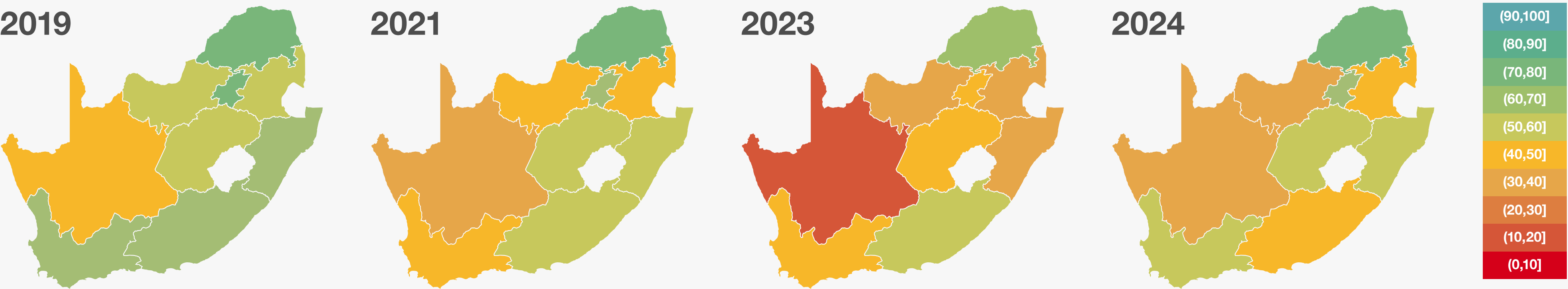


Table 1
Food Security Index values, 2019-2024

	WC	EC	NC	FS	KZN	NW	GP	MP	LIM	SA
2011	45.4	45.7	21.4	48.3	51.1	48.1	57.1	52.3	69.7	52.2
2012	52.7	44.5	41.4	57.1	53.7	45.0	55.3	51.6	75.1	54.0
2013	55.7	55.4	47.7	61.1	49.8	39.2	61.3	51.5	76.9	57.6
2014	50.1	53.7	42.3	55.7	42.4	40.8	63.1	52.4	67.7	53.9
2015	49.5	56.6	39.3	56.2	50.1	42.2	63.3	53.8	76.8	57.0
2016	47.4	49.8	29.1	45.7	32.8	37.1	50.3	40.9	63.5	45.9
2017	56.6	64.2	30.4	51.4	50.2	42.4	57.9	41.9	79.1	56.0
2018	65.0	70.7	49.2	62.3	58.9	53.0	71.0	60.5	88.9	66.4
2019	67.0	64.6	50.0	56.4	60.5	53.3	70.0	59.3	79.1	65.8
2020	49.9	59.4	40.6	50.0	62.0	40.5	56.0	37.9	77.6	56.0
2021	47.7	57.6	32.7	50.5	50.2	44.4	61.4	42.7	76.0	55.1
2022	51.5	61.9	29.1	47.4	46.3	41.7	59.0	45.9	73.8	54.3
2023	46.1	50.9	17.0	48.5	32.2	30.2	49.4	39.0	65.9	44.9
2024	56.5	42.4	35.5	57.5	50.7	38.6	64.7	45.8	78.8	56.5

Source: Authors’ Own, estimated using various data sources

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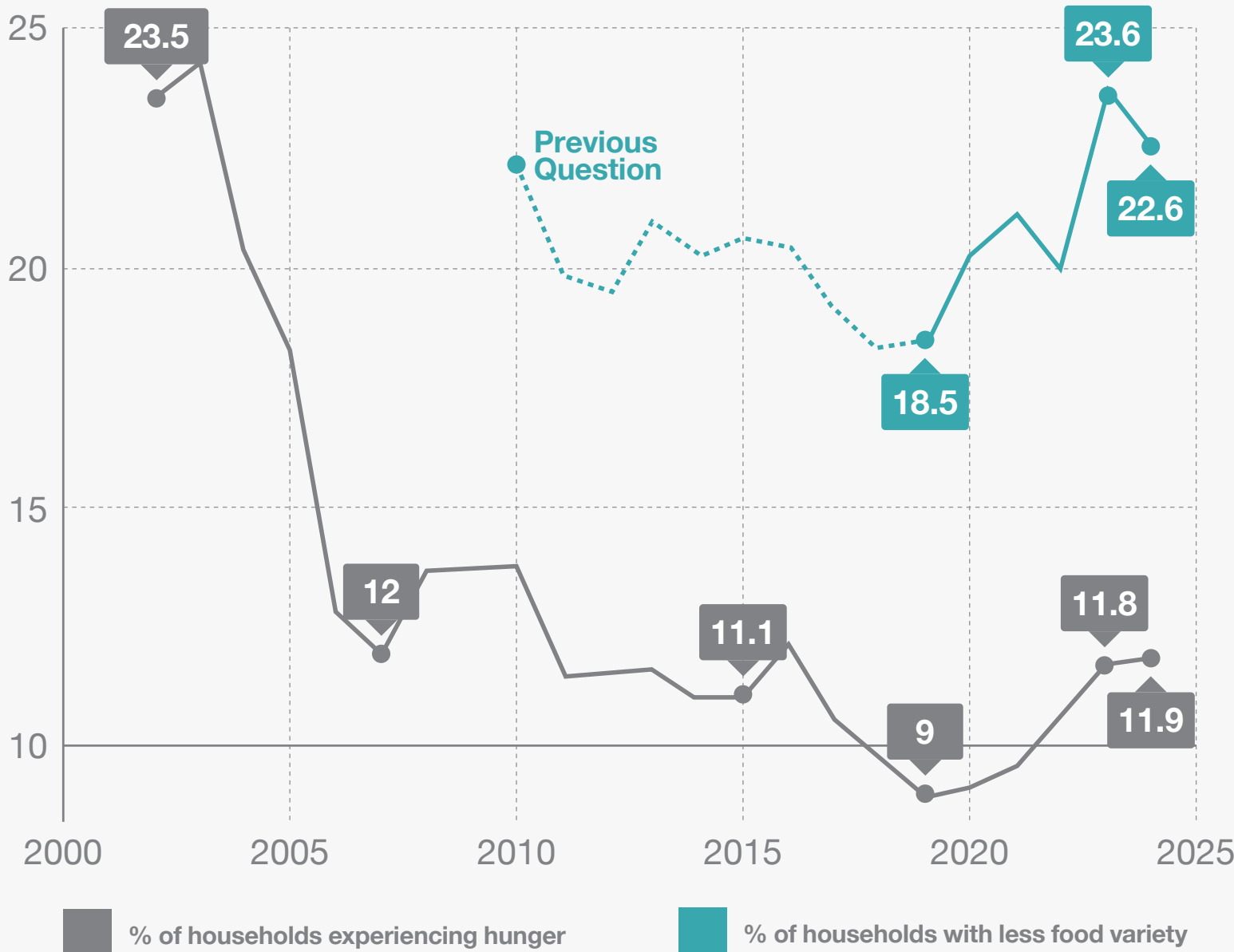


Changes in the Index's indicators

We consider movements in the indicators that inform the Index.

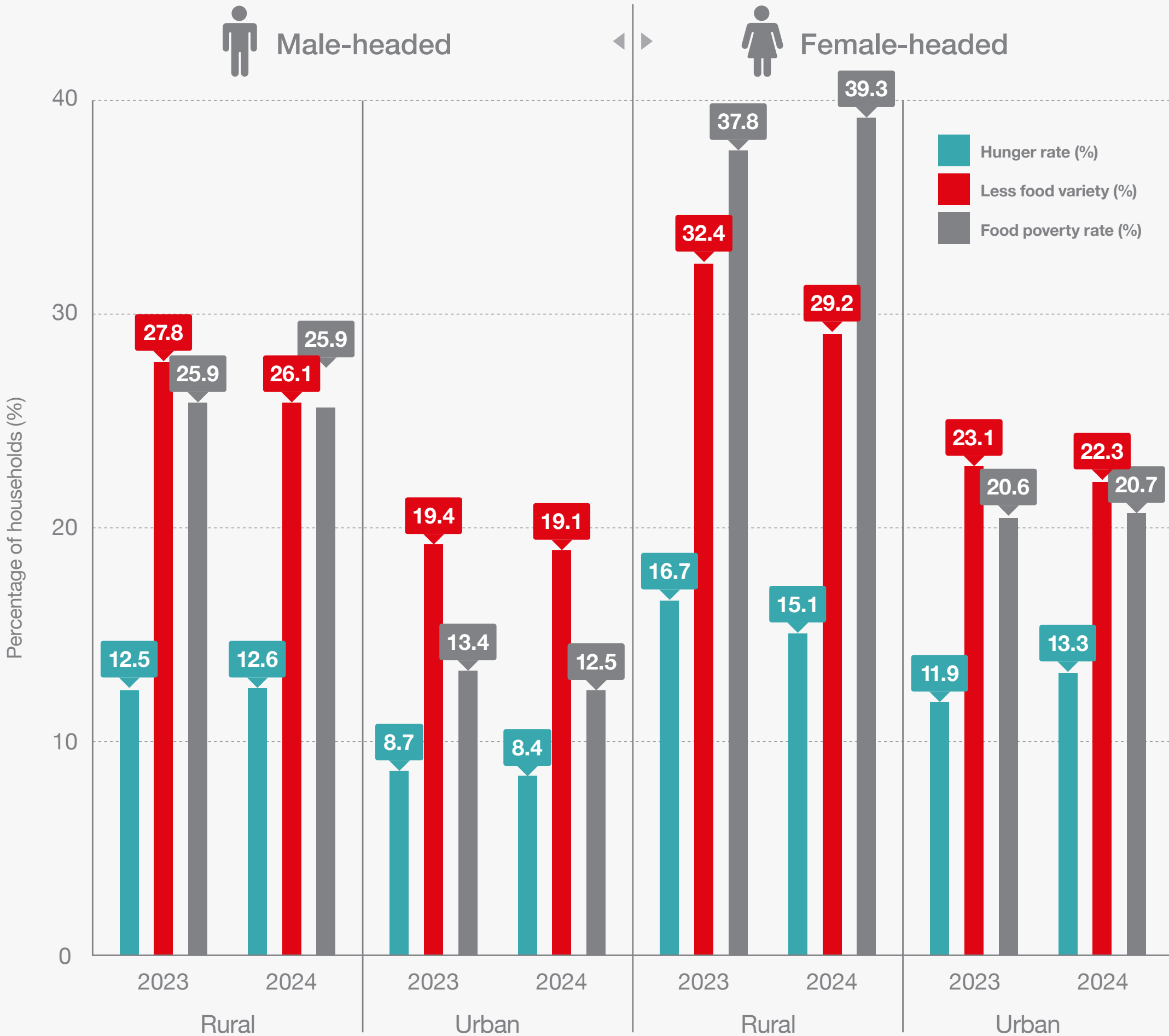
In aggregate, hunger has mostly remained stable from 2023-4 (Figure 5), while self-reported dissatisfaction with dietary diversity has improved slightly. This year we also consider food poverty (Figure 6). All these rates have declined somewhat or largely remained stable since 2023.

Figure 5
Access to food (reported hunger), and utilisation of food (variety of food consumed), 2002-2024



Source: Authors' own

Figure 6
Hunger rate, self-reported food variety and food poverty rates by male and female-headed households, 2023 vs. 2024



Source: Authors' own using General Household Survey 2024

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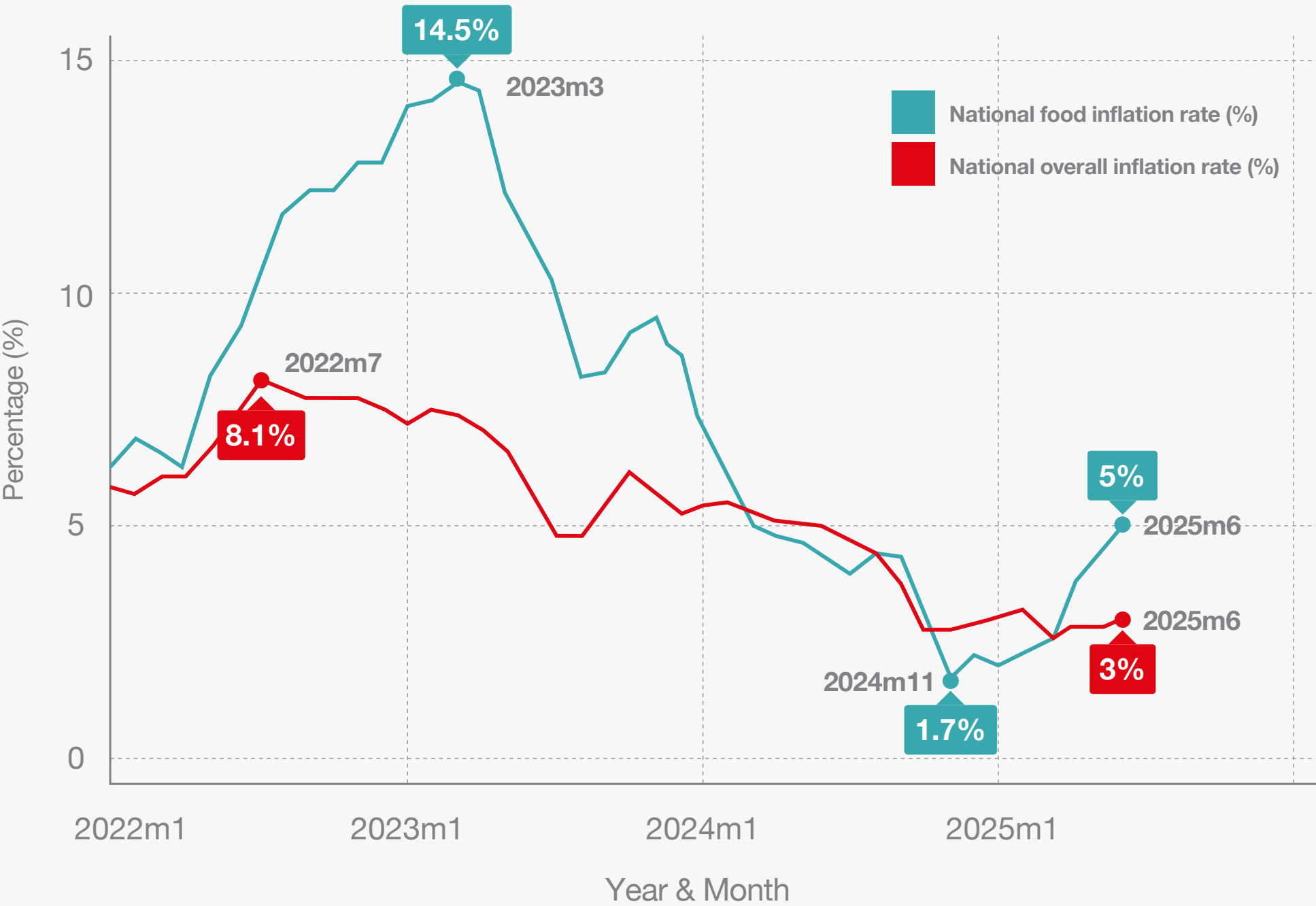
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As shown in Figure 7 general inflation has been steadily falling from 8.1% in mid-2022 to 3% in mid-2025. Food inflation continued to grow until early 2023 when it peaked at 14.5% in response to international geopolitical shocks. This large gap reflects the limited availability of food at that time. By the end of 2024 this situation had reversed, where food inflation was far below general inflation, reflecting relatively strong food availability. This is the period where our Index ends. There are signs that food availability may be under renewed strain, with food inflation edging above general inflation again in 2025.

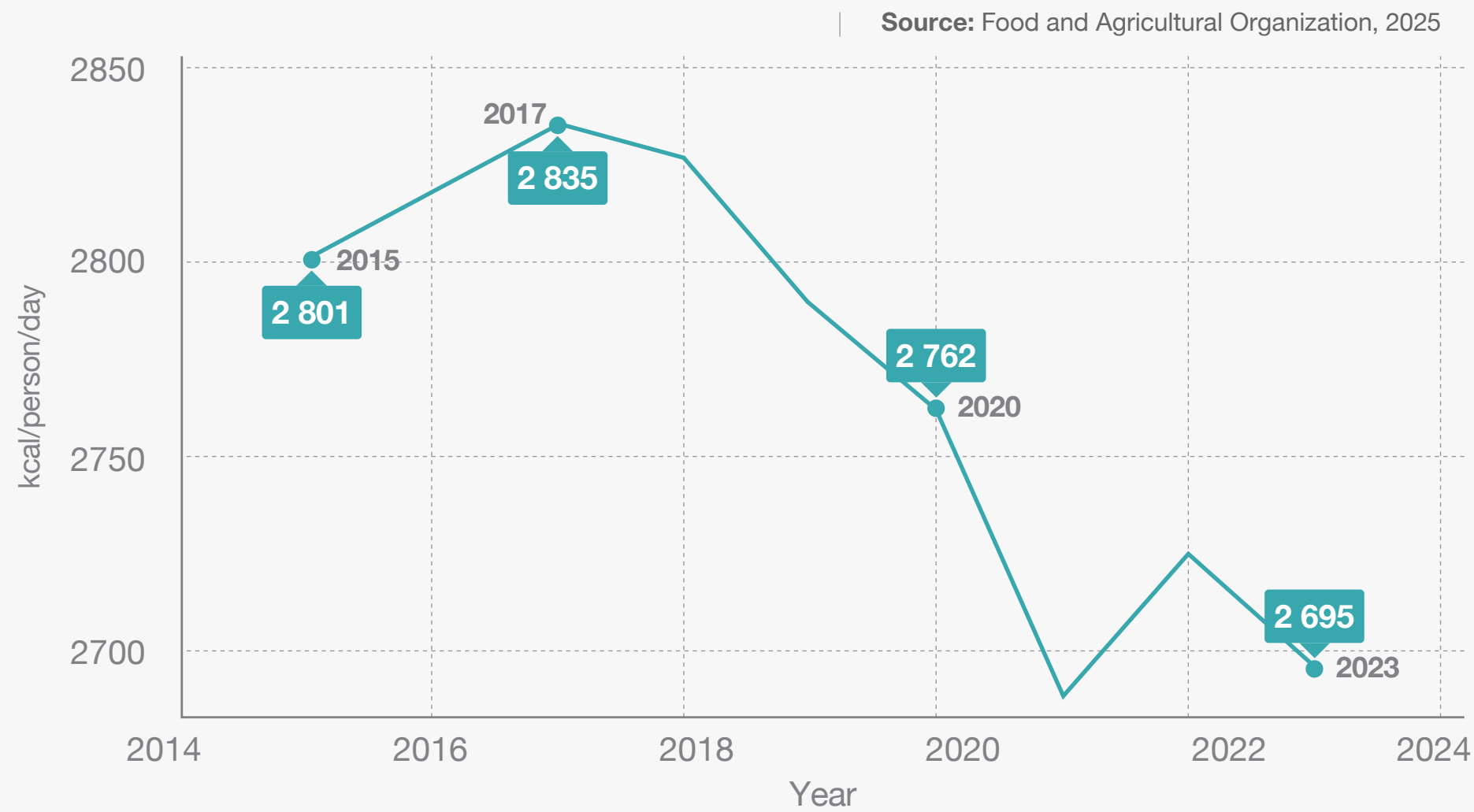
Figure 7
The national overall inflation rate vs. the national food inflation rate, 2022-2025



Source: StatsSA

As food prices rose, the number of kilocalories available per person in South Africa declined, confirming the link between price pressures and food availability.

Figure 8
Kilocalories of food available per person



Source: Food and Agricultural Organization, 2025

The Food and Agricultural Organization (FAO) of the United Nations estimates of food availability in South Africa – the number of kilocalories of food available per person per day (shown in Figure 8) – stop at 2023, before the latest Index was created. But recent figures confirm that relative price pressures strongly reflect the time trend in food availability. In other words, the number of kilocalories of food per person available decreased as prices increased.

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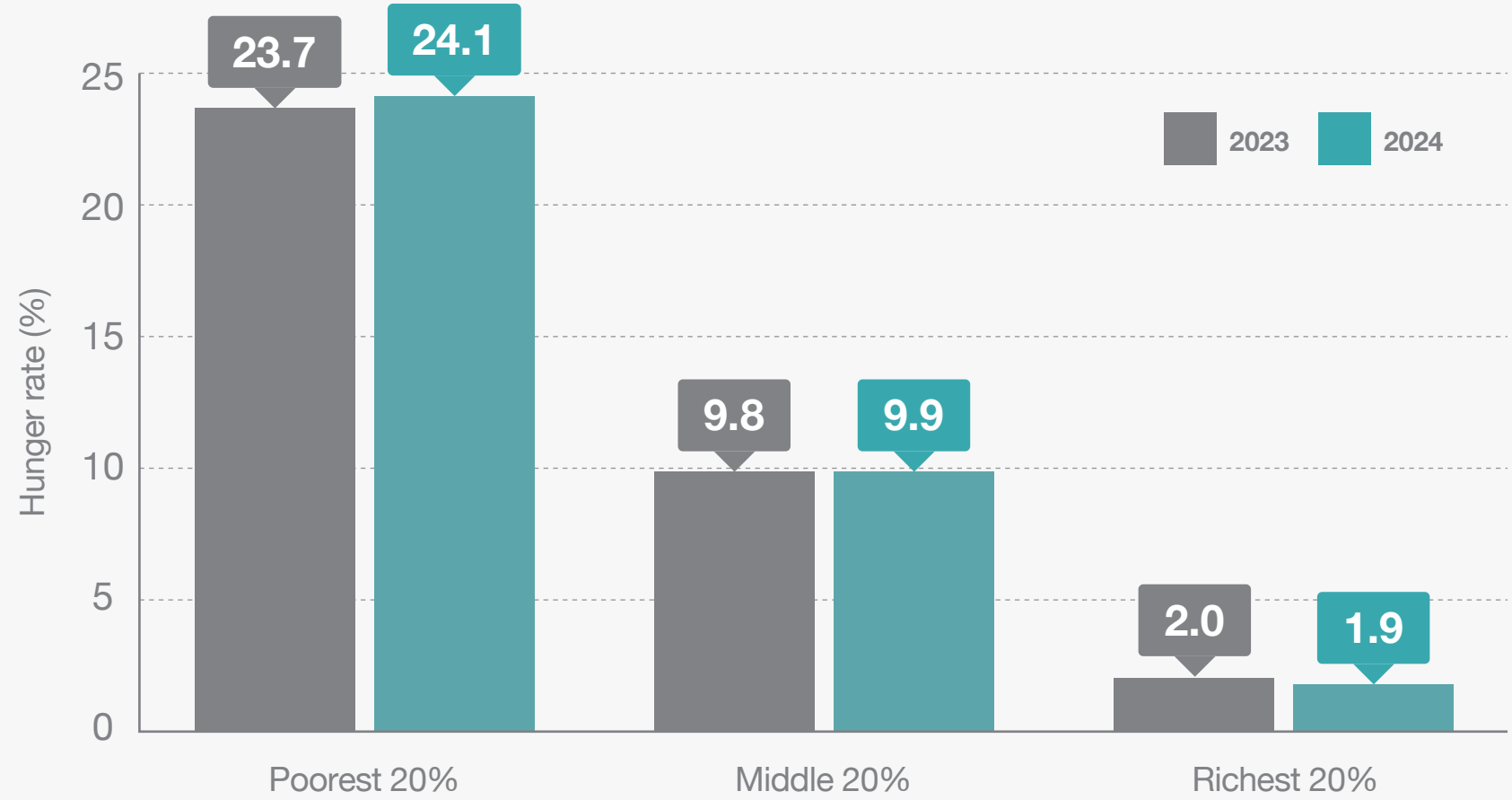
Rural female-headed households are facing rising food poverty, but they experienced small drops in hunger and some gains in diet quality (refer back to Figure 6). This suggests they are finding ways to cope beyond income – for example, by growing vegetables or relying on local food sources. By contrast, hunger has grown slightly among female-headed households in towns and cities, where people cannot easily produce their own food. For poor households, depending only on the market weakens food security.

If we look at households by income category (poorest 20%, middle 20% and richest 20%), there was a slight increase in reported hunger for the bottom 20% with extremely small drops for the other categories (Figure 9).

There is a strong relationship between income and eating a diet consisting of a wide variety of food groups. The poorest groups report the greatest dissatisfaction with food variety. However, as Figure 10 shows, most improvements occurred at the bottom (poorest part) of the income distribution between 2023 and 2024.

Figure 9

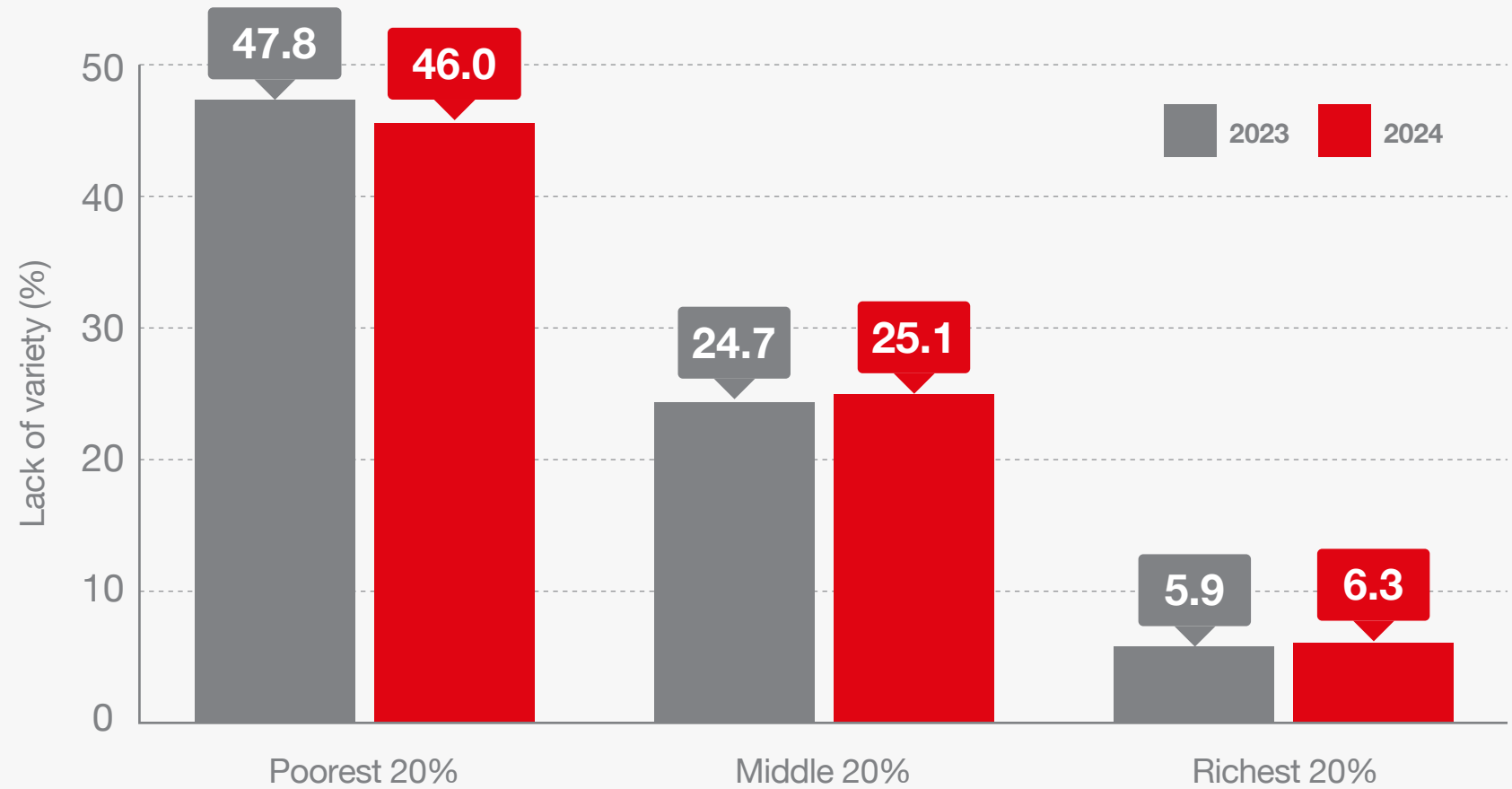
The percentage of households by income category (poorest, middle and richest) who reported hunger, 2024



Source: Authors' own using General Household Survey 2024

Figure 10

The percentage of households by income category (poorest, middle and richest) who reported hunger, 2024



Source: Authors' own using General Household Survey 2024

Rural female-headed households reported less hunger and better diet quality, likely by growing food or using local sources.

Hunger is rising among female-headed households in towns and cities, where producing food is less feasible.

Most improvements in dietary diversity were seen among the poorest households, narrowing nutritional inequality.

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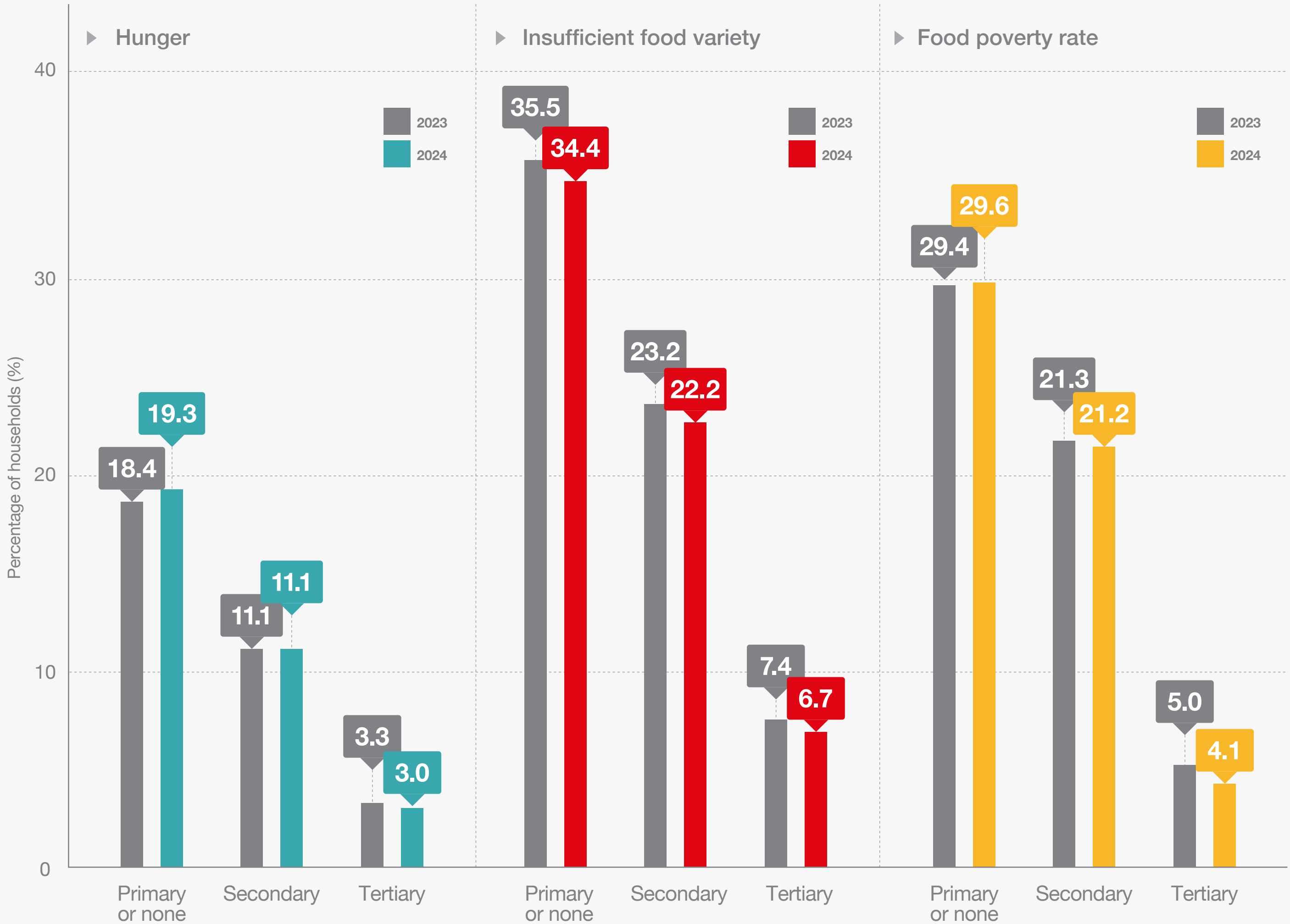


Education levels are closely linked to food poverty, hunger, and diet quality. Looking at **food variety by education level** (Figure 11), **there is a slight improvement among those with the least education**, even though they also report a small rise in hunger.

Reducing poverty (higher incomes) can sometimes have the unexpected effect of worsening health, as families may swap traditional diets for cheap, ultra-processed foods (UPFs). But recent research shows that this trend slows down when both parents and children are highly educated (across two generations). Over time, education and higher incomes help families become more aware of nutrition and choose healthier foods.

Education is strongly linked to better nutrition, helping families make healthier food choices over time.

Figure 11
The percentage of households who reported hunger, insufficient dietary diversity and are food poor by level of education, 2024



Source: Authors' own using General Household Survey 2024

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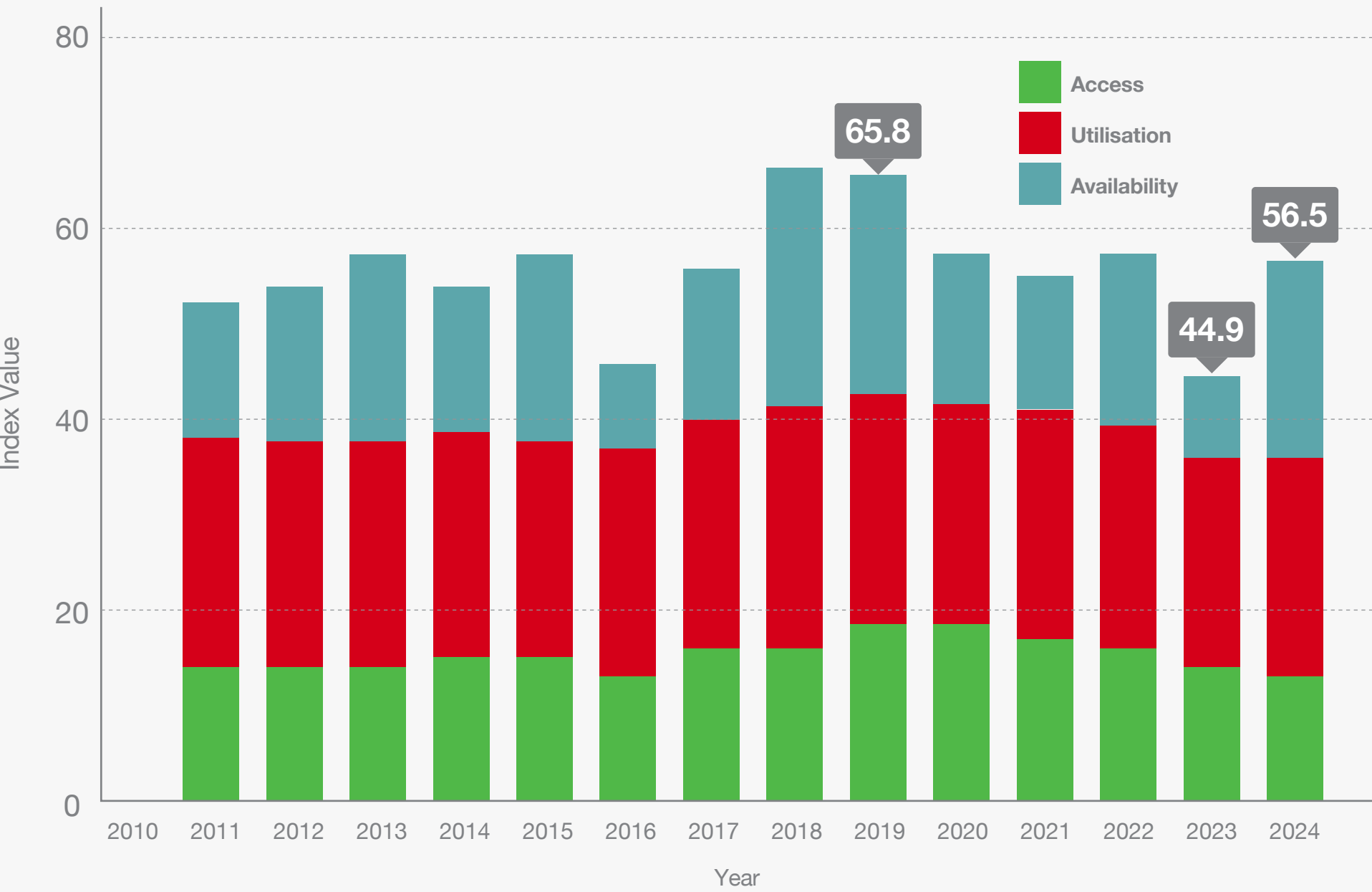
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The rise in the value of the latest Index was mainly due to more stable food prices (Availability, blue bar in Figure 12). But international markets remain volatile, and food inflation in South Africa is expected to reach 4.5% in 2025, which could affect household

food security. Still, BFAP projects that the cost of its basic “thrifty healthy food basket” (a cheaper but healthy basket) will rise by only 2.9% in 2025, suggesting that poorer households may be less vulnerable to these risks. This may be good news for the Index in the coming year.

Figure 12
Contribution of each of the three dimensions (Access, Utilisation and Availability) to the Food Security Index score



The cost of BFAP’s “thrifty healthy food basket” is projected to rise by only 2.9% in 2025, easing pressure on poorer households.





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A deep dive into dietary diversity

A healthy diet is built on two key principles, namely, balance and diversity. **Balance** means getting in the correct mix of energy sources to support good health, while **diversity** means including a wide variety of nutritious foods across all food groups. No single food group can provide all the nutrients the body needs, which is why variety is so important.

That being said, dietary diversity itself lacks a strong definition. At the moment, there are three different measures typically used in nutritional studies (de Oliveira Otto, 2019):

- **Count:** The number of food items consumed.
- **Evenness:** The even intake of calories across different food groups.
- **Dissimilarity:** Consuming food that is from vastly different food groups, to ensure sufficient variety.

It’s important to note that the count method is often used in surveys, but it doesn’t truly reflect diet quality. For example, a study found that people with high dietary diversity scores consumed more good and bad food in general, including processed food (de Oliveira Otto, 2015). **This shows that high dietary diversity does not necessarily equate to a healthier diet**, but it continues to be an easy way to get an understanding through a survey of dietary diversity.

Instead of measuring diversity alone, healthy eating patterns consisting of plant foods, low-fat dairy and limited sugar intake should also be promoted (de Oliveira Otto, 2019).

In South Africa, many diets are monotonous and heavily starch-based, relying mainly on maize and bread (Amelework et al., 2021). There are few studies that provide us with an in-depth understanding of micro-nutrient intake among the larger South African population. A study on the diets of adults aged 20 to 30 found that 70% of participants were not getting enough of 17 out of the 19 key vitamins and minerals (Frank, 2024). **UPFs**

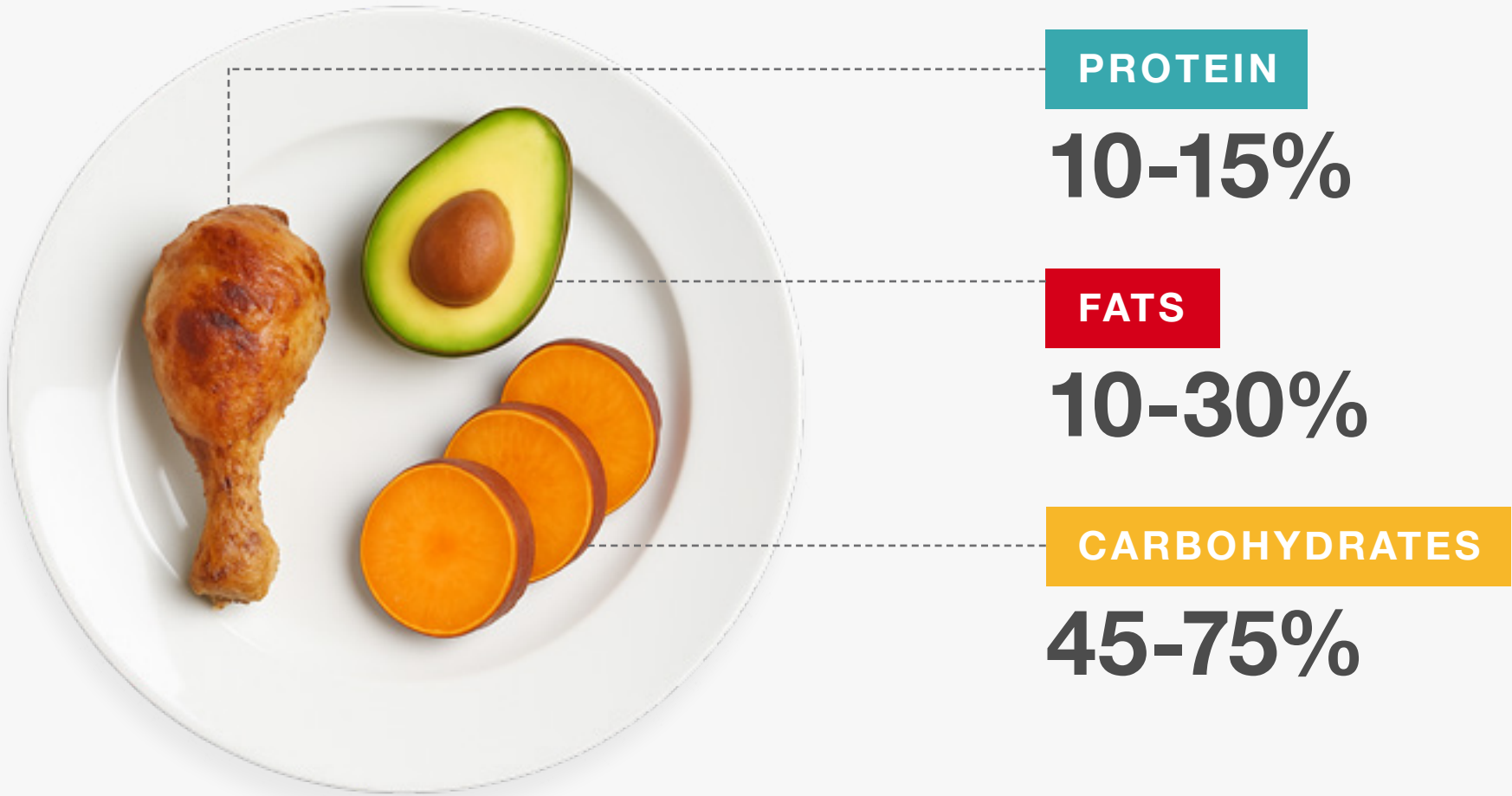
accounted for 39.4% of participants’ diets and only 7% met the WHO’s recommended intake for fruits and vegetables.⁴ Surprisingly, among adults in this study sample, income was not associated with the proportion of UPF consumed. Adults with the lowest household incomes consumed a similar proportion of UPF to the highest income households. As explained earlier in this report, it can take as many as two generations for people with higher incomes to shift towards healthier food and even with higher incomes, people may continue to consume UPFs.

While UPFs and starchy foods are filling in the short term, they are not enough on their own, and, in the absence of other nutrients, a diet heavily reliant on UPFs can lead to serious growth problems such as stunting.

There are macro-nutrient sweet spots that each person should hit daily. For example, a person’s recommended **protein intake** should be **10% to 15% per day**, **fat** should be **15% to 30%** and **carbohydrates** should be between **45% and 75%** (Figure 13).

Figure 13
The macro-nutrient distribution of healthy diets

Source: What are healthy diets? Joint statement by the Food and Agriculture Organisation of the United Nations and the World Health Organisation. 2023.



⁴An intake of equal to or greater than 400 grams per day, as specified in this study.

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The supply of food that enables diverse diets

The supply side of the larger food environment consists of the following value chain components:



Agricultural production, including large commercial producers as well as smallholder and subsistence farmers;



transport and logistics, including infrastructure consideration such as refrigeration; and



retailers, including both formal retailers and informal vendors.

Agricultural production and supply chain

On the production side, South Africa’s agricultural sector is defined as highly ‘diverse’ and able to meet most of the country’s fruit and vegetable needs, according to a recent country profile by the [Food and Agriculture Organization of the United Nations](#) (2022). However, as explored later in the discussion on the retail side of food supply, households may struggle to access diverse, affordable food options **in the areas where they live.**

Large commercial agricultural entities who supply big retail chains form the main producers (Thow, 2024). Around 7 000 commercial farmers yield 80% of the country’s agricultural products, while there are roughly 2 million smallholder farmers which produce smaller volumes of food ([Manfouo, 2024](#)). **Smallholder and subsistence farmers often lack resources**, infrastructure, and secure markets to grow and distribute diverse crops (Modirwa & Oladele, 2012) and access more extensive formal supply chains. Almost all large retailers in South Africa have enterprise supplier (SMME) development projects to support an array of providers with market access (SME South Africa, 2020).

In urban and peri-urban informal settlements, weak infrastructure for storage, refrigeration and transport limits the supply of perishable, nutrient-rich foods (Battersby, 2017). Over the longer term, climate change adds further pressure, threatening agricultural goals and plans to secure reliable access to food and water (Nhemachena, 2020).

Around 7 000 commercial farmers produce 80% of South Africa’s agricultural output, while 2 million smallholder farmers produce much smaller volumes.



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Retail (formal and informal) food environments

In South Africa over 60% of retail sales come from the ‘Big Five’ retail companies (Reddy, 2024). **A study on the informal food economy in Cape Town found that mostly food secure households shop at supermarkets, while food insecure households tend to more regularly make purchases from informal sector providers.** According to some estimates, this sector accounts for about 20% of retail food sales (Reddy, 2024).

These businesses, which include street vendors and informal fast food suppliers, are concentrated in low-income areas (Claasen, 2016) and although they are often overlooked, it is estimated that **the informal food economy contributes about R205 billion per year (in turnover) to the South African economy**, according to informal economy expert GG Alcock.

According to a 2016 paper by the Hungry Cities Partnership, informal food vendors can offer shoppers greater convenience than supermarkets. They tend to operate outside standard trading hours while allowing customers to purchase in

small, affordable units, like two eggs instead of a carton of six.

The informal sector stocks staple foods such as fruit and vegetables, as well as ‘junk food’ like sweets and chocolates, others stock tea and coffee, maize meal and rice (Tawodzera, 2019). Some vendors mainly stock cooked food for convenience, much like supermarkets.

Supermarkets serve as the main food source for most households. While supermarkets offer a large range of staples, they also offer a big selection of UPFs (Claasen, 2016). Processed foods are typically cheap and accessible, making them the easier choice for low-income households. Increasingly, however, UPFs are not only limited to supermarkets, but also widely available at informal vendors. For both the formal and informal sectors, **the big challenge is how to sell a variety of non-perishable food items that households need and want and also ensure a sufficient diversity of healthy food** items such as good quality, affordable plant and animal proteins and fruits and vegetables.



Agrikool – An agricultural business that helps bridge the formal-informal food divide

Agrikool is an agri-tech business in Pietermaritzburg, KwaZulu-Natal, that connects small-scale farmers to formal markets through its digital marketplace. Founded in 2018, it works with more than 42 farms in the KwaZulu-Natal Midlands and has partnered with Shoprite’s Freshmark to supply fresh produce. Since its first order in December 2021, the company has delivered produce worth over R14 million. By helping small producers meet compliance standards and access retail supply chains, Agrikool supports local food security and farming livelihoods.



[Read more](#)

The informal food economy contributes around **R205 billion a year** to the **South African economy** and accounts for about **20% of retail food sales**.

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Affordability of healthy, diverse and unprocessed foods

Supply-side dynamics have a large influence on the price at which diverse and healthy food items are offered to consumers. As the global focus, in both high-income and developing country contexts, is increasingly shifting towards nutrition, there’s a greater focus on healthy food and on the price of healthy food items.

Processed food items and starch-heavy items are often less expensive than healthy food items such as nutritious protein sources and fruits and vegetables. The FAO (2023), in cooperation with the World Bank, developed a database of various indicators related to healthy food costs. The cost of a healthy diet is defined as the “cost of purchasing the least expensive, locally available foods that meet Food-based Dietary Guidelines requirements”, with an energy intake of 2 330 kcal/day (FAO, 2025).

In Figure 14 the cost of a healthy diet for a South African relative to the percentage of individuals that are unable to afford a healthy diet can be

seen. In 2024, 61.7% were unable to afford a healthy diet at a daily cost of US\$3.90 per person. South Africa’s position is contrasted with that of the expanded list of BRICS⁵ countries, as well as some close Southern African neighbours (Botswana and Namibia), who share almost the same development level as South Africa. **While the cost of a healthy diet is lower in South Africa compared to neighbours Botswana and Namibia and compared to the other BRICS countries (for which data is available), a greater percentage of the population is unable to afford a healthy diet than in comparator countries. This reflects both high poverty rates and inequality.**

In 2024, 61.7% of South Africans could not afford a healthy diet at a daily cost of US\$3.90 per person.

⁵The BRICS group includes 11 full member countries: Brazil, Russia, India, China, South Africa, Egypt, Ethiopia, Iran, Saudi Arabia, the United Arab Emirates, and Indonesia. In Figures 14 and 15, Russia and UAE were excluded due to their outlier nature (with regards to data) on the figure.

Figure 14
The cost of a healthy diet (in PPP dollars) per person per day relative to the percentage of the population unable to afford a healthy diet in 2024

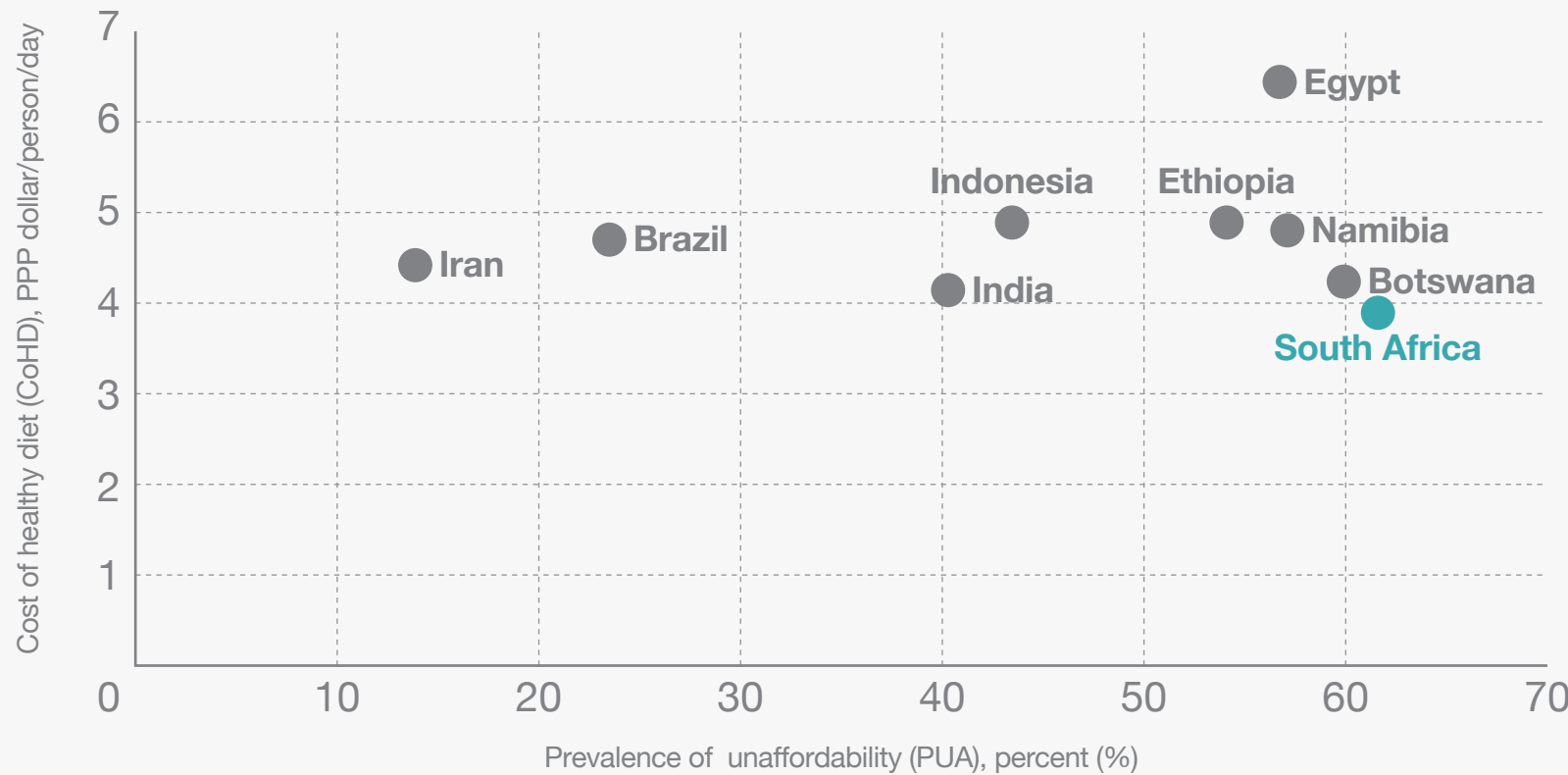
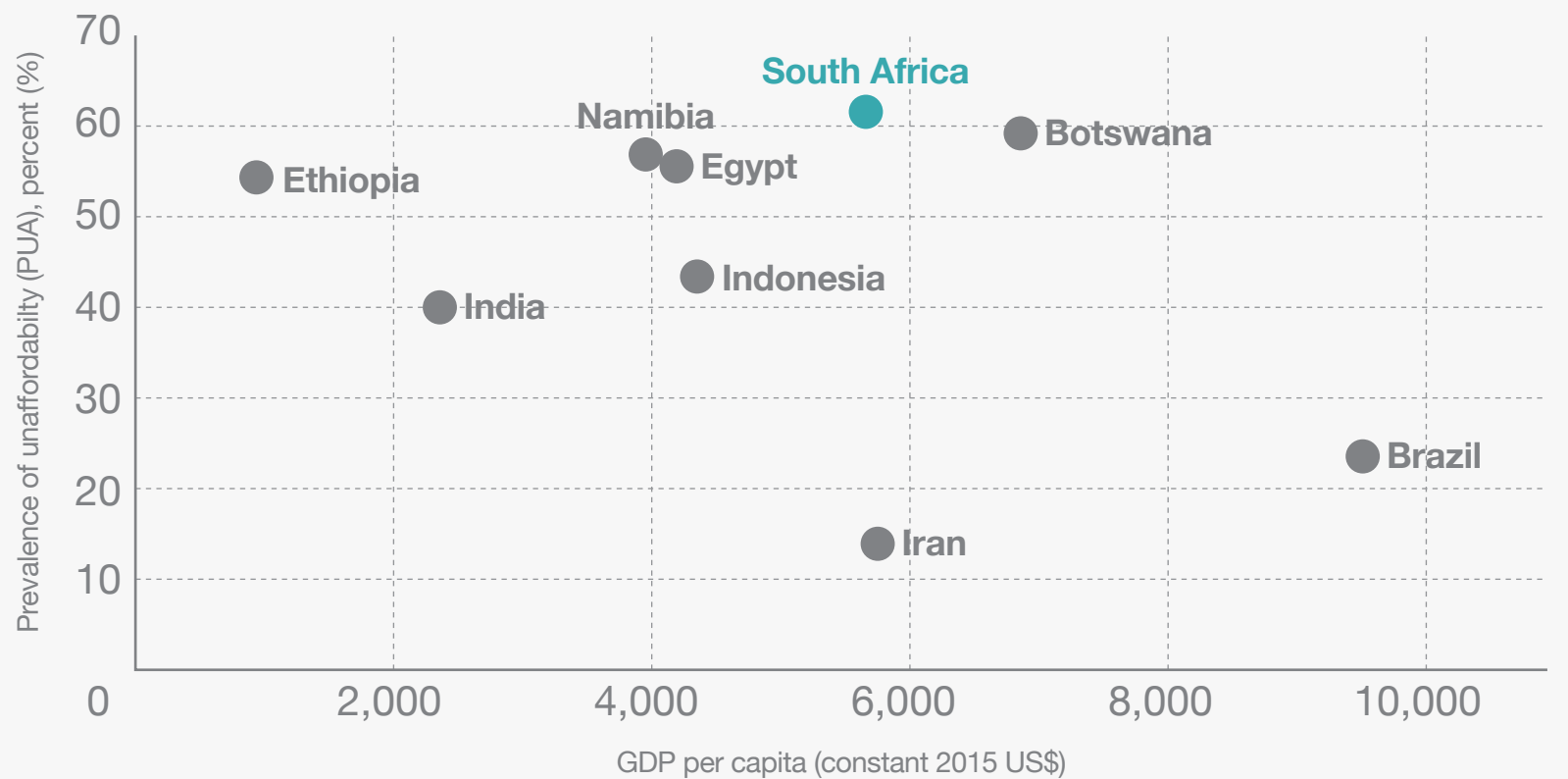


Figure 15
The percentage of the population unable to afford health foods relative to GDP per capita by country, 2023



Source: FAO. 2023. FAOSTAT: Cost and Affordability of a Healthy Diet (CoAHD). In: FAO. [Cited 10 May 2023]. www.fao.org/faostat/en/#data/CAHD

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Examples of behavioural interventions by retailers to support healthy food choices among lower-income households

Since most households shop at supermarkets, these stores play a key role in shaping what foods are available and what people buy. Good research on the **effectiveness of nutrition interventions** among low-income populations is limited, especially for studies done in rural areas. However, research done among low-income shoppers and such shopping environments in wealthy countries provide some ideas. More research (especially in Asia and Africa⁶) is needed to understand how retail environments can encourage healthier eating on a larger scale.

Supermarkets play a key role in shaping diets, but more research is needed to understand how retail environments can promote healthier eating.

⁶ Madlala, S. S., Hill, J., Kunneke, E., Lopes, T., & Faber, M. (2023). Adult food choices in association with the local retail food environment and food access in resource-poor communities: a scoping review. BMC Public Health, 23(1), 1083.

Table 2
Examples of retailer-led nutrition interventions in low-income populations*

Intervention type	Context	Interventions related to healthy options:
Real-life experiments in supermarkets ⁷	High-income countries: Australia, Netherlands, UK	• Pricing strategies (price reduction) • Skill-building in decision-making • Increased availability • Prominent positioning (in-store: shelves and layout) • Peer education • Social norm messaging • Labelling • Healthy end-of-isles
Rural and urban low-income retail food stores ⁸	High-income countries: USA, Canada, Europe, Australia, New Zealand	Effective interventions: • Focus attention on promoted foods through prominent positioning in-store. In rural stores: • Price discounts combined with education • Culturally appropriate messages and/or symbols for example, local actors promoted nutrition in radio and television advertisements. • Social media marketing campaigns

*(most of these examples are from low-income shopping environments in high-income countries as these are the only contexts in which this research has been done)

⁷ Vogel, C., Dijkstra, C., Huitink, M., Dhuria, P., Poelman, M. P., Mackenbach, J. D., ... & Ball, K. (2023). Real-life experiments in supermarkets to encourage healthy dietary-related behaviours: opportunities, challenges and lessons learned. International journal of behavioral nutrition and physical activity, 20(1), 73.

⁸ Fergus, L., Seals, K., & Holston, D. (2021). Nutrition interventions in low-income rural and urban retail environments: A systematic review. Journal of the Academy of Nutrition and Dietetics, 121(6), 1087-1114.

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The demand for dietary diversity

South Africa’s historically high levels of poverty, inequality, and very high unemployment rate of 33.2% (StatsSA, 2025) constrain household purchasing power (Altman, Hart & Jacobs, 2009) and make accessing a diverse diet a luxury for millions of households.

Social grants like the old age pension and child support grant help families by boosting their incomes. Research shows these grants improve children’s growth, because they allow households to buy not only more food, but also better-quality food. Over the past 15 years, South African households have struggled with high unemployment, slow economic growth and repeated spikes in food prices, all of which have limited dietary diversity. Basic staples like maize meal and bread rose by about 69% between 2008 and 2023, while healthier foods such as fruit, vegetables and animal products became even more expensive, with yearly price increases sometimes exceeding 10% (BFAP, 2023; Statistics South Africa, 2023). Despite these challenges, supermarkets have committed to keep daily essentials affordable.



Efforts to keep daily essentials affordable

The Shoprite Group uses low-cost product lines to support its most price-sensitive customers. Shoprite subsidises over **1.8 million R5 products every week**, which are available to customers every single day, at every one of its supermarkets nationwide. Its growing basket of R5 products now include:

- R5 loaf of 600g brown bread, unchanged in price since April 2016;
- R5 takeaway meals, including a protein-rich ox liver burger;
- R5 sanitary pads;
- R5 shampoo and conditioner; and
- R5 body wash.



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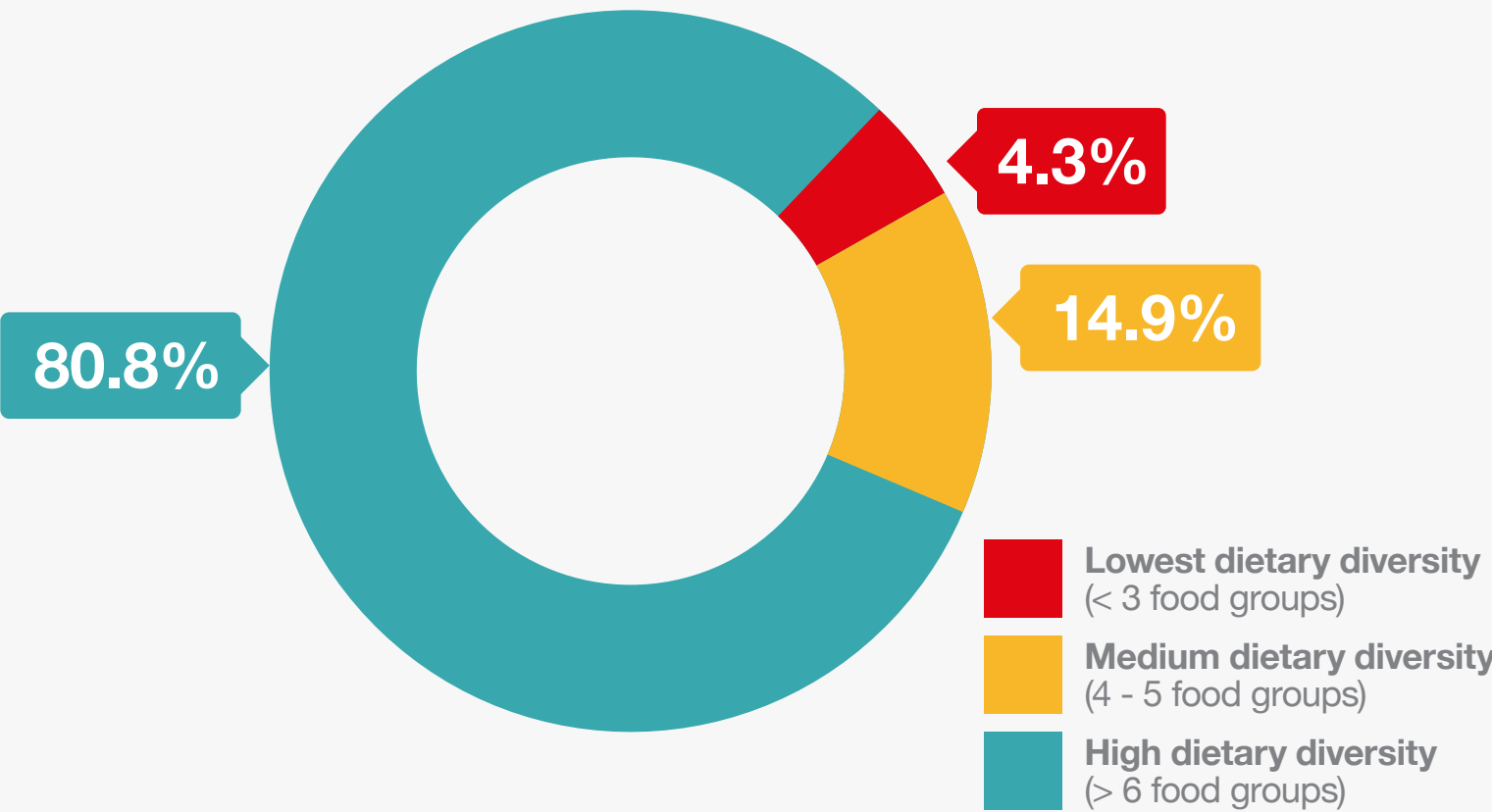
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Studies show that millions of South Africans are not achieving the appropriate macro-nutrient intake. The 2024 National Food and Nutrition Security Survey (NFNSS) looked at the Household Dietary Diversity Scores (HDDS) of families in the country. The HDDS was calculated based on the number of different food groups (a maximum of 12) the household reported consuming in the previous 24 hours.

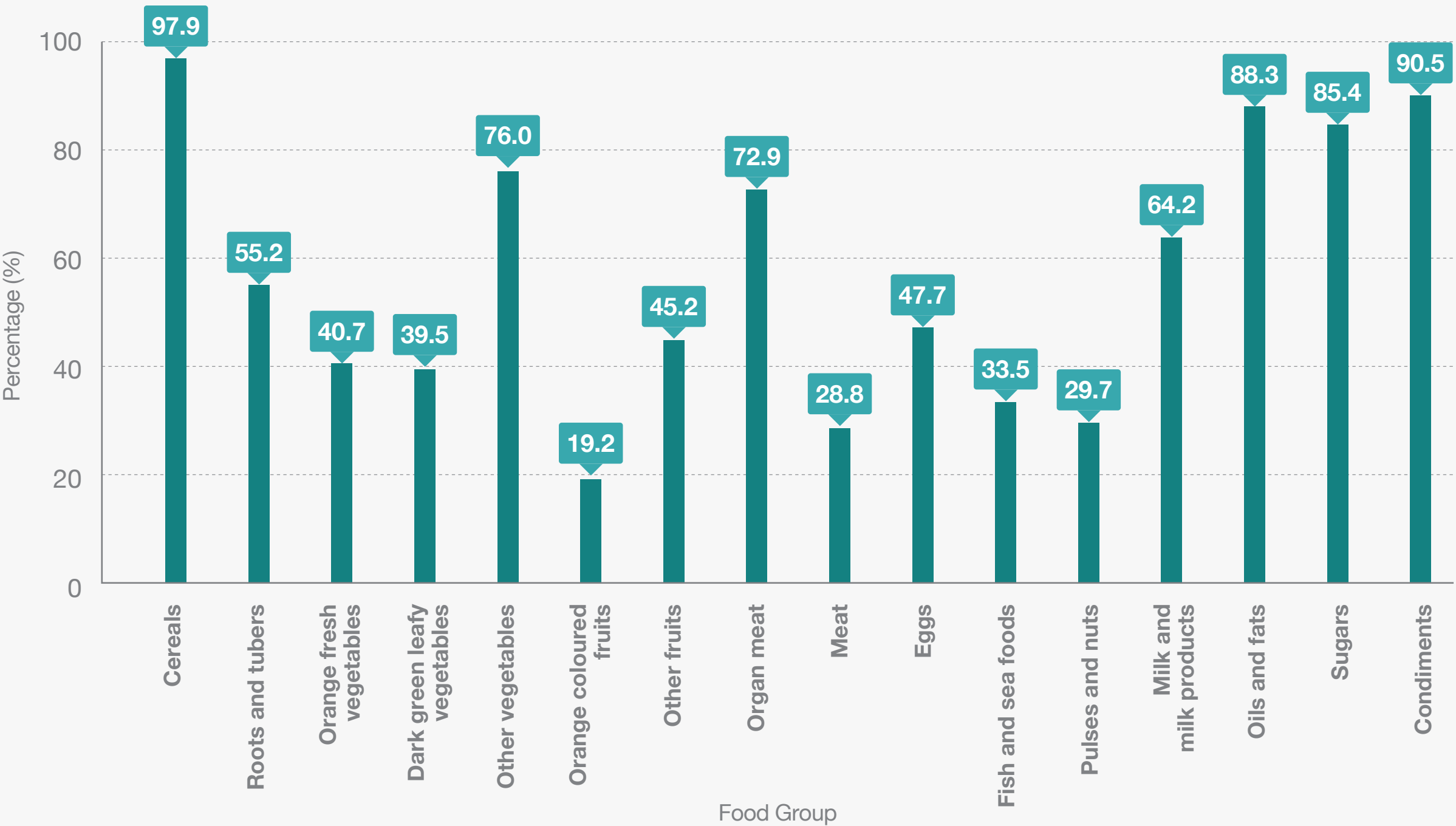
The survey found that while most households (80.8%) showed an above-average dietary diversity score, consuming more than six food groups, almost **20% of households showed medium-to-low dietary diversity scores**, where six or less of the food group targets were met (Figure 16).

Figure 16
Household dietary diversity scores in South Africa



Source: National Food and Nutrition Security Survey, 2023

Figure 17
Frequency of food group consumption in South Africa reported for a 24-hour window



But the survey also highlights that HDDS should not be interpreted as a measure of diet quality because achieving a high score does not necessarily guarantee that food groups, like fruits and vegetables, have been consumed.

“A household can lack crucial micro-nutrients even when consuming a diverse diet.”

Looking at the actual food groups consumed paints a different story (Figure 17). Sugars and sugar-rich foods like cereals and condiments were eaten most frequently, according to data from the NFNSS. **Meats and orange-coloured fruits had the lowest consumption rates, 28.8% and 19.2% respectively (Figure 17).**

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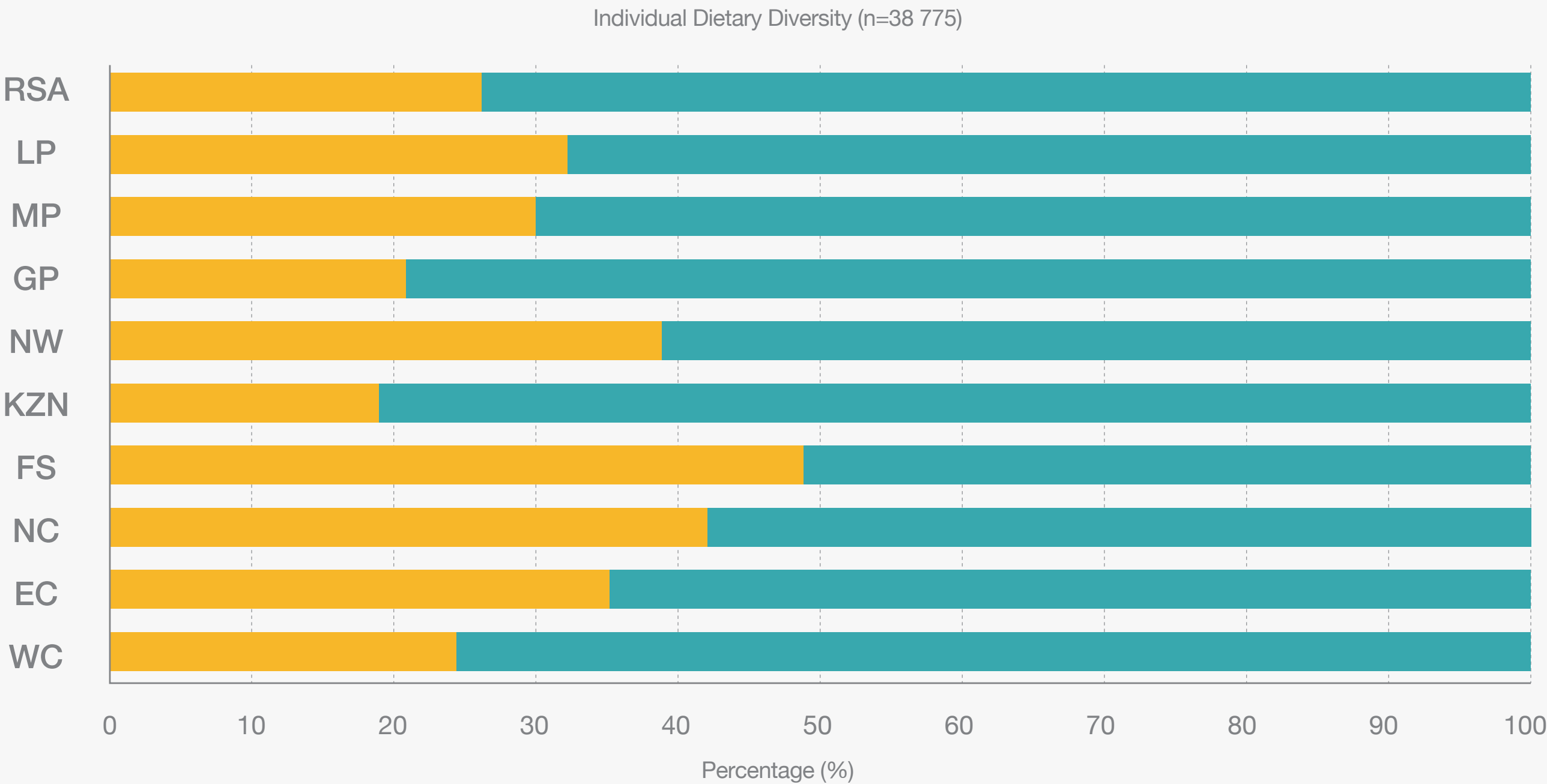
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The survey also looked at the dietary diversity scores of people aged 0 to 5 years and 18 years and older in different provinces (Figure 18). It found that the Free State had the worst score: almost half the population, 49.3%, consumed an inadequate diet with a DDS of three or fewer food groups. The Northern Cape was not far behind with 42.2% of individuals consuming three or fewer food groups in a 24-hour window.

Nearly half of Free State residents (49.3%) consumed three or fewer food groups in 24 hours, the lowest dietary diversity score in the country.

Figure 18
The distribution of low vs. acceptable dietary diversity across individual by provinces in South Africa, 2023



Source: National Food and Nutrition Security Survey, 2023



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Behavioural interventions to promote healthy food choices in low-income households

Behavioural interventions to promote healthy food choices can be very effective when designed using a “bottom-up” approach. This typically means starting with a diagnosis of the behavioural barriers and drivers in the target consumer group. Behavioural barriers and drivers are highly context-dependent, and some are outside food retailers’ sphere of control and responsibility (e.g. upstream systematic, economic and policy factors as identified by Vaughan et al., 2024). **Food retailers can be influential in the food environment (where and how food is obtained) to change consumer decision-making and improve healthy food choices** through appropriate interventions (Westbury et al., 2021 and Madlala et al., 2023).

Globally, food retailers often use information interventions with many of these having been imposed by regulation (for example: labelling, calorie information). These interventions are popular because they are relatively easy and cost-effective to roll out. Several food retailers also use choice architecture to nudge customers toward healthy choices,

for example by placing healthy snacks at eye-level on shelves or in check-out aisles. However, the effectiveness of such interventions is relatively small and insignificant among low-income groups who tend to be more price sensitive. **For lower-income households, interventions that support availability and affordable access to food can be most effective.** This includes price promotions, meal boxes (e.g. meal kits with a simple recipe included) that contain affordable items and healthy food vouchers/aid campaigns, for example.

Food retailers can shape healthier choices by adjusting the food environment - from placement to pricing.

Food choices under conditions of scarcity

It is **beneficial for food retailers, who want to grow market share among lower-income households while also providing them with healthy food, to understand how decisions are made** by consumers in this target market. Understanding the cognitive biases, motivations, and perceptions in this context is crucial for designing effective, culturally appropriate, and low-cost food interventions. These households may experience financial scarcity (income uncertainty), food insecurity and time scarcity that cause high levels of stress and diminished cognitive capacity known as a “scarcity mentality”. This scarcity mindset significantly influences decision-making (Shah, Mullainathan & Shafir, 2012) in general, and may manifest in the following ways when making food choices (Laraia et al., 2017; Husyenov, Palma & Segovia, 2023):



Financial scarcity

Price sensitivity is higher when household budgets are tight. Households may prefer healthy food options, but economic constraints don’t allow flexibility to buy a variety of nutritious foods for a balanced diet. To support consumers’ healthier choices, the single most important factor is price.



Financial insecurity

A scarcity mindset may create intense thoughts and obsessions about food, because the brain sees restriction as a survival threat. These intense feelings of deprivation may lead to overeating or choosing high-calorie, unhealthy foods (such as UPFs) for quick comfort. To support better food choices, it will be important to ensure that shoppers have access to easy-to-find, healthy food options.



Time scarcity

When individuals or households don’t have time to cook nutritious meals, the alternative is convenient, fast foods that are often less healthy. To help people eat better, supermarkets need to make healthy foods easy to find and to reduce the (time) frictions associated with preparing healthy food.

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Regulatory and whole-of society approaches

Regulatory approaches are needed when structural barriers prevent voluntary action from being effective in improving nutrition outcomes. Regulations can create the “baseline conditions” within which whole-of-society initiatives can thrive. However, the area of good nutrition is one that benefits from cross-sectoral collaboration because **nutrition challenges are complex and context-specific**. Improving diets needs a whole-of-society effort, since governments can’t change behaviours and social norms on its own. **Communities, businesses and individuals all need to play a part.**

South Africa’s sugar tax has been one of the more successful policies to improve nutrition In 2018, the South African government introduced the **Health Promotion Levy** (a tax on sugary beverages): a tax of 2.1 cents per gram of sugar content that exceeds 4 grams per 100ml, with the first 100ml being levy-free. A 2021 study tracking household purchases from 2014 to 2019 found that after the tax was implemented there was a 5.62g per day reduction in sugar intake among consumers. It also found that poorer households bought larger amounts of sugary beverages before the implementation of the tax than households with higher socioeconomic status, but these households also reduced their purchases of sugary beverages after the implementation of the tax.

New national nutrition plan still absent. The National Food and Nutrition Security Plan, despite having a six-year implementation period (2018 to 2023), ended up showing **little progress regarding important issues like stunting, obesity and low birthweight**. It met very few of the impact and strategic objective targets that had been set for the implementation period. We are now overdue for an updated National Food and Nutrition Security Plan which is supposed to cover 2024-2029. A draft plan has not yet been released.

Many of South Africa’s most promising regulatory approaches for improving diets remain in draft proposal form. This includes a possible Maternity Support Grant to support better nutrition for pregnant mothers and the draft regulations for the implementation of front-of-pack mandatory black-and-white warning labels for pre-packaged foods **that are high in sugar, salt and unhealthy fats**.

Against this backdrop, there are critical lessons to be drawn from other LMIC countries that are leading the way with strong, innovative regulatory and whole-of-society approaches to improving food security and dietary diversity. Here we feature the recent approaches of three of South Africa’s BRICS counterparts:

Brazil

A food classification system for processed food. Brazil introduced the NOVA food classification which doesn’t categorise food according to nutrient content **but rather according to how processed it is**. The system was developed by epidemiologist Carlos Monteiro, who created four food processing degrees, **ranging from minimally processed to ultra-processed**. A pilot study by Bolhuis et al. (2022) mentioned that people who were familiar with the NOVA categorisation system were more likely to see ultra-processed foods as unhealthy and choose better options instead.

A school feeding programme that supports nutrition in a broader sense. **The National School Feeding Programme (PNAE)** provides meals to all pupils and requires that at least 30 % of the federal funds are spent on foods purchased from family (small-scale) farmers. The menus that form part of the programme emphasise **diverse, locally grown foods**, respect seasonality and culture, and prioritise organic and agroecological products. Brazil has also adopted front-of-pack labelling and proposed a higher tax on sugarsweetened beverages (SSBs) combined with subsidies for fruit and vegetables.

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China

Healthy Diet Plan as an awareness and education campaign intended to shift choices and behaviour towards healthier food. China’s Healthy Diet policy and related awareness-and-education campaigns have increasingly tried to shift public food choices and behaviours **through setting specific targets and helping people adopt healthier habits.** Under the Healthy China 2030 strategy (formally adopted around 2016-2019), the government promoted sensible eating habits: reducing over-consumption of oils, sugar, salt; increasing intake of whole grains, vegetables, fruits, legumes; and improving overall nutritional balance. Some of the earlier targets included shifting people from an average of 296 grams of fruits and vegetables per day to 500 grams or more daily by 2030. **A target of 12 or more food groups per day has also been set to be achieved by 2030.** It is described as a “long-term, ambitious plan”.

India

India’s national nutrition mission (POSHAN Abhiyaan) uses technology, behaviour-change- communication, community mobilisation and cross-sector- collaboration to improve **maternal and child nutrition.** It was launched in 2018 and aims to improve nutritional outcomes for pregnant women, lactating mothers, children below six years, and adolescent girls by reducing stunting, anemia, and low birth weight. Interventions **include take-home- rations, hot cooked meals for pregnant and lactating women, micro-nutrient supplements, food fortification, subsidised staples, cash transfers** (e.g., Mamata scheme) and **kitchen gardens** (Nguyen et al., 2021). POSHAN Abhiyaan entails collaboration among different ministries (e.g., Women & Child Development, Health, Education) to tackle malnutrition.



Khulisa Care: An example of a whole-of-society approach in South Africa

Whole-of society approaches are also slowly being rolled out in South Africa. Here we feature one such example which tries to avoid some of the negative outcomes typically associated with under-nutrition (too little food or nutrients) in pregnant women that can have life-long consequences for their children.

The Western Cape Government (Department of Health and Wellness and the Office of the Premier) with the DG Murray Trust officially launched Khulisa Care in August 2025. This whole-of-society initiative is a collaboration between larger civil society (NGO sector) and the private sector, including the Grow Great Campaign and Shoprite.

The Khulisa Care programme targets three critical groups for the improvement of nutrition status in South Africa:

- Underweight pregnant women;
- women at risk of delivering low birth weight babies (less than 2.5 kg); and
- mothers who have already given birth to babies with a low birth weight.

These pregnant women and mothers will be identified when attending antenatal and postnatal care at public healthcare clinics in Worcester and Mitchells Plain.

The initiative **combines monthly food vouchers for protein-rich foods** with comprehensive primary healthcare support. Eligible women will receive monthly food vouchers that they can use at Shoprite, to purchase a basket of ten protein-rich foods identified by the Grow Great Campaign and aligned with World Health Organization (WHO) guidelines. Community healthcare workers, part of the primary healthcare system, will provide nutritional advice, growth monitoring of babies; counselling on breastfeeding and baby feeding practices. They will also support women and mothers with education on healthy pregnancies, safe infant care, and regular immunisation for their babies.

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By combining supply-side reforms (support for local producers, better school feeding, nutrition-sensitive social protection) with demand-side nudges (e.g. better nutrition education, labelling and retailers supporting health food choices through products and layout), South Africa could improve dietary diversity despite its high poverty and unemployment.

Behavioural interventions should complement, not replace, broader economic policies that try to reduce poverty and inequality. To improve dietary diversity, South Africa could adopt a **combined structural and behavioural approach**:



Strengthen policy frameworks and coordination. Brazil’s dietary guidelines and China’s Healthy Diet Campaign show how national frameworks can shift food environments towards minimally processed (healthier) foods and **clear food diversity targets**. South Africa could update its own guidelines to emphasise whole foods, limit ultra-processed items and include education on nutrition. The imminent release of the updated National Food and Nutrition Security Plan offers an opportunity for new ideas and learnings from other countries’ approaches.



Invest in school and community feeding programmes. Expanding and fully funding the National School Nutrition Programme could follow the example of Brazil’s PNAE which sources **at least 30 % of food from local small-scale farmers**. A greater focus on **community gardens and kitchen-garden initiatives**, as used in India, could improve household dietary diversity, especially in peri-urban and rural areas. The relatively good food security in rural provinces like Limpopo and the Eastern Cape, despite low incomes, highlights the vital role of small-scale farming and home gardens for vulnerable households.



Maintain and expand fiscal and regulatory measures. Though fiscal measures such as South Africa’s sugar tax increase the price of food for households, research has shown **it has shifted households purchases away from sugary drinks**. This type of measure at least needs to be maintained, if not also increased to reduce the intake of food items that are known to contribute to over-consumption of calories.

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Respect and embrace culturally embedded food types. The Brazilian school feeding programme shows the importance of including food that is culturally relevant. There is scope to ensure much greater availability of culturally embedded healthy food types (also referred to as “indigenous foods” like amaranth, cowpea, bambara groundnut, and pearl millet), in South African retail spaces. These are food types that are already culturally valued but are not always available in the retail spaces where low-income consumers shop.



Link social protection to nutrition more strongly. India’s cash transfer schemes demonstrate that modest transfers can reduce food insecurity when well designed. South Africa could continue to experiment with nutrition-sensitive grants or voucher schemes in critical life phases (pregnancy and childhood) as embedded in the Khulisa Care pilot (e.g., increased child support grants earmarked for nutrient-dense foods) and integrate education on nutrition.



Improve monitoring and data. China’s national nutrition plan includes regular screening and monitoring at hospitals, schools and community level. South Africa currently lacks robust dietary measurements systems as demonstrated by alarming recent reports of children’s deaths due to malnutrition in Kwazulu-Natal, Eastern Cape and Limpop. Creating a national dietary diversity monitoring system, combined with more regular Household Food Security surveys such as the one conducted by the HSRC in 2023, would help target interventions and measure progress.



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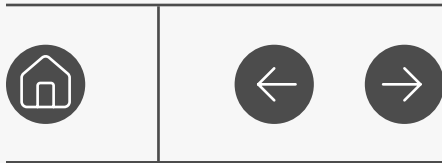
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We thank Gemma Gatticchi for general research assistance on this report.



Dr Anja Smith

Anja Smith is a development economist, data-driven storyteller and co-founder of Beam, which translates complex ideas into clear communication. She is also a part-time researcher at Stellenbosch University’s Research on Socio-Economic Policy. Since completing her PhD in Economics in 2016, her research has centred on health financing, service delivery, infrastructure, and household well-being. Anja is rated Y1 by the National Research Foundation of South Africa.



Prof Dieter von Fintel

Dieter von Fintel is a development economist at Stellenbosch University. His research focuses on uncovering the impacts of historical and contemporary policies on agricultural, labour, food security and health outcomes in various parts of sub-Saharan Africa. He has consulted on development, economic and statistical issues to the World Food Programme, the United Nations Children Fund, the Bureau for Food and Agricultural Policy, the South African Reserve Bank, and various national statistics offices.



Dr Marna Landman

Marna Landman is a behavioural economist and co-founder of Beam. Her research focuses on behavioural science applications to science communication, finance, economic development and sustainability. Her PhD involved designing, executing and evaluating the impact of a saving behaviour intervention under conditions of scarcity. She has a background in finance and consulting with international experience across financial services, renewable energy, climate finance, sustainability and socio-economic development.



Cnr William Dabbs Street and Old Paarl Road
Brackenfell, 7560, South Africa

PO Box 215, Brackenfell, 7561, South Africa

Telephone: +27 (0)21 980 4000

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