CHAPTER 9:

CASE STUDIES: LOCAL AND PROVINCIAL GOVERNMENT

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ABSTRACT

This chapter examines the responses of provinces to the COVID-19 pandemic. It argues that the interventions adopted by provinces represent the litmus test of how the country is succeeding in pushing back the pandemic. Notwithstanding the unparalleled nature of the coronavirus impact, this chapter considers the responses of provinces against the background adapting existing methods of governance and strategies to plan appropriate interventions. It also considers some these interventions and discusses their attempts at addressing both the challenges of growing inequalities and the threats of the coronavirus.

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ABBREVIATIONS AND ACRONYMS

BAS	Basic Accounting System
CDW	Community development workers
COGHSTA	Department of Co-operative Governance, Human Settlement and Traditional Affairs
COGTA	Department of Cooperative Governance and Traditional Affairs
DALRRD	Department of Agriculture, Land Reform and Rural Development's
DCC	District Command Centre
DEA&DP	Department of Environmental Affairs and Development Planning
DEDAT	Department of Economic Development and Tourism
DEDEAT	Department of Economic Development, Environmental Affairs and Tourism
DDM	District Development Model
DG	Director General
DJOC	District Joint Operations Centres
DLG	Department of Local Government
DOCS	Department of Community Safety
DOH	Department of Health
DOTP	Department of the Premier
DRDAR	Department of Rural Development and Agricultural Reform
DRPW	Department of Roads and Public Works
DSD	Department of Social Development
DTIC	Trade, Industry and Competition
EMS	Emergency Medical Services
ESKOM	Electricity Supply Commission
ESRI	Environmental Systems Research Institute
Exco	Executive Committee
GCR	Gauteng City Region
GCRO	Gauteng City Region Observatory
GDARD	Gauteng Department of Agriculture and Rural Development
GPG	Gauteng Provincial Government
HoD	Head of Department

ICU	Intensive Care Unit
IDC	Industrial Development Corporation
JDA	Joint District Approach
JDMA	Joint District and Metro Approach
JOC	Joint Operation Centre
KBITA	Kapa Bokone Traders Association
MEC	Member of the Executive Council
MFMA	Municipal Finance Management Act
NEF	National Empowerment Fund
NEHAWU	National Education, Health and Allied Workers' Union
NGO	Non-Governmental Organisation
OECD	Organisation for Economic Co-operation and Development
PCC	Provincial Command Council
PDMCC	Provincial Disaster Management Command Centre
PDOC	Provincial Disaster Operations Centre
PDSD	Provincial Department of Social Development
PEDF	Northern Cape Provincial Enterprise Development Forum
PERSAL	Personnel and Salary Administration System
PFMA	Public Finance Management Act
PMO	Programme Management Office
PPE	Personal Protective Equipment
ProvJoints	Provincial Joint Operational and Intelligence Structures
SALGA	South African Local Government Association
SAMWU	South African Municipal Workers' Union
SASSA	South African Social Security Agency
SEDA	Small Enterprise Development Agency
SEFA	Small Enterprise Finance Agency
SIU	Special Investigative Unit
SMME	Small, Medium and Micro Enterprises
SEZ	Special Economic Zone
SPV	Single Patient View
UIF	Unemployment Insurance Fund
Wesgro	Western Cape Tourism, Trade and Investment Promotion Agency

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INTRODUCTION

When the World Health Organisation (WHO) declared COVID-19 a global pandemic in March 2020, President Ramaphosa and his government understood the gravity of this pandemic and agreed to prioritise health interventions and save lives. A dedicated coronavirus budget of R500 billion was made available to help the country face the unprecedented effects of the virus. Within a blink, the entire country was plunged into crisis mode and government had to provide leadership through management and coordination of controlling the spread of the pandemic. Like for South Africa, this was a first for every country and for every individual.

Once the decision to systematically deal with the pandemic through prioritising health and social welfare was accepted, it meant using the three spheres of government to implement and coordinate all efforts. Provincial governments, as one of the most important cogs in service delivery, were crucial to transforming national strategies into actions. In this way, provinces are the visible and tangible face where people and the world can see how South Africa is coordinating its efforts to manage the pandemic.

Our experiences in dealing with a global threat like the coronavirus is unmatched in history but, the socio-economic disruptions brought about by it are added to existing issues of social and economic deprivation. Provinces are at the coal face of implementing measures to not only stem the spread of the coronavirus but also to ensure that such measures are people-centred and used to save lives. How did they do this? What measures did they put in place and how were they implemented?

As part of contributing to how South Africa managed the COVID-19 pandemic, provinces provide the ethnographic data of the challenges and needs of people and the provinces in addressing unprecedented crises. What lessons can we learn from the measures implemented in the provinces?

This chapter examines the measures implemented by provinces and provides an overview based on the data submitted to the Department of Planning, Monitoring and Evaluation (DPME). All nine provinces received a formal request from the DPME to gather and submit data on the effectiveness of measures implemented. This was addressed to all Provincial Directors-General and were informed that their submission would contribute to the report that records lessons learnt from the implementation of COVID-19 measures since January 2020.

Some of the key measures and issues each province had to report on are:

1. Measures put in place at the provincial and local levels to slow down and reduce infections, assist businesses and individuals affected by the pandemic and to protect poor and vulnerable households among South Africans
2. Effectiveness and/or ineffectiveness of the measures that were implemented, and reasons for such
3. Document the contributions made by social partners and other structures in support of the strategy adopted by the province to mitigate the impact of COVID-19
4. Analyse citizen perceptions, experiences and views of the COVID-19 state of national disaster

These measures and issues reflect the tenor of the national approach to addressing the COVID-19 crises and were shared as guiding criteria with the provinces. In this way, each province had the

opportunity to tweak them to suit their particular contexts. Not all provinces complied with the request as reports from the provinces of Limpopo and North West remain outstanding. While the provinces of Gauteng, KwaZulu-Natal, Eastern Cape, Northern Cape, Western Cape, and Mpumalanga submitted reports; Free State submitted and executive summary. The overarching common factor was that all seven provinces located the study within the Premier's office.

RESEARCH DESIGN AND METHOD

Once provinces received the brief with its terms of reference from national level, each province had to operationalise this and collect data as requested.

The terms of reference took into consideration the specific contexts of provinces and allowed them to determine their data gathering methods. Six provinces responded to this and from their submissions, it is evident that they used a mix of methods to gather information and all provinces used a combination of qualitative and quantitative research methods.

The mixed method approach allowed provinces to engage with the complexities of the coronavirus and design a research method appropriate to its context. All provinces located and coordinated the research from within the Office of the Premier. The reports submitted to the DPME formed the ethnographic evidence of measures implemented to reduce the impact of COVID-19 and demonstrate the successes and limitations of measures implemented.

Each report received from a province constituted a case study in the national context. The research and design methods used to collect data is briefly outlined per province:

Gauteng

Gauteng used a case study methodology as its principal method to generate data. It identified major themes and appointed lead experts in the different areas to conduct the research and who were assisted by staff in the Premier's Office with technical support. This study concentrated on collecting information from the Gauteng City Region and from the metros, districts and local municipalities that it comprises.

Expert academics were tasked to produce a report on: Health and Health Systems; Governance, Leadership and Decision Making; Economic Response to COVID-19; Food Security; and Education. Each

KwaZulu Natal

The KwaZulu-Natal Province adopted a rapid evaluation methodology to assess its performance and interventions related to the impact of the coronavirus and more so because it allowed for real-time evaluations. They were particularly interested in assessing the overall impact of the COVID-19 Implementation Plan and use the outcomes of the evaluation to assess its success as well as identify areas that need further attention and how that might be improved.

The first step consisted of collecting detailed information from the COVID-19 Implementation Plan and 1st Quarter Provincial COVID-19 Progress Report and develop a comprehensive Excel spreadsheet. Which was an extensive undertaking and was to in two phases to ensure that the data collected was a reliable/true reflection of measures implemented.

Eastern Cape

The Eastern Cape adopted a qualitative data gathering method. It was guided by the role of local government in implementing strategies to combat the impact of COVID-19. Subsequently, it asked each of the four district municipalities Amathole, Chris Hani, Joe Gqabi and Sarah Baartman that constitute the province to compile a report.

Each district municipality prepared a report which it submitted to the Office of the Premier. The Eastern Cape used officials already involved in the management of dealing with COVID-19 at local, district and provincial level to gather data. In doing so, they were guided by the terms of reference they received and in line with that they also added areas of male initiation and, liquor controls and compliance with COVID-19 protocols. A further reason that supported their data research method was the District Joint Operations Committee (DJOC) was operational and therefore able to report on its diverse activities.

Northern Cape

The Northern Cape adopted a case study and used a qualitative self-reporting technique gather data related to measures implemented to curb the spread of COVID-19. The Office of the Premier's Performance Monitoring and Evaluation component coordinated this exercise. The gist of the study focused on examining the effectiveness as well identifying the challenges in implementing measures to meet national and provincial targets. To this effect the Province looked at issues of policy within the province, contribution of social partners, issues of governance and the use of the District Development Model among others to ascertain successes achieved and make further recommendations

Western Cape

The Western Cape regarded its interventions to deal with and reduce the spread of the coronavirus as a dynamic situation. This determined its choice of applying Rapid Assessment procedures to gather data for this method corresponded to its aim of producing contextual information about the status of the various interventions implemented to curb the proliferation of COVID-19. Rapid Assessment is specifically indicated as an excellent method to evaluate strategies and produce insights during crises.

The assessment team comprised a mix of external researchers and staff drawn from the Western Cape Government. This hybrid team of internal officials and external researchers combined desktop research with online interviews and focus groups and also did an online survey. The object of the study helped the interlocutors for the interviews and focus groups. Management staff in the municipalities and districts of the Province, sectoral heads of the Hotspot that included health, safety and security, and communication leads, as well as community groups and NGOs were targeted for generating information.

The information obtained was then analysed to ascertain the successes of interventions and measures implemented as well to identify the gaps and challenges that needed to be addressed.

Mpumalanga

The Mpumalanga Province considered the primary aim of their contribution as collecting data on best practices implemented in the Province at local levels to combat the spread of the coronavirus pandemic.

The research design and method for this study influenced the Province to ask the University of Witwatersrand and Health Systems Innovation to do the study. They agreed on a mixed method approach that combined quantitative with qualitative methods. Research foci for this study included the Provincial Responses to COVID-19, Responses of citizens to the different lockdown levels and Citizens' responses social relief initiatives. Responses obtained were then used to determine the impact and make recommendations.

Free State

The Free State, -as stated in the executive summary it submitted-, adopted a case study method and used this opportunity to focus on importance of COVID-19 screening in controlling the spread of COVID-19. It used community and targeted screenings to determine the presence of the coronavirus and was specifically interested in understanding why the Department of Health had yielded more successful results through targeted screening than with community screening.

To conduct this study, it adopted a combined methodology of doing desktop research, collecting information with specific reference to the reporting process during the COVID-19 period from the Department of Health, and interviewing officials of the Free State Province responsible for the management of COVID-19 screenings.

The status of data generated in the six Provinces that submitted reports used a different research methods to collect information. Yet, in their ensemble, they were focused on providing insights on measures implemented to curb the spread of the coronavirus. More importantly, this exercise also gave each Province invaluable insights on the effectiveness of measures adopted and the knowledge of why they should and how they could enhance this aspect of service delivery in the face of a deepening crisis.

THEORETICAL FRAMEWORK: What Provinces tell us about COVID-19

All seven Provinces heeded the DPME guidelines and provided information on two valuable aspects of dealing with the coronavirus. They reported on their achievements and also used these to address emerging and urgent shortcomings.

As an ensemble, the submitted Provincial reports represent six case studies and are the tangible evidence of the success and/or challenges of policies and strategies used to control and manage crises situations. Like anywhere else in the world, Provincial governments in South Africa hardly had sufficient time to debate the merits and demerits of measures they could use against the coronavirus. Swift action was needed and the gravity of possible infection became the context within which they had to plan, strategize and implement. The coronavirus is an unknown threat and making people safety the priority, is also accepting to build a knowledge base going forward. While the overarching aims, strategies and measures were passed down from the national level, they gain credibility at the Provincial level.

POVERTY, INEQUALITY AND UNEMPLOYMENT: SOUTH AFRICA'S TRIPLE CHALLENGE

This section examines the socio-economic context within which South Africa's successes and challenges in dealing with the aim of reducing the spread of COVID-19 depend.

In the first instance, it is necessary to understand that COVID-19 is a health issue. It needs medical science to identify ways of protecting ordinary people from it. This is how and why South Africa adopted various lockdown measures and required all people to adhere to the protocols. This first step of getting all to sanitise and wear masks as start, also has to be located within the socio-economic realities of everyday life. What does lockdown mean to the individual and to the nation? What measures should people and the nation put into place to ensure the well-being of the entire country? The methods that South Africa had to consider the success of reducing the spread of coronavirus against the most vulnerable social circumstance: Poverty and inequality.

South Africa, according to the United Nations Development Programme (UNDP) and the World Bank has one of the highest inequalities in the world and which in essence determines the levels of success in combatting the spread of the coronavirus. High unemployment, low paid and precarious jobs as well as access to better education are among the factors that limit ordinary South Africans from improving their livelihoods and which each province has to consider as an indicator of its response to the securing the health and social well-being of all that reside within its borders.

Widening Access to Health

In a South Africa characterised by deep levels of poverty, inequality and unemployment, the coronavirus also amplified problems related to issues of health. The stark reality is that health is a stratified system where the majority of the population (about 84%) has to rely on an overburdened, understaffed and poorly equipped public health system. The private health care sector serves 16% of South Africa's population and is by contrast well equipped and well-staffed.

The importance of surviving from coronavirus infections placed the health systems at the centre of care and with a public health system that was under-prepared also meant that more South Africans than ever imagined could fall victim to the virus. Hence, at all levels, health systems had to miraculously improve their delivery capacity if the impact of COVID-19 was to be reduced.

Homes, where people live, or even hope to live in the case of homeless persons, would be in one of the nine Provinces. Health amenities like hospitals, clinics and medical practices also have their legal *domicilium citandi* status in a city/town in a Province. The size of health care facilities are designed to cover ordinary health needs during ordinary times. The coronavirus was everything but normal. It could spread and affect an innumerable number of persons in a day. A fact that put a strain on health care systems and which Provinces had to improvise on and be ready.

ICU and bed capacity were needed in all high density areas. This early realisation informed some of the decisions by provinces. Provinces interpreted the health imperatives to save lives. Screening and tracking methods featured as part of the strategies adopted. The Free State province placed the emphasis on screening and targeted screening. The provinces of Gauteng, Eastern Cape, Northern Cape, Kwa Zulu Natal and Mpumalanga placed screening and tracking as a substantive part of their health response.

Beds and readiness in terms of equipment and medical personnel is a key factor in the preparation of a province to respond to the coronavirus. From the data received, all provinces used the spread of COVID-19 and the availability of beds across the public and private health care institutions to determine the breadth and real-time possibility of response. All agreed that the public health care sector needed equipment like ventilators among others.

All provinces used some of the national budget they received with additional funds drawn from the province to increase the number of beds for people in need of specialised care. In the Eastern Cape, in addition to the 24hr call centre, the Eastern Cape Government put up a field hospital in the Nelson Mandela Bay Municipality stadium. The report also noted the negotiations with VW and the Department of Health regarding the need for additional beds and medical equipment.

The province of Kwa Zulu Natal adopted a triage method where patients that tested positive were divided into three categories to not overwhelm hospitals with unnecessary care seekers. The triage method pointed to the need for beds, and KZN put up field hospitals in and near hotspot areas like Clairwood, General Justice Gizenga Mpanga, and Ngwelezana. In addition to these areas, the Royal Show Grounds was prepared to respond to this in the case of a spike in the number of cases. The KZN policy was informed by demand. The field hospitals were in addition to the approximate 5000 beds available across the public and private health facilities in the province.

The Mpumalanga report emphasised the importance of personnel and equipment in dealing with the coronavirus. These were two areas of concern that needed attention. From a practical perspective, the province identified the need for additional beds, mobile testing units and personal protective equipment (PPE). An interesting aside is that they also considered setting aside land for burials as essential. Some of the measures adopted to stem the spread of the virus included getting all health care facilities in the province to effectively respond by strengthening their Disaster Preparedness Plans and Response. The revitalization of its Provincial Health Operation Centre (PROVHOC) and Mpumalanga Communicable Disease Outbreak Response & Contact Tracing and Tracking Strategy was essential to its overall strategy.

The slowing down of the virus spread informed the essence of the Northern Cape report. It considered screening and tracking as essential components of it5s strategy. Quarantine sites were prepared across the province. Where more beds needed, the provincial government liaised with local municipalities to address this. They in turn, negotiated with the Department of Environment and

Nature to use holiday resorts for quarantine purposes. They, furthermore, also asked the Department of Arts & Culture and in this way assured extra quarantine facilities across the five districts. Private health care institutions as well as mines in the province were asked to make beds available for patients in need of ICU care.

The Western Cape Government (WCG) used the Hotspot Strategy to determine its health needs and responses. Each head of department in the WCG was tasked to plan and implement interventions that emphasised behavioural changes. While this was intended to slow down the spread of the virus, it also had to respond to positive cases. It identified 41 quarantine and isolation spaces which represented a mix of public and private health care facilities.

A key aim of the Gauteng City Region (GCR) was to describe the health and health system and its response to the pandemic in preventing its spread. The GCR adopted a case study method which it used to identify different strengths and weaknesses. With the express aim of strengthening the health care system. The GCR response to COVID-19 was based on extensive preparation that included interviewing senior management in provincial government, senior frontline health workers, government entities, private and public sector health personnel and desktop research on CXOVID-19. Insights from the interviews and academic research helped to inform the GCR strategy. Some of the measure to combat COVID-19 included using communication to create awareness, strengthen capacity to trace through training contact tracers, identifying major hospitals like Steve Biko Academic Hospital, Charlotte Maxeke Johannesburg Academic Hospital and Tembisa Tertiary Hospital to attend to confirmed cases. In addition to this, field hospitals were erected in Nasrec, the Telkom and Transnet sites.

The studies conducted by provinces and their approach to respond to the pandemic from an informed position determined the different measures implemented. Doing so, also gave the provinces the opportunity to insightfully determine the levels of success achieved and recognise areas in need of improvement.

Unemployment and Social Security

The South African government has been praised for its firm decision to implement a lockdown and physical distancing to lessen the impact of the coronavirus on the health care system. This decision raised a number of questions amongst policy makers, researchers and civil society organisations regarding the impact of the lockdown on the most economically vulnerable households.

South Africa's economic outlook was already balancing on a precipice and at the start of the lockdown it was already projected to experience its biggest decline of 11.5% amongst 19 countries analysed by the OECD. Innovative measures were needed to address the tensions between the health crisis and economic collapse. Amongst the primary economic concerns raised to support small businesses and employment was finding ways to protect the country's 18 million people that relied on social grants.

Of the R502 billion package earmarked to help the country cross this crisis, an amount of R50 billion was set aside for social assistance in the form of cash transfers to support the poor. This was indispensable as the impact of the lockdown on the working poor either in formal or informal employed had to be mitigated. Lockdown also meant that people could no longer rely on their social networks of sharing monies and food to make ends meet. Thus giving money directly to the poor and people in need of state support is a policy strategy of the South African government to address issues of poverty.

The province of Gauteng regarded as the economic hub of the country is also the wealthiest province. Yet, it has a significant number of poor and vulnerable people and had to have a social relief plan to ensure that their everyday lives are not adversely affected by the reduced economic activities and the coronavirus. In contrast, the Easter Cape and the Northern Cape are among South Africa's poorer provinces. Their economic plans were aimed at growing investment and creating jobs but COVID-19 with its hard and soft lockdowns put a halt to this. The lockdowns aggravated the situation as people lost their livelihood prospects and became even more despondent about their future prospects. No province in South Africa could ignore the need to assist its most vulnerable and poor people in the face of the threatening virus.

The success of lockdown measures depended on social grants in South Africa and were also a response to the Constitutional mandate to secure the welfare of its citizens. With the arrival of the pandemic, some of the grant amounts were increased, new categories of beneficiaries were included, viz. 18-59 unemployed, special UIF for COVID-19 disbursements were introduced and the need and demand for food parcels and soup kitchens correspondingly increased.

The pre-existing legislative and policy framework, including the Social Assistance Act and the Anti-Poverty Strategy facilitated the implementation of the protective measures. It was not possible to have accurate figures to determine the number of people in need of the additional grants that were made available. Not all people in employment contributed to the UIF and people who worked in informal sectors, those in precarious employment and those whose employers failed to register them, as well as the millions of unemployed had to regarded as social beneficiaries. In Gauteng alone, more than a million adults took up the offer of the special COVID-19 temporary relief grant of R350, and which indicates the levels of desperation brought about by the pandemic. This was the case in all the provinces that submitted a report and the reality they had to deal with was the inadequacy of the grant as living stipend and needed other support as well.

FOOD SECURITY[1]

The pandemic itself is not the cause of the state of food poverty in South Africa but there is evidence to corroborate that the impact of the lockdown resulted in severe economic decline that added to already existing concerns of food security. Therefore, to lessen the impact of the lockdown on employment and its resulting food poverty, the government could not ignore how hunger could thwart all efforts of keeping people safe. To this effect, it introduced temporary urgent social measures to address food poverty by distributing food parcels for example. Localised relief to assist with food parcels in the form of emergency assistance, in all provinces-, was also provided by NGOs, faith-based organisations (FBOs), the private sector and philanthropic initiatives.

Western Cape

The Western Cape, applied a Disaster Risk Management approach that it used to determine the amplitude of a disaster. Which was used to assess the intensity and scope of its intervention to assist vulnerable communities through ensuring appropriate measures and capacity to manage and decrease the risk of spread in the province. This formed part of their total approach where from the start of the pandemic, food security constituted a major part their intervention strategy. The effect of the immediate lockdown required a swift response as non-assistance to vulnerable and poor people could have been catastrophic.

The already existing humanitarian relief programmes meant that the Western Cape Government could utilise its partnerships with civil society organisations and the private sector to assure food for people in need at short notice. An NGO-Government Food Relief Forum was established that brought different stakeholders involved in food procurement and distribution under the same umbrella. All logistics related to food and humanitarian relief were coordinated by the NGO Forum. Despite the efforts to distribute food parcels, the Western Cape Government noted that it could have improved on this by working more closely with locally based structures, community organisations and other private entities.

Eastern Cape

The Eastern Cape, in addition to its food security needs, also had to deal with chronic shortages of water and especially in the Nelson Mandela Bay Municipality. To respond to food needs in the province, each district municipality had to devise mechanisms to manage the spread of the coronavirus and respond to the humanitarian needs of vulnerable and poor households.

Northern Cape

As part of its social relief measures, the Northern Cape made extensive provision to ensure food security to the most vulnerable and poor people across the province. A measure, it believed was necessary to help people facing the inescapable consequences of poverty, unemployment and

[1] Data for this section was drawn from the six provincial reports received. The Free State submitted an Executive Summary with no information on food security.

inequalities. Before the lockdown, poor and vulnerable persons were already dependent on meals from soup kitchens and their closure during lockdown made their physical need for food all the more pertinent.

To ensure a cohesive and integrated response to food delivery across the province, a Multi-Disciplinary Rapid Response Team consisting of the different municipalities, NGOs, Faith-Based organisations, the private sector, SASSA, and the Departments of Education and Social Development was created. This Team integrated all efforts by identifying and coordinating needy households. A consolidated response, according to the Province, enhanced the effectiveness of channelling resources where needed, avoiding duplication of services as well as improving issues of accountability.

Gauteng

Gauteng completed a dedicated case study on diverse aspects of food and human security. The findings demonstrated the need to augment processes to ensure that food needs of poor and vulnerable people are met. Gauteng, too, recognised the importance of building on existing frameworks to ensure food delivery to all poor and vulnerable households and individuals. The success of food parcel rollout programmes depended on mapping out the different actors involved in assuring the rollout as well as identifying the recipients. Furthermore, the Gauteng City Region also recognised the merits of identifying strengths and weaknesses in the current programmes and with the intention to use such information to enhance their service delivery and improve their future management of food security.

Of the more than 20 million people in South Africa that need some form of food relief, according to FoodFowardSA 2020, an estimated 3 million people were food insecure in the Gauteng region. It has been estimated, that this number has doubles since the start of lockdown. To get food to people, Gauteng entered into agreements with a range of service providers and stated that food provision programmes could not have succeeded without the assistance of donations.

With the outbreak of the pandemic all focus was put on food parcels with the idea of minimising social contact. Soup kitchens like school feeding programmes were halted. To reach people, a hotline that was previously used to lodge complaints and concerns was transformed to deal with food requests. This was a successful method as the increase in the number of people using the line to register their need for food resulted in the call centre increase its capacity and work around the clock.

The public, in addition to the NGOs, farmers, private sector and NPOs was also involved in contributing to and distributing food parcels in various districts. The major strength of the Gauteng DSDs COVID-19 response lay in the already established food banks in each of the six districts: City of Johannesburg Metropolitan Municipality, City of Tshwane Metropolitan Municipality, Ekurhuleni Metropolitan

Municipality, Sedibeng District Municipality, and West Rand District Municipality. Each district had the resources that included transportation and officials to assure food delivery systems.

Mpumalanga

The Province of Mpumalanga asked the different provincial departments to work together where possible to reduce the impact of the virus. Alongside food security, Mpumalanga emphasised the need for clean water and for both hygiene and health purposes.

In addition to transporting water to people and digging for boreholes with the assistance of Eskom that provided power to operate the pumps, food security was also a top priority. The Department of Agriculture worked together with the Department of Social Development to provide food parcels in the province. In this collaboration, the Department of Social Development was in charge of collecting logistical data on the quantity and quality of food need and which it in turn shared with the Department of Agriculture who sourced and paid for fresh food. A centralised model of using two Agri-hubs in the province for fresh food also facilitated their task to plan and distribute the food parcels.

Kwa Zulu Natal

To provide food security for poor and vulnerable households and individuals, the Province of Kwa Zulu Natal sourced information from the Housing Subsidy System and the DHS Quarterly Performance and Annual Reports, the National School Nutrition Programme dataset, and Web District Information System to strengthen the alignment between humanitarian support and national social protection systems. This was already in place at the start of lockdown and served as a base to build on.

Kwa Zulu Natal noted that measures had to be put in place to deal with vulnerable persons affected by the lockdown. Interventions designed to provide food security for the poor and vulnerable had six outputs of which three were met, one was not met and two did not have targets. Households accessing food parcels and vouchers, food supplied to poor and vulnerable persons through government interventions and reducing malnutrition among children were targets achieved. The target that was not met was households accessing feeding programmes through DSD. A target that needed specific attention was feeding children.

Food and Nutrition

The rapid and extensive spread of the coronavirus across South Africa has added to the country's efforts to reduce food insecurity. The success of measures to reduce the spread of the virus also depended on the health status of people. Food security measures could not ignore the importance of nutrition values. It was not just about providing food to stave off hunger but making sure that the food allocated also serves to strengthen the body.

The loss of income and livelihoods and the disruptions to social support programmes have altered the food environments where food supply chains have been disrupted. The increase in food prices and the lack of access to food has also widened the inequality gap in South Africa. Though not explicitly stated, provinces considered these issues in seeking to reduce food insecurity.

Provinces agreed that quality of food was more important than quantity. By quality it was understood that the food parcel contain nutritious food. It was not just about food to assuage hunger, it was about nutrition. Gauteng and the Northern Cape had to review the contents of their food parcels as they did not meet the food quality standard. In Mpumalanga, concerns were raised regarding the place of farming to produce fresh food.

School feeding schemes also featured as concerns in different provinces. The abrupt halting of the programme was examined and all agreed that it was counterproductive to all efforts of providing food security. Similarly, the closure of soup kitchens also had to be rethought as a vast number of people relied on this.

South Africa also has a significant number of undocumented nationals, largely foreign, but which also includes some cases of local nationals that remain undocumented. The fact that only South African citizens with valid identity documents can benefit from DSD's efforts to provide relief across provinces resulted in high food insecurity, increased stress and feeling of inhumanity and indignity for a large number of undocumented persons.

HOMELESSNESS

The formal start of the lockdown announced in March 2020 included a reference to the homeless. President Ramaphosa stated that the lockdown applied to all and that temporary shelters had to be identified to accommodate homeless persons for at least 21 days. South Africa does not have a dedicated homeless policy and therefore no assigned national or provincial budget to deal with homelessness. Provincial and municipal governments thus scrambled to put the President's announcement into effect. Provincial administrations responded to this call in different ways but shared the same aim of moving homeless persons off the streets. Like the field hospitals erected to deal with surplus patients, provinces found a similar way to provide temporary housing for homeless persons.

An HSRC study estimates that about 200 000 people in South Africa are homeless. This figure should be seen as an indicator of the task of finding shelter for homeless persons in cities and towns. Before the lockdown, homeless persons had access to soup kitchens provided by faith-based organisations, NGOs and community-based organisations among others. These had to close and homeless persons also had to be taken off streets. Provinces with their cities and districts were responsible for providing temporary shelter.

The quality of the shelters provided were questionable and in many instances, they were found to be in contravention of COVID-19 health protocols. Physical distancing remains a key practice in reducing

the spread of the virus was thwarted with crowding of facilities. A further complication arose related to sustenance, ablution facilities, and recreational activities for confined homeless persons. The space provided also had to factor in gender separated spaces and spaces for families. From a health and personal well-being perspective psycho-social services were needed as well as access to screening.

Provinces responded to protecting homeless persons from the spread of COVID-19 by erecting temporary shelters. Eleven temporary shelters were provided in the Northern Cape. The Western Cape government partnered with existing shelter networks in identifying vacant lots to erect shelters.

Similarly in Gauteng the City of Tshwane and the City of Johannesburg were visible in erecting temporary shelters. In the City of Tshwane, for example, the City, the Tshwane Homeless Forum, NGOs and researchers from the University of Pretoria got together and erected about 20 shelters in 10 days. Their innovative infrastructure designs and quick protocols provided training for shelter management, sharing of resources to remove unnecessary competition.

Studies conducted on the quality of shelters provided to homeless persons pointed to serious gaps in the service provided. Aside from homeless persons feeling safer against the virus outside the shelters as physical distance was better guaranteed, the shelters it seems did not make provision for the total needs of homeless people. Family accommodation, availability of baby formula and dietary needs of children, catering for the elderly, and supplying sufficient ablution facilities were some of the glaring needs that were partially met or not.

EDUCATION INEQUALITIES

Even before the lockdown, the South African system of education was already failing too many of its young people. It might have widened access to education but the quality of education for all young people is not equal. Some go to better schools and have better chances in life while the majority of young people attend impoverished schools with very little chance of improving their life chances. This is both an academic and an infrastructural issue. With differences in details, it also applies to higher education.

All education institutions had to shut down and move over to online learning and teaching to complete the academic year. Students in residences had to vacate their residences by a specified date. But students who lived far from the institution and/or did not have the basic conditions to continue online classes, or did not feel safe at home, were allowed to remain in residences. This was not the case for learners in schools.

From a provincial perspective, it is necessary to view it as a total social phenomenon. This is where the stark inequalities can be understood within the socio-economic contexts that provinces have to work with. Some of the factors that affect the basic education sector in provinces relate to informal settlements, poverty and lack of access to resources. At the start of the hard lockdown, 747 schools in Gauteng had a shortage of adequate toilet facilities with limited access to running water. This was

also the case with many schools in all provinces and located in the poorer areas and erstwhile townships of apartheid and also near informal settlements

Basic Education Minister, Angie Motshekga stated that schools across the country were vandalised during lockdown and had to be repaired before learners returned to class. In the Northern Cape, for example, 72 schools were burgled and vandalised during the hard-lockdown. During the same period, 15 schools in the Tshwane districts of Soshanguve and Nellmapius in Gauteng were vandalised. Some suffered incidents of theft and others were set alight. The Gauteng Department of Education saved the school year by providing mobile classrooms.

In addition to the infrastructural issues, learners from poor households across all provinces were doubly disadvantaged when it came to learning and following lessons. They neither had the required infrastructure for online learning and nor the adequate space at home to study. Young children in the formative years of school that needed additional support with school work and learning, could not rely on their parents or other adults as they did had either little or no formal education.

INSTITUTIONAL CAPACITY

There is no doubt that COVID-19 changed our everyday life with the closure of schools, borders, workplaces and national lockdowns. Masking, physical distancing and self-isolation have become part of everyday vocabulary. For this to happen, meant that the South African government considered the whole-of-society response as the best solution to combat the spread of the virus. This approach all of society to be prepared and for government to use its administration and al its institutions to implement the lockdown and all other measures.

Like every other country in the world, this was the first time in the history of South Africa that government had to mobilize all its resources, provide leadership, align the entire public service, and respond to people's needs. How this was achieved and how it reflects the institutional capacities that framed the provincial responses is considered below.

SIGNIFICANCE OF INSTITUTIONAL STRENGTHS

Strategising and Planning

From an institutional perspective, all provinces had different strengths that served to mitigate against the spread of the pandemic.

The Gauteng City Region's capacity to strategize and plan meant that a comprehensive COVID-19 strategic response that addressed the dual challenges of saving lives and the economy was developed. The Economic Cluster was asked to prepare a plan that included supporting SMMEs; transport and logistics; agriculture; manufacturing and the green economy; construction; trade, travel and tourism; and financial and business services. Several new or modified themes were also introduced by the economic cluster in its disaster response. Once the impact of the pandemic on the economy was

recognised, the implementation of pre-existing plans including the Growing Gauteng Together 2030 (GGT 2030) was brought forward as a way of addressing a deteriorating economy and to kick start recovery.

The Gauteng Department of Agriculture and Rural Development (GDARD) implemented a food security programme that targeted households, communities and schools. The Department also developed a post pandemic strategy that included the possible employment of agriculture graduates to be deployed on farms for experiential training and link agro-entrepreneurs to markets in order to expand employment opportunities. In the long-term, the plan is to implement a commercialisation programme that would support farmers with necessary production inputs, infrastructure, agro-logistics and access to markets. Such initiatives and plans demonstrate a capacity to uses the current crises to address existing systemic problems and how that could inform future planning. At the level of immediate concern, this department assisted farmers who were affected by the decline in orders from shops and restaurants to obtain vouchers from national government to assist with the purchasing of seeds and fertilisers. Waste-pickers were given masks, gloves and tongs to pick up waste without unduly risking their health. The Gauteng Department of Education was one of the first provincial departments to produce a COVID-19 response plan that included a catch-up plan to help children continue with their curriculum.

The Free State set up Incidence Management Teams that met regularly to monitor responses and plan accordingly. This was a way to rapidly respond to the Department of Health regarding the need for more effective and efficient screening to curb the spread of the virus.

The Mpumalanga Department of Health developed a business case and response strategy based on guidelines provided by the National Department of Health to access national funds. A comprehensive COVID-19 progression model which sought to estimate additional health system capacities in terms of human resources, ICU beds, laboratory tests, logistics, personal protective equipment and other related factors was developed and costed. This province further developed a provincial COVID-19 strategy that comprised three components, viz. a Primary Prevention (pre-surge), a Secondary Intervention (peak surge) and a Post COVID-19 Aftermath (post surge). The Primary Prevention (pre-surge) pillar focused on promoting health and behavioural changes amongst communities in the province that would halt and contain the spread of the virus through the integrated coordination of government activities and ensure that the Department of Health coordinate their activities with those of the Department of Cooperative Governance and Traditional Affairs (COGTA). The Secondary Intervention (peak surge) pillar outlined the manner in which the province was to manage both positive and suspected positive cases during the anticipated surge. The Post Covid-19 Aftermath (post surge) pillar emphasised the dignified management of human remains of those who succumb to the virus.

The Northern Cape developed a provincial action plan early during the hard-lock down that stipulated detailed actions and responsibilities and which required all departments to submit detailed plans on

the mitigating measures that they would be implementing. Such plans required the Departments to work beyond the parameters of their mandates. This extraordinary measure to respond to an unexpected situation stretched the system in this province to the extent that resultant procurement had the potential of violating the provisions of the PFMA and MFMA. The implementation of these plans was coordinated via weekly meetings by the provincial and district joint operations structures and critical matters were escalated to the Provincial Command Centre (PCC).

The Western Cape adopted a Whole of Government "Hotspots strategy" to tackle the spread of COVID-19 and its consequences in May 2020. The strategy was spearheaded by the provincial Department of Local Government (DLG) and the provincial Department of Health. It sought to coordinate the work of the three (3) spheres of Government, civil society and civic structures, and the private sector. Coordination was based on the nine (9) amalgamated Health Districts that together covered the Western Cape. Multi-sectoral teams referred to as Hotspot Teams were established for coordination in each area. These teams were responsible for monitoring developments in designated geographic areas and for coordinating interventions. The Hotspot strategy built on a Joint District and Metro Approach (JDMA), and a coordination approach which had already been implemented before 2020.

The Eastern Cape developed and implemented a Ward Based Rapid Response Plan approved by Exco. This was an evidence based plan with its focus on 100 hotspot wards. It used Ward Based Response Teams that included technical teams from the Department of Health, district and metro-based teams that were coordinated through provincial COGTA and civil society stakeholders that involved the religious sector. In consultation with the Ministerial Advisory Panel that was set up, the province developed a Resurgence Management Plan which was in response to the 2nd wave and which mainly affected the Nelson Mandela Metro and the Sarah Baartman district. Different districts developed their own resurgence plans, e.g. Sarah Baartman District Municipality developed the plan in collaboration with its Local Municipalities. A festive season plan, which was largely an adaptation from other plans was cobbled together. This plan was anchored at the District Joint Operations Centre level and local reporting and escalation was managed with support from law enforcement agencies.

Leadership

Leadership which is an important feature of institutional capability, to a large extent shapes institutional responses, behaviour and performance. The Gauteng City Region benefitted from a strong and decisive leadership that from the onset, recognised the gravity of the crisis. This was reflected in the acknowledgement that COVID-19 was not simply a health emergency, but one that required a whole total social response. This approach assisted to adapt modes of governance to make vertical and horizontal cooperation possible. The establishment of alternative structures of governance aimed at coordinating and driving the response was an example of the decisive leadership from the Premier and the DG of the Province.

Decisive leadership strategies encouraged and supported a culture of reflexivity and adaptation that helped to formulate and activate the GCR response. An example of this was the call for cooperation between different levels of expertise, different hierarchies of persons, and different institutions. Together they formed a critical mass of individuals and institutions that shared the same aim of establishing GCR strategies across the province.

Such effective and responsive leadership that did not shy away from consequence management was also demonstrated by the province's rapid response to food distribution and PPE procurement challenges. The crisis around PPE procurement was swiftly handled and to the Special Investigative Unit (SIU). This was a significant achievement for the province which resulted in a number of top figures in the Department of Health leaving.

The Western Cape relied on collective leadership from Heads of Departments (HoDs), senior leaders from municipalities and other State entities. HoDs chaired the different Hotspot Teams. The involvement of senior leaders to coordinate responses facilitated prompt decision making. This notwithstanding, it is worth noting that the quality of leadership varied across the different hotspots and ineffective leadership was cited as a central challenge to determine levels of success within individual Hotspots.

Local Coordination Committees in the Eastern Cape experienced varying levels of successes depending on the quality of leadership and reporting systems. In the Joe Gqabi District for example, the Mayor of Elundini local municipality chaired the sessions and was also active in the District Command Council and attended Provincial Command Council sessions. The Speaker of Senqu local municipality also chaired the sessions. In both instances improvements were seen in the sharing of information that supported joint problem solving. The involvement of senior leadership was central to achieving established aims.

Systems

Different departments in Gauteng had systems in place that supported their readiness to respond as determined by the current crises. The Provincial Department of Social Development (PDSD), for example, had a good food distribution system of decentralised food banks in every district; each with its own resource and which included transportation and officials.

The Department of Agriculture, Land Reform and Rural Development's (DALRRD) COVID-19 relief fund processed and approved a significant number of applications. With the result that more than 3000 vouchers were given to smallholder farmers and cooperatives to buy input products and emergency animal feed. Furthermore, the department directly supplied additional input and emergency animal feed to farmers through its pre-existing programme known as Ilima-Letsema.

Mpumalanga understood the value of building on existing systems to minimise the coronavirus infection rate. The premier was also expected to communicate with peers from the neighbouring

countries of Mozambique and the Kingdom of eSwatini to promote an integrated approach to managing the cross border COVID-19 cases as well as managing cases within the province. Communication systems were already in place and the Department of Health used it to promote the health protocols of masking-up in public spaces and sanitising. The use of daily situational reports that included the mapping of cases, recoveries and deaths by gender and sex and published these as per the requirements of the Disaster Management Act is another example of using existing systems to monitor hot spots and re-emerging hot spots using a three tire system based on alert, warning and controls and effected changes as informed by the dashboard based and reviewed three times a week.

In the Northern Cape, municipalities used their indigent registers to social relief to destitute people. These registers allowed the municipalities to gather data on the persons in need of social relief support. These lists helped identify the distribution lists for food parcels.

The Western Cape approach to combat the impact of the coronavirus was spearheaded by provincial Department of Local Government and the provincial Department of Health which sought to coordinate all efforts and across all spheres of government and the private sector. This coordination was done in all nine Health Districts that constituted the province. This could be done because the Department of Health had experience and dedicated resources acquired through the years of setting up data and evidence infrastructure and systems throughout its Health Districts. This pre-existing capacity allowed for the production of health updates on the Apex measures without much additional input as systems were already in place. Reporting templates were setup and all reporting was standardised. The Department of Health has access to the Single Patient View (SPV) which it possible to generate daily and weekly reports with a geographic focus. This information allowed hotspot teams to track the progression of the pandemic and to tailor their responses accordingly. The analysed and updated data shared through Hotspot structures helped to enable an evidence-based and a coordinated response.

The Eastern Cape used existing systems to facilitate reporting on COVID-19 and corresponding needs like social relief through uniform reporting mechanisms. The Provincial Disaster Operations Centres (PDOC) in the Eastern Cape provided uniform reporting templates for all stakeholders to use in order to ensure effective and efficient reporting. The templates covered the delivery areas of (i) clinical response and psycho-social support, (ii) risk mitigation in high-risk areas, (iii) improved public awareness and (v) institutional mechanisms.

Agility and Experimentation

The unprecedented nature of the virus demanded provinces to adapt their systems and approaches to respond to health and social needs in ways not considered before. This was about understanding the limits of existing processes and tweaking them to suit a novel and unparalleled situation.

In Gauteng, the staff in the Premier's Office understood the importance of adapting existing systems and played a significant role in helping to unblock administrative and political bottlenecks and hurdles

and made sure to include the private sector as one of the major partners in this exercise to combat COVID-19. Gauteng City Region officials appreciated the importance creating communication channels between different entities and invested energy in working with national agencies and addressed the regulatory barriers township enterprises faced. They worked with the Gauteng Provincial Government (GPG) and took the initiative to draft a Township Economic Development Bill. An achievement that showed initiative, stability and consistency.

The Gauteng Department of Education recognised that re-opening of schools demanded person-safety approach that was never before done. Everybody entering the school premises had to be screened. Which demanded that the Gauteng Department of Education train about 1800 COVID-19 youth brigade members to assist with temperature screening once schools re-opened under lockdown level-3. In addition, a cascade teacher training model was implemented to train teachers on Standard Operating Procedures for school re-opening. To do meant training district officials as a first step, followed by the training of principals, heads of department and deputy principals who then trained the teachers. The outcome of this meant that the school management, teachers and identified young people were trained in basic protective measures.

In Mpumalanga the national voucher system was adapted to support farmers by eliminating the need for middlemen. This enabled farmers to procure inputs directly, which reduced costs and help maintain fresh food production. The province understood the value of monitoring and reporting and used Community Development Workers for this. It deployed Community Development Workers (CDWs) to communities across municipalities to share information on how citizens can access government services like grants and other social relief opportunities as well do awareness campaigns. The CDWs reported directly to their supervisors or CDW District Coordinators who in turn reported to Provincial Coordinators.

The Northern Cape emphasised the significance of screening and testing and had to augment this capacity. It ramped up its screening, testing and contact tracing by establishing a screening team that consisted of 996 members and a tracer team made up of 538 members. The data provided by the screening and tracking teams helped organise appropriate interventions that assisted in limiting the spread of the virus, keeping the number of infections low and ensuring an increase the number of recoveries. The province had by the 30 April 2020, screened a total of 488 375 persons using community health workers and home based care givers, with 1266 tests conducted at both public and private health care facilities.

The Hotspot strategy of the Western Cape was designed to facilitate and streamline communication between the different entities that constitute the provincial government structure, This was about sharing information and updates and have a simple and transparent manageability approach to COVID-19. The Hotspot strategy afforded stakeholders within and outside provincial structures to witness how intergovernmental collaboration can be strengthened and silos transcended. The

Hotspot strategy is considered to have facilitated the Whole-of-Government-Approach (WOGA) adopted as the provincial strategy.

The Eastern Cape used active reporting as a strategy to assess the impact of COVID-19 the different districts. This allowed it to review its approach and adept it accordingly. An example of this are the Ward Based Response Plans that id adjusted for improvement from alert level 3. District municipalities in the Eastern Cape each established a District Command Council (DCC) chaired by the Mayor or the Executive Mayor. Though they differed in detail, they shared the common approach of combined political and traditional leadership structures.

The DCC was supported by the Joint Operations Committee (JOC) that brought together the local municipalities and the District Regional Directors from government departments. The DCC and JOC respectively experienced resistance to within and across their committees which influenced the Eastern Cape to adopt an agile incident type approach. The JOC, for example started with daily briefing meetings where information was shared on the immediate responses to issues that helped to keep all of government on board and collectively decide on appropriate forms of action.

The frequency of meetings and their focus on action removed unnecessary administration like minute taking and attendance registers for the daily meetings. This form suited the urgency of the task and a weekly report was submitted to the Provincial Council. With the resulting mutual confidence that developed between the different stakeholders, the frequency of meetings were reduced from daily to come in line with the frequency of the Provincial Command Council. The responsiveness of the system was attested by the number of meetings that coincided with the levels of infections in the province. As the case numbers dropped, the number of DCC meetings also reduced to the point that it met monthly. This represented an incremental approach to the management of the pandemic.

Adapting is key

The responses of the provinces to reduce the spread of the coronavirus and put the health and welfare of persons at the centre of their approach demanded that existing structures of running the province be reviewed. In doing so, as the examples above show, municipalities relied on the knowledge and trustworthiness of their existing systems to propose and implement quicker responses. To do this, they examined their systems and refashioned them for speed and efficiency of response.

Adapting the proverbial bureaucratic and administrative system to match the management of a major global crisis is demonstrated in the contribution of the provinces to manage the spread of and resolve to reduce the impact of the coronavirus.

CONSEQUENCES OF INSTITUTIONAL WEAKNESSES

The unknown nature of the coronavirus, as demonstrated above, demanded a tailor-made response. All provinces understood this and had the example of the national government that adopted a flexible approach to dealing with the impact, to follow. The provincial government structures responded positively to this and followed suit by reviewing its structures and adapting them to suit the gravity of the current crisis.

All experiences of running a province and knowing how to connect with people were used as a base to build tailor-made responses to the spread of the virus. Communication and social welfare were two of the most important elements and were adjusted to suit the response. A key factor to make responses relevant and actual was flexibility. As witnessed in the Eastern Cape, Gauteng and Western Cape amongst others, responses interventions were reviewed to assess their suitability

Provinces tried and took stock of the methods. A process that pointed to different types of introspection of processes and the extent to which they could be improved. This was not incongruous with the national approach and as part of their brief for this report as well as their aim to improve provincial responses to dealing with the spread of the virus, provinces accept to identify areas that could be improved.

Processes and hindrances

An effective social welfare system that allowed for a comprehensive approach was mentioned in different reports. Gauteng was rather blunt in arguing that SASSA was not effective enough in processing demands received for social relief. A comprehensive database would have assisted in assisting people that applied for food relief. From an introspective perspective it recognised the tardiness of its system in approving permits to distribute food. Charitable initiatives included people ready to distribute food but who were stalled by the slow processes of obtaining the permits to do so. This resulted in food perishing in distribution centres in Gauteng because of bureaucratic red-tape.

Inflexible red-tape and legal requirements also hampered the urgent need for food aid. An SMME Partnership established to support SMMEs could not disburse its first tranche of R1 billion by August 2020. The legal obstacles that delayed this, had a dire impact on small businesses that were forced to shut down and lay off thousands of employees and add to the already overburdened social welfare obligations of the province and country.

Inconsistencies in applying the different regulations related to the lockdown were also mentioned as an impediment to operating a smooth process to help provinces and therefore the country through the crises period. The availability of essential goods and services during the hard phases of lockdown surfaced a series irregular applications that was contradictory to the intended purpose of the regulations. All food outlets for example had to apply for a permit to trade.

In line with Regulation 450 of the Disaster Management Act Directives and issued in terms of regulation 10(8), businesses like grocery stores, including the small corner shops, spaza shops, fruit and vegetable stands/traders could only operate if in possession of a trading permit from the local municipal health service authority.

With specific reference to the definition of essential services the GCR pointed to the confusion this caused. Informal traders that are essential to the food value chain were disqualified from obtaining permits and which disrupted access to food, especially in the semi-urban and rural areas as exemplified by the Gauteng City Region.

The Northern Cape reported that on monitoring these traders it discovered a range of inconsistencies from the issuing of permits to non-compliance with regulations and municipal by-laws with the result that some of the shops would be declared "undesirable" and therefore not fit to operate. The Northern Cape also identified limitations in government corporate and business processes including in existing business continuity and disaster recovery plans that only considered continuity of services based on a centralised off-site model. The limits of this model as emphasised by the Northern Cape was that it did not recognise a decentralised model which was the model which is what the response to the pandemic called for.

Regulations are as effective as their capacity to be enforced. The Northern Cape particularly referred to the ban on alcohol and tobacco and their lack of capacity to enforce this. They demonstrated the inefficacy of enforcement as they had to deal with addictive substances of alcohol and tobacco. People in the province responded to their habit of smoking and consuming alcohol that the province could not control. Though the province registered one hundred and fifty-seven (157) cases for the period 27 March to 30 April 2020 of persons who had contravened the regulation 11B (4) that prohibited the sale of liquor it was not sufficient of a deterrent to stop this illicit activity.

Limits of Modelling and Data Utilisation

The unmatched spread of the corona virus and resulting increase in infections asked for a level readiness that the country had not experienced before. The uncertainties that surrounded COVID-19, coupled with an appreciation of systemic weaknesses that heightened the risk of complete devastation of lives and livelihoods, tested the modelling capabilities available. In the GCR, this resulted in an inflation of expected numbers of COVID-19 cases which were almost double the cumulative total number of COVID-19 cases by 20 November 2020.

The result of these overestimations was an over-estimation of critical and general hospital bed requirements in the GCR. This in turn influenced decisions to address the perceived gap between bed supply and bed demand. This, coupled with the fact that the comprehensive health response was primarily, hospital-based meant an over commitment of the already limited resources. The results of the modelling impacted on the economic and other responses aimed at saving livelihoods, with dire consequences for the workforce and vulnerable citizens of the GCR. Yet, the need for beds and critical

health in the case of an increased number of infections cannot be ignored. If that happened, then the shortage of bed space would have been an issue.

In the Northern Cape indigent registers were used to determine the distribution of social welfare relief. This became a concern when the accuracy of the database was questioned. Not all the people who needed relief were reached and not all people who received relief need it. This had to be fixed to prevent disputes within the community.

The two examples demonstrated the added challenges unknown factors bring on decision making. The combination of social and scientific evidence can only be used as guide and with the knowledge that the desired aim be used to determine the outcome of the exercise. In this case, do extra beds mean over preparation or that strategies used have helped to reduce the spread of the virus and therefore achieved the desirable outcome?

INTER-GOVERNMENTAL RELATIONS

The need for a whole-of-government response and the urgency for the different institutions of government to collaborate both vertically and horizontally, brought the effectiveness and efficiency of intergovernmental relations into sharp focus. South Africa's challenges in managing the demands of coordinating work vertically between the constitutionally created three tiers of government (national, provincial and local) and the ability for horizontal coordination is a well-documented singular challenge. This challenge is not limited to South Africa but is in keeping with international experience regarding associative governance.

The existence of frameworks for intergovernmental coordination including the Intergovernmental Relations Framework Act and the Disaster Management Act amongst others meant that the provinces were able to rapidly establish inter-governmental structures to respond to the pandemic, including using the Provincial Disaster Management Centres and Provincial Joint Operational and Intelligence Structures (ProvJoints).The former structure rapidly morphed into a Project Management Office or war room in Gauteng.

The Economic cluster in Gauteng was also able to work together. Because of the urgency of the situation, member departments were required to work much more closely than they had done previously and report according to a common framework. This assisted in reducing pre-existing silos and fragmentation. The GCR also worked well and closely with the Department of Trade, Industry and Competition (DTIC), the Presidency and the Tshwane municipality to accelerate the provision of infrastructure to the Tshwane SEZ. The pandemic managed to inject an urgency amongst GCR officials for inter-governmental cooperation.

The establishment of a Provincial Command Centre in Mpumalanga ensured that the response to the pandemic was multi-sectoral and coordinated from the centre. Similarly, the Northern Cape established the Provincial Command Council and made use of the Provincial Joint Operations and

Intelligence Structure to coordinate responses. The joint approach to the management of the pandemic ensured that different levels of expertise were secured to ensure that provinces were not only ready for the disaster but that resources were channelled and reprioritised. It also supported an integrated approach to service delivery not only in response to the pandemic but as a way of preparing provinces for the implementation of the District Development Model, like the Northern Cape that activated joint at district levels.

The Western Cape's response was built on the Joint District and Metro Approach (JDMA). This was an approach to coordination that had already been implemented by the Department of Local Government, District and Local Municipalities and prior to COVID-19. In 2020 it was extended to include the City of Cape Town. The JDMA is aligned to the District Development Model (DDM) and provided an opportunity for the whole of government and the whole of society to pool resources and capacity together, and strengthen co-planning, co-budgeting and co-implementation for greater efficiency and improved outcomes.

The approach to communication was also reflective of a collaborative approach. An integrated COVID-19 response witnessed the Department of Community Safety (DOCS) in the Western Cape working with all relevant provincial departments to develop integrated messaging that was readily implementable. The Communications Unit of DOCS worked closely with the Department of the Premier (DOTP), Department of Health (DOH), the City of Cape Town and all lead departments to develop the COVID-19 communication campaign. Overall, the hotspot strategy in the Western Cape was found to have succeeded in its central purpose of facilitating a collaborative whole of government approach. It enabled a high level of collaboration and agility, and maintained a fine balancing act between being innovative and staying within the allocative regulatory government mandate. Because the JDMA as a collaborative approach had not been introduced in the Cape Town Metro when the pandemic started, the participation of some stakeholders was initially inconsistent there, but which was later resolved.

In the Northern Cape, there was effective coordination in the identification of sites for the treatment and quarantine of positive cases across the province. Municipalities, the Department of Environmental Affairs and Nature as well as the Department of Sport, Arts and Culture all made their resorts and facilities as identified by the Department of Roads and Public Works available. Collaboration between the Department of Water and Sanitation, the Department of Co-operative Governance, Human Settlement and Traditional Affairs (COGHSTA), Department of Roads and Public Works (DRPW), Sedibeng Water and Rand Water resulted in the delivery of 397 and the installation of 220 storage tanks in the period 27 March-30 April 2020. Rand Water delivered 265 tanks, installed 159 storage tanks and facilitated the delivery of 84 water trucks. The enforcement of the Disaster Management Act Regulations was done through collaboration between the South African Police Service, the South African National Defence Force, the Traffic Department and the Department of Health. The South African Local Government Association (SALGA) took the lead in monitoring compliance with the

directive on the operation of tuck shops and informal traders. The Department of Social Development partnered with the National Department of Social Development, the Department of Education, the South African Police Service, the South African National Defence Force and the National Development Agency in the distribution of food parcels. A multi-disciplinary response team made up of Municipalities, non-profit organisations, the South African Social Security Agency (SASSA), the Department of Education and the Department of Social Development assisted with the profiling of households in order to coordinate service delivery.

In Mpumalanga, the disaster management team at COGTA played a coordinating role working with the Department of Health, the South African Police Services, the military and other inter-governmental departments that included the Communications Departments at both national and provincial levels. Other areas of intergovernmental coordination focused on transportation and the provision of water to schools and communities. The latter resulted in the distribution of around 1000 Jojo tanks and the drilling of 300 boreholes, with ESKOM providing power for water pumps for boreholes. Different departments including Agriculture, Social Development, Education, Disaster Management and Economic Development jointly or individually worked together to provide different services to the public. The Department of Agriculture worked with the Department of Social Development to provide food parcels. The Department of Social Development was responsible for assessing the levels of food needed in terms of both quantity and quality and the Department of Agriculture was responsible for sourcing the food and paying for the raised invoices. Fresh food was sourced through Agri-hubs in the province that enabled a centralised planning and distribution.

The Eastern Cape established District Joint Operations Committees across all the districts to support the coordination of responses at district levels. The DJOCs worked closely with the Provincial Disaster Management Centre. The different Districts municipalities also established Joint Operations Committees (JOCs) made up of various stakeholders. In Sarah Baartman the JOCs were established at both district and local levels and were sub-divided into two sections: the Political Command Council which was used to brief political leaders and, the Technical Command Council made up of administration officials from the municipality and sector departments. Ward Based Rapid Response Teams were established and were led by local municipal mayors and other stakeholders. The Amathole District also established an Inter-departmental Disaster Risk management Committee, a District Advisory Forum and a District Command Centre. The District Command Council of the Joe Gqabi District was made up of political leadership including members of Parliament, Members of the Provincial Legislature, the Troika of municipal councils and directly elected councillors of the District Municipality. In the Joe Gqabi District, an Economic Recovery Working Group of the District Joint Operations Centre was established and included municipalities, DEDEAT, DRDAR and the District Municipality. In the Chris Hani District, the District JOC operated as the Command Council of the district. It comprises of all the stakeholders in the district, met weekly and was chaired by the District Executive Mayor. A technical JOC of the Chris Hani District made up of technocrats convened prior to the sitting of the DJOC to discuss the key issues to be recommended to the DJOC, this was chaired by

an official designated to convene the technical JOC. Local level JOCs were convened at the Local level and chaired by the Local Mayors and were considered as feeder structures to the district JOC

There were some challenges that were experienced with IGR. Ward Based COVID-19 Response Teams (WBCRT) were established across all Districts of the Eastern Cape. In the Amathole District, these teams were not effective largely because their work was superseded by war rooms in Great Kei, Guha and Maisha. The Joe Gqabi District experienced problems coordinating with structures that were not district based like national departments. The gains in intergovernmental relations were also affected in provinces by pre-existing limitations that are often exacerbated by non-supportive institutional cultures.

Within the context of the Gauteng City Region like elsewhere, pre-existing conditions where coordination towards complex outcomes with an under developed coordination architecture was rare, meant that such cooperation was neither always welcome nor successful. Officials found themselves burdened with onerous reporting requirements that betrayed a compliance driven culture. The workload for some officials doubled as a result and had negative consequences on the well-being officials and with many reporting fatigue. Meetings also tended to be excessively formal and routine, with provincial officials talking and municipal officials listening. A reflection of the high levels of vertical complexity in the system of governance accompanied by a dominant institutional culture that puts a heavy emphasis on positional power and authority.

COLLABORATION WITH NON-STATE ACTORS

The realisation that COVID-19 required more than just a health response, but a whole of society one required the state to have the ability to collaborate with non-state actors, including civil society organisations, community-based organisations, non-governmental, non-profit organisations and the private sector. There were both strengths and weaknesses on this aspect across the provinces.

CONSEQUENCES OF STRENGTHS IN COLLABORATION WITH NON-STATE ACTORS

The Gauteng City Region displayed a willingness and an ability to collaborate with non-state actors, that included the Economic Cluster's introduction of new themes in its disaster response. Which required working in partnership with the private sector through a series of sectoral programmes and 'Action Labs' aimed at saving the economy.

Shelters in the GCR also reported receiving good service from government emergency medical services (EMS) as well as local clinics. Local police also provided their services by means of (1) checking up on the safety of shelter residents and volunteers; (2) providing safety during the distribution of food parcels; and (3) dropping of homeless persons at the shelter.

Another example of good collaboration in the GCR is from GDARD. This department approached farmer commodity associations and the farming community within the province to make donations

to the DSD's Food Bank and support vulnerable communities. By 1 October 2020, the value of these contributions from farmers, farm associations and stakeholders amounted to R410 000. In its recognition of the vulnerability of township entrepreneurs, the GCR also mobilised additional financial support through working with the private sector to establish a partnership fund to provide loans and working capital for vulnerable SMMEs. The GCR responded positively to overtures from business representatives and showed a willingness to collaborate with business. This included the use of 'Action Labs' which facilitated communication between the business community and sections of the GCR administration in ways that were not possible before. This improved relationships and trust between business and the state.

The Gauteng Department of Education worked closely with the Department of Health to identify cases of infection. It engaged with its social partners and stakeholders, including teacher unions and school governing body associations through its provincial steering committee in order to assist with management of perceptions; and with the communication of accurate information about infection and health management.

GPG also secured the pro-bono services of Deloitte & Touche in April 2020 to assist with the establishment of a Programme Management Office (PMO). This service was valued at R2.8 million. It also collaborated with a team of experts from Wits University who were able to provide frequent modelling services to anticipate the progress of the pandemic. The Gauteng City Region Observatory (GCRO) assisted with the analysis of localised trends and patterns in the spread of the disease. Data scientists from the University of Pretoria also provided strategic advice, with geo-coding done by its Environmental Systems Research Institute (ESRI).

The Western Cape, the Departments of Health and the National Department of Public Works collaborated with the private sector to identify sites for quarantine and isolation across hotspots. Safety toolkits were also provided to Small and Micro Enterprises (SMMEs), informal traders and spaza shops by the Department of Economic Development and Tourism (DEDAT). Other structures that provided support to businesses across hotspots include The Western Cape Tourism, Trade and Investment Promotion Agency (Wesgro) and, the Department of Environmental Affairs and Development Planning (DEA&DP). Lessons regarding behaviour change interventions the Western Cape included community members who already had influence in the community and communities as active partners in the design and implementation phases and recognise that both enforcement and encouragement can play a role in establishing new norms and habits in society. To this end, the communication team partnered with NGOs, community based organisations, and community and religious leaders. Collaboration with non-state actors was also reflected in the delivery of humanitarian relief and food security interventions. There were a number of partnerships between Government, civil society and the private sector in an effort to ensure that vulnerable people had access to adequate food.

The Northern Cape established a multi-disciplinary rapid response team that comprised Non-Profit Organisations, Faith Based Organisations, the business sector, SASSA, and the Departments of Education and Social development, and with the task to centrally coordinate the identification and profiling of indigent households and to coordinate service delivery. Over 25 146 food parcels to the value of R22,6 million were procured from 282 small businesses that were exclusively owned by women, youth and people with disabilities.

The Department of Economic Development and Tourism (DEDAT) coordinated applications by enterprises for support to save jobs. During the period 27 March-30 April 2020 an amount of R7,913 million was committed to 28 province based enterprises and saved 218 jobs. Collaboration with private health care institutions and mines was used to identify and secure a number of beds available for admission in ICU as well as ventilators. A number of community based organisations provided social assistance to severely affected communities unable to generate income to cover their basic food needs. The Northern Cape Provincial Enterprise Development Forum (PEDF) was established to foster collaboration on financial and non-financial matters with and amongst enterprises. The entities involved in this forum were SEDA, SEFA, IDC, NEF and DEDAT. This forum developed a consolidated list of all national support measures for distribution and communication within the province. It further coordinated and submitted the contact details of all spaza shops and informal traders as well as the details of the Kapa Bokone Traders Association (KBITA) to the Department of Small Business and Development.

The Department of Health in Mpumalanga received donations of beds, masks, thermometers and other commodities from local agencies and organisations. Grants were provided through collaboration between SALGA, SASSA and the Department of Employment and Labour to alleviate hardships amongst waste pickers and other informal workers. Stimulus packages were provided to various sectors of the economy most affected by the lockdown including the tourism industry and the agricultural sector. The agricultural sector was supported with the provision of seed and livestock. The Department of Agriculture continued to provide veterinary and extension services to farmers during the period of the hard lockdown. Support was also received from the private sector including the mining sector that donated items like sanitizers to schools directly. Traditional leaders assisted with communication and information dissemination in communities, including appearing on radio shows. NGOs like the Red Cross and Gift of the Givers provided food and shelter to the needy through the Department of Social Development and directly as well. The Department of Social Development in Mpumalanga spent over R18 million on food parcels that were distributed by non-profit organisations in collaboration with the Department of Agriculture. Churches also played an important role in the COVID-19 response. The Zion Church for instance was reported to have designed and implemented a structured response of creating awareness amongst the members of its various branches in the province. It established teams to enforce the regulations and ensure that all members complied with the regulations.

In the Free State, screening was supported by contributions made by the National Department of Health, Centre for Disease Control, the World Health Organisation, the Red Cross, South African Police Services, University of the Free State, Statistics South Africa, the National Health Laboratory Services (in the form of staff), Right to Care and the National Institute for Communicable Diseases. Vodacom donated electronic devices for on the ground community-based support and/or analytic technical support.

In the Eastern Cape, Ward Based Rapid Response Teams included ward councillors, mayors, street committees, community development workers, clinic committees, traditional leaders, civil society, religious formations, and business, the South African Police Service, NGOs and NPOs. The South African Council of Churches was especially supportive in the District Command Council of the Joe Gqabi District. In this district, the Initiation Forum was used to plan and control the process during the summer initiation season. Each local area in this district established an engagement forum for funeral related activities under COVID-19. Where there were stakeholder engagement forums in place, it was easier to implement and sustain engagements. Right to Care, an NGO worked with municipalities in the Amathole District Municipality to sensitise communities on initiation and distributed Corona awareness pamphlets written in IsiXhosa and provided vehicles to supplement the Department of Health for door-to-door screening and testing. The Sarah Baartman District Municipality distributed PPE including fumigation equipment to sector departments, schools, old age homes and NGOs.

CONSEQUENCES OF WEAKNESSES IN COLLABORATING WITH NON-STATE ACTORS

The arrival of COVID-19 in South Africa put the need for deep collaboration with the non-state sector into such sharp focus. The unparalleled status of the pandemic exposed some of the countervailing weaknesses.

The fact that data and connectivity costs in South Africa remain high means that the effectiveness of some social media platforms and mainstream media that were used to distribute information were not as effective as believed.

The modelling in Gauteng showed the gaps in capacity between the private and public health sectors. A glaring discrepancy was the number of ICU bed capacity in the public sector. Compared to the private sector, the public health sector did not have sufficient ICU bed capacity. The capacity for testing and processing of tests was another area that showed up discrepancies where the public health sector experienced long lead times in testing and processing of tests, and tests were easily accessed and typically processed within 24-48 hours in the private sector. This notwithstanding, the limited ability and experience in collaborating with the private sector resulted in opportunities to access private sector capacity being lost. This inability to collaborate was one of the factors that resulted in a decision to construct isolation field hospitals at Nasrec, Telkom and Transnet sites and at an undisclosed amount. The latter two centres were closed in August and September 2020 due to low

demand. An opportunity to regulate the private health sector to ensure access to health care and to scarce resources was also lost.

Limitations of collaboration across sectors were further exposed by the inability of most GCR officials to utilise block exemptions. The Department of Trade, Industry and Competition, in collaboration with the Competition Commission and the Department of Health introduced block exemptions to enable firms to cooperate lawfully and in response to COVID-19. This did not happen as envisaged as officials had limited knowledge thereof.

The private sector in Gauteng generally felt that they had been excluded. This perceived lack of involvement of different stakeholders was exacerbated by the perception of a lack of transparency of certain decisions. There was also inadequate support directed to assist the private sector to comply with government regulations and risk adjusted protocols so that they could continue trading. Businesses were also not supported with the introduction of new business models to help them to cope with the new operating environment.

In the Western Cape whilst the communication interventions such as the "No Mask, No Entry" posters campaign seemed to have been successful in changing behaviour in larger companies, the same could not be said of the informal sector. In the informal sector, there were reports of shop owners and customers not practicing social distancing and not wearing masks. The hotspot teams were also variable in the extent to which they collaborated with non-sate role players with some hotspots not reflecting a community-led focus and involvement. Neither of the pre-existing JDAs or the JDMA structures included civil society/community stakeholders as members. In areas where the hotspot teams viewed themselves primarily as a COVID-19 focused version of these pre-existing structures, it appears that they might have simply continued with the same government stakeholders without seeking out new civil society/community and private sector stakeholders to involve.

The Free State lost an opportunity to enhance its early screening capacity through working with general practitioners and any other health care providers outside of the state. These private practitioners could have assisted with early detection of the disease from their practices. There was too much reliance on the public sector for guidance and implementation in the early stages of the outbreak. The burden of primary response placed immense pressure on public health care workers in the province. Screening could also have been used as an opportunity to engage the community with regards to sanitation, healthy disease control habits, relevant health care information and improved non-pharmaceutical interventions within communities.

In the Eastern Cape, the Joe Gqabi District Municipality the trade unions NEHAWU and SAMWU expressed interest in working with the District Command Council. This however failed to materialise as discussions tended to focus on internal institutional issues at particular facilities. It was also understood that the DCC was not going to solve or override localised issues that fall within the ambit of a government department control. The Joint Operations Centre stakeholders did not encourage the

participation of Unions in it administrative structures. Union participation, they argued, would limit open discussions on failures and/or limitations in strategy. Difficulties with Unions were also experienced in the Sarah Baartman District.

Traditional leaders participated more in local coordinating committees and were not very active in the DCC. In one of the local coordinating committees, it was determined that business were using the platform to source information which they would the use to publicly criticise government and resulted in mixed information and led to a decision to not involve non-state actors in Local Command Centres.

In the Amathole District Municipality of the Eastern Cape, the poor representation or non-representation of traditional leaders, traditional healer, faith-based organisations at the Joint Operations Centre affected the dissemination of information to communities at village levels.

RESOURCE UTILISATION

As a health matter, the arrival of COVID-19 required an effective health response supported by a whole- of -society- response. This realisation informed the decision to give the department of health in Gauteng a leading role in the management of health response, including the procurement of essential health products and services on behalf of all other departments. This decision made financial sense from a cost efficiency point because it would support the achievement of economies of scale through centralised procurement.

A key resource utilisation condition that characterised South Africa before the arrival of the pandemic is a culture of wasteful expenditure (as reported annually by the Auditor General) and corruption. Revelations at the Life Esidimeni Commission of Inquiry brought this culture into sharp focus especially in relation to the Gauteng Department of Health. Given this background, the inability to accompany the decision to centralise procurement at the department of health with strict controls resulted in lapses, abuse and significant instances of corruption. Positive steps currently underway are aimed at reversing this culture. These include the ongoing Zondo Commission of Inquiry, the prosecutions that are underway by the National Prosecuting Authority, the SIU investigations proceeding in Gauteng are positive moves aimed at reversing this culture.

The good intentions behind the use of modelling resulted in inflated numbers largely due to the unknown factors of COVID-19 and inadvertently led to an over-estimation of critical care and general hospital bed requirements in the GCR. This modelling based on maximum readiness influenced subsequent decisions or strategies aimed at addressing the gap between needs and beds availability/supply. Further, the community screening appears to have had a very low yield of less than 5%. These observations can raise questions about the cost effectiveness of the resource allocation in general, but should be evaluated within the total context of being ready and saving lives.

In the Western Cape, a concern was expressed regarding limited and inadequate resources. There was a general lack of resources (people, budgets and funding interventions) which impacted negatively on the response.

The Northern Cape Department of Social Development conducted a review of its programme and offered an overall reprioritisation process brought about by COVID-19. The implications of some of the measures implemented were identified as a concern especially in terms of resource allocation to homeless shelters and how these measures could be sustained post the lockdown. There was uncertainty on whether funds would be reallocated by Provincial Treasury to sustain these initiatives.

COMMUNICATION AND DIGITAL INNOVATION

CONSEQUENCES OF STRENGTHS IN COMMUNICATION AND DIGITAL INNOVATION

As a whole of society crisis, COVID-19 required excellent communication across all spheres of society and government, and especially communication with citizens. The GCR benefits from an advanced electronic communications environment and also has high levels of computer literacy amongst officials that made working from home possible. Which in turn supported the continuity of the business of government. The ability to work from home also speeded up decision making as it discouraged extended deliberations that often characterise meetings. Digital innovation in the GCR further saw the development and use of a screening/tracing app and a bed availability dashboard.

A pre-existing service delivery hotline in Gauteng was used for the COVID-19 response and was administered by the MEC for Social Development. The hotline's capacity was expanded in response to COVID-19 from 20 staff operating from 08h00-17h00 to 250 staff working three shifts on a 24 hour basis. This hotline was credited with organising and 4000 food parcels per day for each of the six districts.

The GCR managed to take advantage of its well established 4IR capabilities to improve its digital services in townships and other communities, including speeding up the installation of fibre to create more jobs in business process outsourcing. This enabled people to work from home. The GCR assisted a global digital cloud company to create 500 call centre jobs in Soweto. An online system for informal trader registration for official permits was also created to avoid unnecessary queues. The Department of Agriculture also introduced an online registration system for farmer registration. Several departments have begun a process of digitizing the submission of forms for regulatory approvals.

Communication from the higher echelons especially from the President and the Premier, including their abilities to communicate essential messages with clarity and decisiveness went a long way in ensuring compliance of GCR citizens from early on in the pandemic. The Premier took on a public role of communicating to citizens, including through television broadcasts where he hosted scientific advisors and re-iterated a strong public health message. He took the lead in informing the public in

frank and forthright terms about the crisis that surrounded the procurement of PPE. The GCR also made efforts to dispel fake news through a button on the digital platform of the office of the Premier.

In the Western Cape, most hotspots relied on technology and innovative methods where digitisation of business took centre stage. This included an intervention that was aimed at supporting economic recovery for the Tourism and Hospitality sector and SMMEs. The Department of Health made use of the Single Patient View (SPV) database from which daily and weekly reports were generated with a geographic focus and allowed hotspot teams to keep up to date with the progress of the pandemic. Another example of a quality monitoring data platform used was the Uniti system which is an integrated information management and communication system procured by the Western Cape Disaster Management Centre in January 2020, two months before COVID-19 struck. This system was rapidly set up and customised to support the management of quarantine and isolation facilities. It allowed users to enter and access data disaggregated down to facility level, in real time, so that available rooms and beds could be tracked. There was affective communication and information sharing during the response, which accounted for the success of the hotspot strategy.

The Northern Cape involved existing Community Based Structures to intensify advocacy and ensure responsiveness to emergency cases. A WhatsApp group was created for the Provincial Disaster Management Centre which facilitated communication and the sharing of reports on COVID-19 from the Heads of the District Management Centres. A Municipal Managers' Forum was established and met weekly. COGHSTA created a video conferencing system for district Mayors to allow them to assess progress and deal with challenges that were experienced at municipal levels. The Northern Cape Health system made use of technological advancements for tracking and tracing.

Mpumalanga made use of community development workers (CDWs) across municipalities to share information on how citizens could access government services like grants and to do awareness campaigns. The CDWs reported directly to their supervisors or CDW District Coordinators who in turn reported to Provincial Coordinators. The Department of Education coordinated the provision of laptops, and/or tablets for special schools which facilitated online learning.

Daily COVID-19 command Team Zoom meetings were convened in the Free State to discuss cases, monitor progress and provide guidance to Districts.

The Eastern Cape improved its call centre capability which combined the Premier's Hotline, the Presidential Hotline and other call centre platforms. The Provincial Disaster Operations Centre (PDOC) established a WhatsApp group early on in the COVID response and was used to share information with the District Joint Operations Centres (DJOC). The PDOC also organised some ad hoc meetings where DJOC's were invited to participate. The Sarah Baartman District Municipality established a 24-hour control room and communication centre and conducted health education, awareness-raising and health promotion. The awareness activities were conducted by Environmental Health Practitioners.

Media engagements and social media posts were used to reach a wider audience, and multi-stakeholder roadshows were also used to communicate lifesaving information. In the Amathole District, information disseminated programmes and channels of communication between all spheres of government, organs of state, communities and the media were established. The district municipality also conducted health education, awareness raising and health promotion, activities. Awareness campaigns were conducted by Mayors, Members of the Mayoral Committee, Municipal Officials and Councillors focusing on COVID-19 related precautionary measures. The Chris Hani District strengthened its communication mechanisms to ensure strong awareness, leadership in the district was out in full force to spread the message to all corners of the district.

CONSEQUENCES OF WEAKNESSES IN COMMUNICATION AND DIGITAL INNOVATION

High data and connectivity costs in South Africa limited the effectiveness of some social media platforms and mainstream media that was used to disseminate information. High data costs also meant that the most vulnerable and poor persons could not ensure access to email or WhatsApp and could therefore not register for food aid.

The adoption of a top-down militaristic response that filtered through to the language of communication including the use of labels like “command centre”, “war room” and a military uniform worn by the president during one of the television addresses had some unintended consequences. It sent negative signals to ordinary people, many of whom encounter police and security personnel in an antagonistic manner. This also resulted in a temptation from some officials to share less of the facts and realities in the interest of the public, as that affected the manner in which citizens responded to communications.

The Constitution of South Africa, recognises 12 official languages. This is a strength that could have been used to ensure that communication reached all citizens and in a language they understand. This was not always the case. The dominance of English as a language of communication in the COVID-19 response in Gauteng meant that the opportunity presented by the Constitution was missed. In the age of social media, mediating the impact of fake news only through the digital platform as was the case with the Office of the Premier in Gauteng proved inadequate and little effort was made to mediate the impact of fake news on social media.

The Northern Cape reported that workplaces that could not provide for the possibility of working from home including some of the provincial departments that did not have the requisite resources were most adversely affected by the lockdown. Even in cases where officials could work from home, it proved challenging when it came to managing and monitoring work done. Functions such as human resources and financial management do not make provision for off-site connectivity of transversal systems such as the Personnel and Salary Administration System (PERSAL) and the Basic Accounting System (BAS). BAS does not make provision for capturing authorisations of payment off-site, this

delayed payment which impacted negatively on SMMEs amongst others. Access to documentation whilst working remotely was also affected by the reliance on a paper based system in the Northern Cape. During the lockdown, the limitation of access to technology and resources for remote working affected senior and middle management as well and constrained business continuity.

In Mpumalanga, the COVID-19 outbreak exposed challenges and gaps within provincial departments in terms of technology. Problems ranged from low skills amongst staff to work remotely to connectivity security issues where employees could dial in securely and perform their tasks.

In the Eastern Cape the pandemic had a devastating impact on business continuity and was further hampered by the closure of offices for decontamination and the high levels of public service disruption because employees were either in isolation or in quarantine. The WhatsApp group which was established by the PDOC to communicate with DJOCs and ad hoc meetings where DJOCs were invited to participate were stopped and this left the DJOCs with no clear process to raise issues of concern and clarity. This resulted in a gap between PDOCs and DJOCs. In the Joe Gqabi District, while some departments participated in the DJOC to convey information to others, departments saw the activities they performed in isolation and did not always see a need to share information.

Learners from poor backgrounds who had no access to information and communication technology for online learning were also adversely affected. This was true for all the provinces as discussed under the theme of the 'triple challenges".

INSTITUTIONAL CULTURE

The term institutional culture is used to refer to a system of meaning and customs within and between institutions. This includes the underlying assumptions, belief systems, espoused values and characteristics such as norms, language, behavioural rituals and myths [Schein, 1992 cited in Bratton, Grint and Nelson (2005)]. The coincidence of a culture of impunity and corruption with the COVID-19 pandemic resulted in political agendas being linked to the eligibility for food aid relief in certain instances reported in Gauteng. Some councillors reportedly tried to use the food parcel delivery scheme to encourage people to sign up to their political parties. This included reports that laptops, cell phones and allowances for data that were provided to assist in the collection of data, and for the disbursement of food parcels to the most vulnerable simply disappeared. GRC quickly responded to this unethical behaviour by removing councillors from the supply chain of food parcels to try and minimise the occurrence of food theft.

The hierarchical and top-down nature of governance in Gauteng also meant that frontline health workers or end users were not directly involved in decisions that affected patient care. Nor were there adequate mechanisms in place to report challenges from the ground. This break in communication with frontline staff in some instances resulted in the wrong consumables, PPE or ventilation being delivered to hospitals in Gauteng. There was a general feeling that frontline staff anxieties and fears

were ignored or downplayed with no strategy for employee assistance or psychological support. The lack of consultation and engagement extended to the private health sector as well and the sector experienced the department of health as rigid, heavy handed and top-down.

The legacy of Life Esidimeni and the demonstrated lack of accountability categorised by a weak management, system neglect and a weak consequence management culture, exacerbated by bureaucracy and silos militated against a fully effective response from the Department of Health.

The adaptive and reflexive capabilities that were encouraged and subsequently integrated into the GCR response were in some instances confronted by a pre-existing countervailing culture resistant to working in collaboration. Some work streams, like the one relief initiative were too slow to respond. Part of the difficulty mentioned as an explanation for the slowness of this work stream were procurement guidelines from National Treasury. Practices in some departments that discouraged openness of disclosure and critique in the presence of leadership and outsiders influenced the quality of reporting.

In the Western Cape, the community raised concerns about rigid governmental bureaucracy associated with the delivery of services and budgeting and which hampered meaningful collaboration. The Hotspots strategy was also affected by a lack of an integrative culture between government institutions. Though reporting was an essential component it did not reference any consideration for, or opportunities to collaborate. Instead the reporting reflected the independent activities of the different structures. It stood as a confirmation of old habits of working in silos and was reinforced by the often rigid interpretation of regulations and narrowness of mandates. Departments were also initially reluctant to share data with partner departments in hotspots and existing regulatory and administrative structures served were used to enforce this.

In the Northern Cape, the requirement for effective and immediate action by government as a result of the pandemic exposed the limitations of a government system and its various highly regulated and bureaucratic regiments. Existing government corporate and business processes were not always able to adapt to a different way of working and manage employees whilst ensuring that service delivery was not compromised.

The fact that in Mpumalanga parts of the areas where boreholes were installed with running taps within a space of a week during COVID-19 after they had experienced years of service delivery protest reveals a troubling culture of neglect. The COVID-19 crisis worked in their favour but the question of why a crisis to get the Mpumalanga provincial administration to act remains.

FINAL REFLECTIONS

This chapter provided some insights into the measures used to reduce the spread of the coronavirus. Provinces, it showed are the pulse of South Africa for this is where all success and challenges of initiatives and procedures adopted are measured. It was evident from the data submitted by each

province that the socio-economic contexts within which a province functioned determined the methods it used to combat the spread of the virus.

The pandemic was not the cause of the social deprivation people suffered but it did exacerbate it and place it as a non-negotiable factor that no province could side-step. Feeding schemes though food parcels and water were needs that each affected province planned for. Similarly, at the level of health, provinces had to transform national pronouncements into tangible realities. The field hospitals and extra beds came to being in a province. How a province succeed demonstrated their initiatives in building on existing structures and using that as platforms from which to launch novel approaches to an unparalleled pandemic. In theory, this sounded exciting but as this chapter showed it was often a ride riddled with obstacles and hurdles. In some cases provinces experienced challenges in creating synergies to work on a common COVID-19 related project with other provinces. The private-public partnership especially at the health level did not materialise. It seemed that preconceived perceptions of one and the other got in their way of collaborating with each other.

There were some success. In their own way, each province used existing communication systems to create awareness of the pandemic and impress on people the basic precautions they have to incorporate into their everyday lives. Provinces, from the submissions received, creatively used existing data and combined it with new data obtained through the use of effective communication to establish lists of indigent households in need of food support. The question of nutritious food to promote health made province look into the food parcel and offer something healthy rather than something to simply satiate hunger.

Not everything provinces did was impressive. There were hierarchical problems where positions of actors in the provincial organisation did not allow for free flow of information and experience sharing. This was also apparent at the level of inter-provincial and at the level of provincial-government collaboration. There were attempts but they did not particularly succeed.

The reports submitted focused on different aspects and yet in their ensemble they provided valuable insights into how provinces geared up to make the combat against the spread of the coronavirus real, visible and tangible. They did not get stuck on whether it should be about lives or livelihoods. To them it was about feeding people, opening schools, and just being ready for whatever curved ball the virus might throw at them.

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