Intergovernmental relations and sub-national responses in the management of the Covid-19 pandemic in South Africa

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Report Prepared by Philip Harrison, South African Research Chair in Spatial Analysis and City Planning, University of the Witwatersrand, Johannesburg

SUMMARY

A response to a crisis requires government to assemble a wide array of capabilities including those for anticipation and quick diagnosis, rapid learning, real-time response, continual adaptation, and sustained effort through the post-disaster recovery. These capabilities are underpinned by institutionalized disaster preparedness including an institutional architecture for disaster response but also require political leaders with the moral authority, skilled operational leaders, effective systems of communication, effective decision support systems, supportive institutional cultures and values, and attention to human rights.

This input paper explores the institutional capabilities of provincial and municipal government, and of the connecting institutions of inter-governmental relations (IGR), before and during the National State of Disaster ('the Disaster'), within the methodological limitations of a study conducted over a few weeks in late July and early August 2020. The study drew on a variety of sources including government departments, the media, and interviews and panel discussions with provincial and municipal officials in Gauteng, Western Cape, Eastern Cape, KwaZulu-Natal and Free State. The study concludes that far more granular study is required to adequately explore critical dimensions of capability such as institutional cultures, leadership qualities, and the actual way institutions operate on the ground.

After outlining a brief conceptual framing (Section 2), the paper considers the level of institutional preparedness before the Disaster was declared on 15 March (Section 3). It focusses on the quality of IGR and the Disaster Management System but comments also on the preparedness of the Health and the underpinning ICT systems. The paper goes on to describe the way the state assembled capability in provincial and municipal government in the period between 15 March and

the commencement of the National Lockdown on 27 March (Section 4). It shows the ways in which institutions and regulations, significant to the functioning of provincial and municipal government, were constituted within this short time frame. The paper then offers initial perspectives on provincial and municipal actions during the Lock Down period, discussing how the Disaster was revealing of institutional capabilities and what the consequences were of the ways in which the government assembled capabilities (Section 5). Themes of discussion include political leadership, corruption, community-based structures, decision-support systems (including data and modelling), and IGR.

Finally, the paper provides a provisional outline of conclusions and points of learning. It shows, for example, that while South Africa had state-of-the-art legislation and institutional structures, there had been institutional slippage over time, and there were serious capability deficits entering the crisis. The government had a fine balance to achieve between directive and cooperative approaches to the crisis, with debates on how successfully it achieved the balance. More important, however, is the learning that is taken forward and the implications of practices during the Disaster for post-Disaster governance. Critical concerns relate to the form of the disaster management system, institutional cultures, the distribution of functions between the spheres of government, the quality of decision support systems, and governmental responses to the severe fiscal consequences of the Disaster. For the future the primary issue is how to capitalise on the positive elements which have emerged from the Disaster while addressing the problems that have been identified.

1.0 Introduction

This report is a work-in-progress input into the preparation of Chapter Two of a Country Report on measures that were put in place in South Africa to combat Covid-19. Chapter Two is provisionally titled 'South African Governance, Leadership, State Capacity, and Institutional Development Measures related to Covid-19' and is one of twelve intended chapters.[1]

[1] The guiding documents used in the preparation of this input report are 1) Department of Planning, Monitoring and Evaluation (DP&ME) 'Conceptual Framework for the development of a Country report on the implementation of measures to combat the impact of COVID-19 in South Africa', dated 21 July 2020, and 2) The Terms of Reference for Chapter Two of the 'Draft Pre-Disaster Phase National Country Report on the Implementation of Measures to Compact the Impact of Covid-19 in South Africa Template, with a draft dated 8 August 2020.

The Chapter deals with:

- Structures that were created to coordinate the overall planning, management and implementation of measures to deal with COVID-19 at different spheres of government;
- Multi-sectoral cooperation and coordination of stakeholders within a sector (intra-), as well as stakeholders within other sectors (inter-), to identify gaps and duplication;
- Weakness in the supportive and intergovernmental structures;
- Efficiency of coordination with local government; and,
- Preparedness and synchronisation between the different spheres of government (i.e. national, provincial, and municipal) in dealing with the COVID-19 outbreak.

This input report focusses specifically on the structures within the provincial and municipal (i.e. subnational) spheres of government and on the preparedness and synchronisation between the spheres.

The Country Report is being produced in a phased approach with major outputs being the Pre-Disaster Phase Report; Disaster Phase Report; 1st Edition Country Report (March 2021) and 2ndEdition Country Report (March 2022). This input report is intended to evolve as an input into all phases, although with the initial input into the Pre-Disaster Phase Report. Governance is a complex and cross-cutting domain that cannot be easily delineated into defined periods, and interviewees, for example, reflected on their experience with governance through the entire pandemic. The report is however structured to facilitate its use in the different outputs.

Method

Version One was prepared over a short period to meet the initial deadline for inputs into the Pre-Disaster Phase Report and so had to be tailored to the time available. It was hardly feasible, for example, to consider developments across all nine provinces and so the study was limited to Gauteng, Western Cape, Eastern Cape, KwaZulu-Natal and Free State, and, in relation to these, the information gathered provides a broad overview rather than a 'deep dive'. Similarly, the discussion on the municipal sphere of government was limited mainly to developments in the metropolitan cities but this clearly needs to be broadened over time. The detail of information provided from provinces and municipalities varied with

the most detailed from the Western Cape, Gauteng and the Eastern Cape, and so the report does rely disproportionately on these cases.

This report draws on a series of original and secondary sources including:

- Academic publications and government reports published prior to the pandemic which provide useful background material;
- Regulations and directives issued by government during the pandemic;
- Government reports from across the spheres (e.g. reports prepared by officials for political structures);
- Debates in parliamentary committees (especially the Parliamentary Portfolio Committee on Cooperative Governance and Traditional Affairs – COGTA) (e.g. PMG, 2020a,b,d,e)
- Media reports and commentary;
- Interviews with officials from across the spheres of government;

DP&ME set up the interviews involving senior officials across provincial and city government. In all cases, government officials were cooperative, reflective and frank in their responses, but the insights provided by officials will need to be supplemented with those gathered from non-state actors. Fortunately, however, the media has been vigorous in its engagement with state response to Covid-19 and there is no shortage of critical perspective.

The interviews, which lasted between 1.5 hours and 3 hours each, took different formats. Some interviews were with individual officials while others took the form of Focus Groups or Panel Discussions with multiple officials:

- Interview with a senior official of the South African Local Government Association (SALGA) on Wednesday 29 July 2020
- Focus Group discussion with senior officials of the Western Cape Provincial Government and City of Cape Town on Wednesday 29 July 2020
- Interview with a senior official of the Department of the Premier, Gauteng Provincial Government, on Thursday 30 July 2020
- Interview with a senior official of the Department of the Premier, KwaZulu-Natal Provincial Government, on Friday 31 July 2020
- Interview with a senior official in the Department of the Premier, Eastern Cape Provincial Government, on Monday 3 August 2020

- Panel discussion with senior officials of the Eastern Cape Provincial Government's Department of Cooperative Government and Traditional Affairs, and of Eastern Cape municipalities, on Monday 3 August 2020
- Interview with a senior official of the Free State Provincial Government, on Tuesday 4 August 2020
- Interview with a senior official of the Sarah Baartman District Municipality, on Tuesday 4 August 2020
- Panel discussion with senior officials of the National Disaster Management Centre, Provincial Disaster Management Centres, District Disaster Management Centres, and Metropolitan Municipalities, on Wednesday 5 August 2020

In thinking about governance, I have benefitted considerably from engagements with colleagues in the Gauteng City Region Observatory (GCRO) who have been commissioned by the Gauteng Government to write an input on Governance in Gauteng during the pandemic as part of the Gauteng 'deep dive' research initiative which will also inform the preparation of the Country Report. I have benefitted, too, from a structured Dialogue on Governance during the Pandemic convened with the CGRO for the Gauteng Provincial Government.

This input report begins by offering a conceptual framing for the study of sub-national responses which draws on the notion of 'state capability'. The report continues by asking what capabilities were in place in the Pre-Disaster Phase that could be assembled to respond to the Disaster, and what capabilities had to be manufactured during the Disaster to ensure an effective response. The second part of the input (to be used mainly in the Disaster Phase Report) indicates the unfolding consequence of state action during the Disaster Phase and asks what this reveal about pre-existing and evolving state capability. The report ends with preliminary recommendations for adapting or reconfiguring state response to disaster.

2.0 A conceptual framing: assembling capabilities for governing disaster

The effective governance of a crisis of the scale of National Disaster depends on the ability of the state to mobilise and assemble a set of *critical capabilities* that allow it to respond effectively within its constraints. With a sudden-onset crisis, the state will rely largely on pre-existing capabilities but weak capabilities may need to be quickly strengthened, and capability gaps may need to be rapidly addressed.

Duchek (2017, p.2) summarized the required capabilities as "anticipation", "coping" and "learning". He wrote that "organizational resilience can be defined as the ability of an organization to anticipate trends

and potential threats, to cope effectively with unexpected events, and to learn from these events to produce a dynamic capability that is directed towards facilitating organizational change." Various writers have elaborated on aspects of these broadly stated capabilities which I have compiled briefly below as a 'conceptual framing' for this input paper.

A: Necessary Capabilities for Responding Effectively to Disaster

A1. A *capability for anticipation and quick diagnosis:* Duchek (2017, p.3) wrote of "the ability to detect critical developments" while Nillson (2010) referred to a "capacity for *sense-making*" which requires an ability to anticipate trajectories and know how to act.

A2. *A capability for rapid learning:* This capability requires the rapid flow of accurate, updated and accessible information; a willingness and capacity to absorb this information; learning from trial-and-error; and an ability to handle incomplete and incomplete and inconsistent evident (i.e. 'fuzziness') (Slam et al., 2015)

A3. *Real-time response capability*: The system must have the capability to respond quickly and appropriately to sense-making within contexts of radical uncertainty where there are complex trade-offs and severely stretched organisational capacities. This capability includes capacities for: mobilising resources and support; coordinating across multiple governmental and non-governmental actors; scaling-up to deal with surge requirements; rapid intelligent decision-making; and, operational effectiveness (e.g. Howitt and Leonard, 2006).

A4. *A capability for continual adaptation:* Disasters evolve quickly and in ways that are not easily anticipated, and so response may quickly lose currency. An adaptive capability includes the ability to discern whether to sustain an existing response trajectory (a 'strategic inertia') or to shift to a new or altered trajectory (Fainschmidt et al., 2010).

A5. *A capability for sustaining effort through the post-disaster recovery:* While there is a need to respond to the 'surge' by mobilising resources for an intense effort over a limited period, there is also the need to sustain efforts through a prolonged period of disaster recovery (Howitt and Leonard, 2006). These efforts may need to address lingering health and psychological consequences of the critical but also the effects of the crisis on matters including livelihoods and the economy, social

relations, democratic practice, and human rights. A successful response will also take advantage of the possibilities of crisis.[2]

B. The requirements underpinning these capabilities

There are a set of overlapping and reinforcing requirements which underpin the capabilities indicated above. These include:

B1. *Institutionalised disaster preparedness*: Some of the anticipatory actions indicated by Kunz et al. (2014) include: strategic reserves of supplies and personnel; effective IT systems for handling communication, information and reporting; infrastructures such as emergency accommodation, hospitals, and emergency power supply; early warning systems; staff training; decision support tools; pre-negotiated agreements with suppliers and logistics providers; prepared organizational structures; financial systems for disasters; and pre-produced vulnerability assessment and contingency plans (Kunz et al. 2014).

B2. *An institutional architecture for disaster response:* A critical element of 'institutionalised disaster preparedness,' which is elaborated separately here because of its significance, is a robust but dynamic institutional architecture that has: clear points of authority and decision-making; effective channels for instruction, information, reporting; mechanisms for consultation and feedback; and, mechanism for learning and adaptation. Institutions need to be both robust and dynamic and should provide for the detail of organisation through an entire system. Structures should ideally be in place prior to a disaster, although there should mechanisms for adapting them to the specificities of each event.

B3. *Political leaders with political and moral authority able to mobilise governmental and societal support and action:* These leaders must project confidence but also show humility; be empathetic; communicate hope but also the seriousness of the situation, learn quickly; and be trustworthy (Howitt and Leonard, 2006). As an article in *The Atlantic* put it, "during a pandemic, leaders must rally the public, tell the truth, and speak clearly and consistently" (Yong, 2020).

B4. *Skilled operational leaders able to plan, mobilise resources, coordinate, and ensure implementation as required:* Operational leaders must bring the technical abilities and managerial

[2] Mathews (1998), for example, showed how a new economic model emerged in South Korea out of the 1997 Asian Financial Crisis, and referred to the Chinese characters, *wei ji,* which means that "every crisis is pregnant with opportunity".

skills to bear as well as having many of the quality expected of political leaders. Nillson (2010, p.85) writes of the need for control and management, meaning the ability to "to keep action focussed on shared goals, such that everyone involved, irrespective of their hierarchical position, adjust their actions to those the situation requires. Especially important are leaders able to handle an "infrastructure of coordination" (Howitt and Leonard 2006)

B5. *Effective systems and processes of communication:* Nillson (2010, p.85) wrote of the critical importance of quality communication for "creating shared meanings" during a crisis (Nillson, 2010, p. 85).

B5. *Effective crisis response decision support systems:* Disaster response requires a swift and accurate flow of information, and this demands reliable hardware and software capacities within disaster management agencies and the effective integration of information systems across agencies (Rafi et al., 2018). This must be supported by the skills to handle the infrastructure, and attitudes and norms that underpin collaboration and data sharing (Pan et al., 2005)

B7. *Supportive institutional cultures and personal values:* Slam et al (2015, p.346) refer to the critical importance of the "values and norms of the social system" in supporting an effective response to crisis. This includes norms such as honesty, civic responsibility, work ethic, empathy, and a sharing ethos (important for underpinning effective use of data, for example).

B8. Attention to human rights: Balakrishnan et al.(2011) went further then saying that we need to pay attention to human rights in dealing with a disaster. Instead, drawing on the work of Amartya Sen and Polly Vizard, they argued that human rights are themselves a key element of capability. They explain that "human rights can contribute to the protection and promotion of capabilities through determining the distribution of entitlements; by strengthening accountability; by focusing policy attention on the needs of the poor and vulnerable; and by correcting market failures, stemming from monopoly power, public good, externalities, information deficiencies, principal agent problems, and adverse selection and moral hazard." (Balakrishnan et al., 2011, p.161)

This report focuses specifically on the institutional architecture which underpins the capabilities needs to respond effectively to crisis. It does, however, deal with related issues such as the quality of leaderships and decision-support system, and acknowledges the critical significance of matters, including underpinning norms and values, which are not easily investigated in a project of this nature.

3.0 The level of institutional preparedness: pre-Disaster

South Africa entered the period of National Disaster with a mixed bag in terms of its institutional architecture and preparedness. Its legislated systems were in place but there were serious deficiencies in performance in key areas. Responding to the pandemic required all spheres of government to coordinate their actions for a common purpose and so the structure and performance of inter-governmental relations was critically important. But, also important, was the disaster management system, and the performance of critical sectors such as health and ICT.

Inter-Governmental Relations (IGR)

The broad institutional framing for the governmental system is set out in the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996) which represents the political settlement which ended apartheid and inaugurated democracy in the country. The constitutional settlement offers a complex balance between state unity, democratic diversity, inter-governmental coordination, and power-sharing arrangements. The constitutional arrangement creates three *spheres* of government - national, provincial and municipal – which have protected powers and are described as ""distinctive, interdependent and interrelated".[3] They are enjoined "to 'cooperate with one another in mutual trust and good faith"[4]; a practice referred to as "cooperative governance".

The functioning of South Africa's system of cooperative governance depends on both the quality of governance within each sphere and the quality of the interactions between the spheres, captured in the term Inter-Governmental Relations (or IGR). In relation to both dimensions, South Africa faced challenges.

South Africa's *National Development Plan* (RSA, 2012) acknowledged the mixed bag. One the one hand, argues the NDP, "South Africa has made significant progress in building the structures of a democratic state" with the creation of democratic institutions, a restructured system of public finances, the Chapter Nine institutions which hold government to account, and a developmental orientation but, on the other hand, there is highly uneven performance with "tensions in the political-administrative interface, instability of the administrative leadership, skills deficits, the erosion of accountability and authority, poor organizational design and low staff morale" (RSA, 2012, p.408). The NDP devoted a Chapter to "Fighting Corruption" which argued that "South Africa suffers from high levels of corruption that

[3] Chapter 3, Section 40 of the Constitution of the Republic of South Africa, 1996 (Act 108 of 1996)
[4] Chapter 3, Section 41 (1)(h)

undermines the rule of law and hinder development and socio-economic transformation (RSA, 2012, p.446).

It was clear in 2012 that public confidence in South Africa's institutional capabilities had been eroded over an extended period by endemic corruption and political patronage. Since then, measures have been implemented to reverse this trajectory, but the problems are deeply embedded and it will take time to rebuild institutional capability. The Auditor General has, for example, given a bleak view on the management of many municipalities with challenges including irregular expenditure, weak financial controls, supply chain non-compliance, and high levels of municipal debt to SOEs including Eskom and water boards.[5]

Some municipalities entered the pandemic with extreme challenges. The Tshwane metropolitan municipality for example – one of the national Covid-19 hotspots – had been placed under administration in terms of section 139(1)(c) of the Constitution, in a process that had been highly contested politically and legally. It had no political structure in place and was governed by an administration team of 10 individuals with a Head Administrator and Acting City Manager. The municipality was also in deep financial crisis with the Auditor-General reporting R6.9 billion in unauthorized, fruitless and wasteful expenditure. In the Eastern Cape the Nelson Mandela Bay metropolitan municipality entered the crisis with an Acting City Manager and Acting Mayor after a period of political instability (and, during the crisis, the Acting City Manager was removed after allegations of corruption). Beyond the metros, there are multiple examples of municipalities in deep trouble.

In terms of IGR, a system has evolved since 1994, and the structures are largely in place.[6] An organic evolution was eventually codified in legislation such as the Intergovernmental Fiscal Relations Act, 1997 (Act 97 of 1997) and the Intergovernmental Relations Framework Act, 2005 (Act 13 of 2005) which

[5] As presented by the Auditor General to the Parliamentary Standing Committee on the Auditor-General (SCAG), Portfolio Committee on Cooperative Governance and Traditional Affairs (COGTA) and Standing Committee on Public Accounts (SCOPA) on the 2018/2019 local government audit outcomes, 10 July 2020. Online at https://pmg.org.za/committee-meeting/30635/

[6] The structures include the National Council of Provinces (NCOP) to represent provinces in the legislative sphere; the South African Local Government Association (SALGA) to represent the interests of municipalities to other spheres; a President's Coordinating Council allowing for a direct engagement between the President and Premiers; the Forum of South African Directors-General (FOSAD); a Financial and Fiscal Commission (FFC) to ensure an equitable distribution of financial resources between and across spheres; a Budget Forum and Budget Council; and, various sector-related forums linking national ministers and provincial MECs, and provincial MECs and municipal MMCs.

included protocols of engagement and dispute resolution mechanisms. However, the NDP observed that:

> South Africa has struggled to achieve constructive relations between local, provincial and national government . A lack of clarity about the division of responsibilities together with a reluctance to manage the system has created tension and instability across the three spheres of government. There is no consensus on how this is going to be resolved and there is lack of leadership in finding appropriate solutions (RSA, 2012, p.408)

IGR is a complex and debated area. In many respects it is the Achilles heel of the governmental system in South Africa, with weak IGR contributing to turf battles, disjointed action, unnecessary conflicts, and wasteful duplications.[7] However, while there clearly are problems in terms of IGR, there is also a constant process of adjustment and bargaining across the spheres of government, within formal and informal domains, and with varying admixtures of competition and cooperation. Poirier et al. (2015) points to this complexity when arguing that:

> Behind political posturing and the rhetoric of conflict may lie rather consensual arrangements. Paradoxically and conversely, however, a common public front, designed to show respective voters that political actors are cooperating for the sake of effective public policy making, may hide substantive disagreements.

In confronting a crisis of the scale of Covid-19, government must draw fully on the structures, capacities and goodwill across all spheres but in doing so will confront the weaknesses in IGR including a lack of mutual trust, the poor quality of information flow, and poorly performing IGR-related institutions. The bid question is whether the crisis itself can act to improve IGR by bringing the three spheres (and other actors of governance) into new or improved relationships.

There are significant risks and opportunities for IGR. On the one hand there is an imperative during crisis for decisive action, clear leadership and unambiguous instruction from national government, and this may push the bounds of cooperative government, with negative consequences in the long run. On the

[7] The source of the problem is multi-dimensional and includes the sheer complexity of governmental structure, rivalry between political parties, factionalism within parties, competition around state powers and functions, the transaction costs of engagement, and individual ambitions and behaviours (for analysis see the extensive literature in the field including Tapscott, 2000; Layman, 2003; Malan, 2005; Edwards, 2008; Mello and Maserumule, 2010; National Treasury, 2011; Poirier and Saunders, 2015; Pieterse, 2019)

other hand, the collective effort in dealing with a crisis may establish relationships and ways of working that could significantly strengthen IGR going forward.

In relation to Covid-19 there were three institutional arrangements linked the IGR that emerged as significant, and these are addressed briefly below.

President's Coordinating Council (PCC) and the MinMECs

The PCC is one of the key IGR-related institutions in South Africa. It first emerged in the 1990s during Mandela's administration as the Premier's Forum and was formalised under the IGR Act, 2005. It is chaired by the National President, and includes the Deputy President, key Ministers, provincial Premiers and the South African Local Government Association (SALGA). While some of the other IGR-related structures have performed fitfully, if at all, the PCC has evolved as a critical point of connection across the spheres of government (COGTA 2020b). Among the other prior IGR structures which played a role during the National State of Disaster ('the Disaster') were the MinMECs which are sectoral committees chaired by Ministers and attended by provincial MECs with the sector and SALGA, representing municipal government (COGTA, 2020b).

District Development Model (DDM)

The DDM that has been developed and promoted by COGTA and adopted by the national Cabinet in 2019. It aims to break down 'silos' in government by promoting integrated planning and service delivery implementation across all spheres of government at the district/metropolitan scale. COGTA explains DDM as follows:

> The Model consists of a process by which joint and collaborative planning is undertaken at local, district and metropolitan by all three spheres of governance resulting in a single strategically focused One Plan for each of the 44 districts and 8 metropolitan geographic spaces in the country, wherein the district is seen as the 'landing strip'. (COGTA, 2020a)

While the DMM had not yet been applied comprehensively across South Africa[8], a strategic decision was taken by COGTA to use the DDM as a framework for implementing Covid-19 measures (COGTA, 2020b). Disaster management approaches were to be integrated into the DDM with political and operational

[8] As part of the introduction of the DMM, COGTA has launched pilot DDM initiatives in the OR Tambo, eThekwini and Waterberg municipalities.

structures in the municipal sphere of government to be located within the District and Metropolitan Municipalities rather than in the Local Municipalities, with capacity deployed where necessary from national government to District Hubs in high risk areas (COGTA, 2020b).

The DDM has, however, provoked some controversy. While COGTA insists that the DDM aims to improve communication and cooperation across the spheres of government, there is suspicion in some quarters that COGTA (and/or the ANC and government more broadly) is using the DDM as an approach to strengthen top down control over municipalities, undermining local autonomy (Gerber, 2020a).

National Joint Operational and Intelligence Structure (NatJoints)

The NatJoints is the operational wing of the Justice, Crime Prevention and Security (JCPS) cluster within national Cabinet and is responsible for coordinating security and law enforcement operations throughout the country. It is structure headed by the Secretary of Defense and comprised of the South African Defense Force (SADF), South African Police Services (SAPS) and the State Security Agency (SSA), Home Affairs, but also the Directors-General and CEOs of around 20 other departments and state-owned agencies. It is not, strictly-speaking, an instrument of IGR but its does have a provincial level wing, the ProvJoints, which coordinates security-related action at the provincial and local scale.

The disaster management system

A second critical area of pre-existing capability is the disaster management system. On paper at least, South Africa has a state-of-the-art disaster management system framed legislatively by the Disaster Management Act, 2002 (Act 57 of 2002) ('the DMA'). The DMA provides for: Disaster Management Centres across all spheres of government; the declaration of local, provincial and national states of disaster; a National Disaster Management Advisory Forum, including representation from different sectors of society; and, the preparation of a Disaster Management Framework and of Disaster Management Plans.[9]

At the time of enactment, the DMA was highly regarded internationally and consistent with guidance on disaster management received from the United Nations (Van Niekerk, 2014; Van Niekerk and Du Plessis, 2020). However, concerns emerged with the implementation of the Act. One of these was that

[9] The Disaster Management Amendment Act, 2015 (Act 16 of 2015) enabled disaster management structures to call on the services of the South African Defence Force (SADF) and South African Police Services (SAPS) in the event of a declared disaster and made more explicit provision for the funding and capacitation of the disaster management function.

responsibility for the Act was placed within COGTA rather within the Presidency, the highest office in the land; and, that it is a Minister and not the President who declares a National State of Disaster.[10] The problem replicates in the other spheres of government with the Provincial Disaster Management Centres located in provincial departments of local government, and District Disaster Management Centres in a variety of municipal department but not in the Offices of the Executive Mayor or Municipal Manager. The status of the Disaster Management Centres is constrained by their institutional locations but also by their generally poor resourcing in terms of personnel and finance (Van Niekerk, 2014). The most recent Annual Report of the National Disaster Management Centre acknowledges that by 2018/19 only five provinces had Provincial Disaster Management Centres (PDMCs) which met the minimum requirement of the Act (NDMC, 2019).[11]

Van Niekerk and du Plessis (2020) take the view that if the National Disaster Management System had been properly placed institutionally and had been working optimally at the start of the Covid-19 crisis there would have been no need to create the additional disaster management structures that are described in this report. However, it should be noted that the recent drought, which was declared a National State of Disaster in 2018, brings some experience to bear in the current crisis, especially from Disaster Management Centres in the drought-stricken provinces of the Western Cape and the Eastern Cape.

Capabilities in the health sector

Covid-19 emerged initially as a health crisis (although livelihood and economic crises followed) and so prior capability in the health sector is a critical consideration. The preparedness of the National Health System - including critical agencies such as the National Institute for Communicable Diseases (NICD) and National Health Laboratory Service (NHLS) – is discussed in sector reports and not dealt with here, except in terms of their relationships to provincial- and district-level structures.

The direct concern here is the extent to which health structures at subnational scale – in the 9 provinces and 52 health districts – were adequately prepared for the crisis.[12] This question relates specifically to

[10] At the time of promulgating the Act the idea was that the Act would be the responsibility of a Minister within the Presidency but was instead allocated to the Minister of COGTA.
[11] The five provinces which met the minimum requirements were Western Cape, Eastern Cape, Mpumalanga, KwaZulu-Natal and Gauteng. North West had a temporary structure while the Free State and Limpopo had PDMCs but these did not meet minimum requirements. The Northern Cape did not have a PDMC.
[12] Provincial Departments of Health manage public hospitals but also manage a district health care system responsible for primary health functions. In the past, municipalities were responsible for clinics and other primary health functions but this is being phased out and taken over by provincial district health offices in most places.

the public health care system which supports around 84% of South Africa's population but the capabilities in the private health care system, largely funded by private health insurance schemes, are also a consideration.

The Health Systems Trust indicates that there have been few studies of provincial-level health and so knowledge of system preparedness is weak and requires targeted research (HST 2017). However, the HST has developed indicators which show the variations across districts and provinces in the country (HST, 2019). The indicators reveal a broad patterning which is not unexpected. The overall Universal Health Coverage (UHC) indicator reveals the lowest levels in districts that were previously under homeland governments during the apartheid with the highest in metropolitan areas and in some of the districts with small towns and commercial farmland.[13] The lowest levels are in parts of the Eastern Cape, North West, Mpumalanga and Limpopo, but there are also districts with low levels across the Free State, in parts of the Northern Cape, and in parts of KwaZulu-Natal. The details are not discussed here but are rather left to the preparation of the sectoral input reports on health, as there are multiple dimensions to health capability that require specialist input.

It is enough to say here that the pandemic came at a time when the public health system was under severe pressure, although evenly so across provinces and districts. Indications of a systemic underperformance of the healthcare system in many provinces included poor health facility management, lack of maintenance of health infrastructure, around 37 000 vacant posts nationally, lack of equipment, drug stock outs, and severely strained emergency medical services.

The pandemic caught the country by surprise with the idea of 'disaster' previously understood largely in terms of events such as natural catastrophes such as droughts, floods, fires and earthquakes. South Africa had not been significantly affected by recent sudden onset global health crises such as MERS, SARS, H1N1 and Ebola, and so awareness of the potential disaster of a pandemic was low. The lack of awareness across the scales of government is indicated in the almost total absence to a possible pandemic in plans ranging from the NDP at national level to the Integrated Development Plans (IDPs) required of all municipalities.

Some metropolitan cities do, however, perform primary health functions on an agency basis. Municipalities do however have responsibility for environmental health and for local emergency services.

[13] The Health Systems Trust (HST) has a District Health Barometer which reveals the extreme unevenness in the quality of primary health care across the country (e.g. HST, 2018 & 2019).

Levels of awareness may have changed slightly with the Gauteng-focussed outbreak of the severe foodborne disease, Listeriosis, in 2017, which involved 1060 laboratory-confirmed cases and 216 deaths (an over 20% fatality rate) (Tchatchouang et al., 2020). During outbreak, the Department of Health's Multisector National Outbreak Response team (MNORT) was activated and so there was some recent experience with monitoring the spread of disease outbreaks.

South Africa did however have significant recent experience in managing the HIV/Aids pandemic. Despite government's initially dismal response to the pandemic, significant capabilities evolved over time, especially with community-based approaches to screening, treatment, and household support. The question is whether this capability was used as a resource in dealing with Covid-19 – recognizing, of coure, that there are material differences between a sudden onset pandemic such as Covid-19 and the decades-long HIV/Aids crisis. UNAids (2020) offers a critique of the dominant approaches internationally to dealing with Covid-19 – associated, for example, with regulations, restrictions on movement and top-down instruction - arguing that experience with HIV need to be embedded as deeply as possible in communities and grounded in the reality of people's lives. This is a debate to be had in South Africa (IFRC, 2020).

ICT preparedness

ICT readiness is a critical element undermining the capabilities for handling a Disaster. It proved to be important in responding to Covid-19 as it was crucial to the continued functioning of business, education and government operations, as well as being essential to monitoring the spread of the pandemic. Again, this is an area that cannot be dealt with adequately here, giving its complexity, and the type of research required to determine the state of readiness. ICT readiness relates to factors including the level of networked infrastructure and access to ICTs, the regulatory environment, the levels of use of ICTs in society, the cost of data, ICT-related skills, and institutional cultures, including the degree of willingness to share data.

A draft report released by the National Planning Commission for comment was blunt:

> The adoption and use of ICT by the public sector in South Africa has been notoriously bad. While the private sector scores highly in the adoption of ICT, finding expression in business development and innovation particularly in relation to services sector, and individual consumption falls within global averages, the public sector is on bottom side of global indices… Failure to adopt technology to support primary health care means South Africa performs very badly for even a lower middle-income

> country. Likewise, in primary and secondary education, implications for young people in terms of quality of education and employment opportunities have been devastating. Within the public sector, intergovernmental communication is poor. There is no sharing of data and information between national departments, as well as between national and provincial governments, and at local government level it is arguably worse. (NPC, 2020, p.65 & 66)

Jassat et al. (2020) painted a picture as gloomy for the health sector in a report released by the NICD:

> The private health sector is well-resourced and most private hospital groups have electronic health information systems that allow for patient management and billing. The public health sector on the other hand lacks electronic health information systems for patient-level data in all provinces except the Western Cape Province, which operates a patient level electronic medical record system. The District Health Information System (DHIS) is used by the National Department of Health (NDoH) for aggregate reporting of caseloads from public sector clinics and hospitals. No system existed to capture patient-level details for COVID-19 hospital admissions. (Jassat et al., 2020)

The broad picture was not positive although there were sectors and provinces, including the Western Cape and some of the metropolitan municipalities where prior investment in ICT had been significantly better than the national average.

4.0 Assembling capabilities – up to the national lock down on 27 March 2020

This section deals with development which unfolded from around 7 January 2020 when Chinese authorities confirmed that a Novel Coronavirus (2019-nCoV) was the source of a cluster of pneumonia cases in Wuhan, a city in Hubei Province, until 27 March 2020, when South Africa's national lock down began. This was the period in which the South African government 'assembled its capabilities', largely through setting up structures and putting regulations in place. The section focused on subnational structure but is framing within the overall disaster of disaster response and strays a little into the post-27 March period as some of the details of the structures for provincial and municipal government only became known in early April.

The initial response in South Africa was in the health sector and at the national level. The national Department of Health (DoH) was in fact to lead the response until 15 March when the head of the National Disaster Management Centre classified Covid-19 as a national-scale disaster and the COGTA Minister proclaimed a National State of Disaster in terms of Section 27 of the DMA.

Nevertheless, there was a gradually broadening inter-sectoral response, and some initiative from subnational government in the weeks leading to 15 March. By 10 January the Department of Health had a produced a plan which included measures to strengthen the capacity of provincial health department to manage possible outbreaks. This included support in developing capacity for surveillance, contact tracing, data management and case management. Importantly also, a decision was taken to identify 11 provincially- managed public hospitals across South Africa for managing Coronavirus cases (RSA Department of Health, 2020)

On 24 January, the DoH and NICD reconvened the Multisector National Outbreak Response team (MNORT) and activated provincial response teams. While the MNORT was led from within the health sector, it included participation from Departments including Home Affairs, International Relations and Cooperation, Transport, and Water and Sanitation. Also, an Inter-Ministerial Committee was set up chaired by the Minister of Health but including a range of departments.

Through February most of the work at provincial level was in surveillance and in putting preparatory measures together for handling possible outbreaks, which included strengthening capacity for tracing, case management, testing (in the provincial NHLS labs) and providing emergency medical services. It is apparent that there was considerable unevenness in the sense of urgency and in the quality of preparations.[14]

After the first Covid-19 case in South Africa was announced on 5 March, COGTA began convening meetings to discussion IGR response, and SALGA began a process of engagement on behalf of municipalities (SALGA interview, 29 July 2020). Some provinces put in place co-ordinating structures to monitor and respond to the events, but these mainly took the form of health-department led inter-cluster meetings. In the Western Cape, a coordinating structure met daily from 10 March.

From 15 March events moved quickly at the national level. President Ramaphosa convened a Special Cabinet Meeting which resolved that the COGTA Minister would declare a National State of Disaster. On 18 March the President established the National Coronavirus Command Council (NCCC) supported by the technical committee known as the National Command Centre which comprised the Directors-Generals (DGs) of the departments serving on the NCCC. These structures were to meet three times a week. The NatJoints[15] was activated to provide ongoing coordination and was to meet daily, with the

[14] The Western Cape activate response teams on 2 February to monitor events, but other provinces lagged.
[15] The NATJOINTS had working streams including: Border Control and Travel Restrictions, Economic, Social, Public Health Containment and Legal and Regulatory matters.

National Joint Operations Centre (the NatJOC) as its Secretariat. This was an arrangement which was to prove controversial as, in providing the technical support to the NCCC, the NatJoints strayed beyond the security-related dimensions of handling the crisis. Marten (2020) wrote very critically in a *Daily Maverick* article of how "ceding control to faceless securocrats and unaccountable governance structures chips away at SA's constitutional democracy, one broken bit at a time."

Also, on 18 March, the COGTA Minister published the regulations for the National State of Disaster ('the Covid-19 Regulations') in terms of Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002).[16] These regulations applied to all spheres and sectors of government, including provincial and municipal government. They required provincial and municipal government to make funding and other resources available to activate emergency structures and processes and reprioritize existing budgets to make this happen. They had to do so "as far as possible, without affecting service delivery". The lack of detail in these regulations was discussed at a COGTA MinMEC on 20 March 2020 at which it was resolved that Directions should be issued to provinces and municipalities.

On 23 March, the President announced the National Lock Down, effective from 27 March. Two days later, on 25 March, the COGTA Minister issued the CovidD-19 Disaster Response Directions - R399 ('the Directions') for provinces, municipalities and traditional leaders in terms of section 27(2) of the DMA (RSA, 2020b). The Directions were extensive but need to be elaborated below in detail as they were critical for framing the roles of municipalities and provinces during the Disaster. They required municipalities to:

- Establish District and Metropolitan Command Councils and capacitate the structures required by the Disaster Management Act, 2002;
- Provide additional water to high density settlements, rural settlements, and informal settlements using means such as water tankers, boreholes and storage, and sanitation services at places including public facilities and public transport points;

[16] RSA (2020a) No. R318 – Disaster Management Act, 2002: Regulations issues in terms of Section 27(2) of the Disaster Management Act, 2002. Online at https://www.tralac.org/documents/resources/covid-19/countries/3194-disaster-management-act-2002-schedule-for-covid-19-government-gazette-18-march-2020/file.html

- Prepare and rollout communication, advocacy and awareness campaigns and, in doing so, work in partnership with other authorities and with civil society (an obligation also placed on traditional leadership);
- Take extraordinary measures to clean and sanitise public facilities and areas identified as virus hotspots;
- Close all public facilities that do not provide essential services (e.g. swimming pools, beaches, public parks, libraries, museums, community halls, non-food markets etc.) and ensure social distancing in all others;
- Prevent community gathering other than funerals, ensure that funerals happen in terms of strict guidelines (including the 50-person limit), and desist from giving permission for marches and protests;
- Work with provincial governments to identify and activate quarantine and isolation sites;
- Monitor and control social distancing in communities (in collaboration with the South African Police Services);
- Maintain essential service and continue with budgetary and Integrated Development Planning (IDP) process but suspend ordinary Council meetings and use electronic and alternative forms for consultation and holding necessary meetings;
- Revise programmes and projects to prioritise interventions that address Covid-19 and submit a revised budget to COGTA by the end of May 2020;
- Undertake emergency procurement for disaster response in terms of the provisions of the Disaster Management Act, 2000;
- Compile a Covid-19 risk profile for the municipality with the identification of hotspot areas;
- Compile and implement a Covid-19 Response Plan;
- Monitor and report on the progress of interventions to the Minister on a weekly basis; and,
- Implement a series of specified precautionary measures to mitigate employee health and safety risks.

The Directions required provinces to:

- Set up the Provincial Command Council, support District and Metro Command Councils, and capacitate the structures required by the Disaster Management Act, 2002;
- Develop and implement Covid-19 Response Plans;
- Support and monitory responses in the municipal sphere;
- Report on progress on a weekly basis to the Minister; and,
- Implement a series of specified precautionary measures to mitigate employee health and safety risks. (RSA, 2020b)

The regulations were periodically supplemented, amended and countermanded. The Public Transport Lock Down Directions, for example, came a day later, on 26 March, setting out regulations for transport operators, but also requiring owners of transport facilities and services, including municipalities, to improve hygiene, sanitation and disinfecting.[17] Municipal officials indicated that they struggled to keep abreast of the regulations, directives and circulars sent to municipalities of which there are said to be around 150.

One of the regulations which was to prove significant in terms of the controversies which erupted around municipal government was the temporary suspension of evictions. The Government Gazette of 26 March 2020 indicated that "all evictions and the execution of attachment orders, both movable and immovable, including the removal of movable assets and sales in execution is suspended with immediate effect for the duration of the lockdown".

The Directions indicated an *expanded local government mandate* (Maziwisa, 2020).[18] Many functions fell within the existing mandate of municipalities but required significant upscaling (e.g. water, sanitation, enforcement in the transport sector, environmental health inspections, monitoring of burials and increasing cemetery space, communication and awareness). For many municipalities, however, the Directions involved functions that they had not previously performed (e.g. disinfection of communal facilities, community health screening, testing and tracing, support to business, identifying quarantine

[17] No. 412 – Disaster Management Act, 2002 - Directions issued in terms of Regulation 10(8) of the Regulations made under Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002): Measures to Prevent and Combat the Spread of Covid-19 in the Public Transport Services. Online at https://www.gov.za/sites/default/files/gcis_document/202003/43157rg11065gon412.pdf

[18]

and isolation facilities, social support, and facilities for the homeless). Some of these functions became a point of contention in terms of constitutional mandate, especially the provision of shelter for the homeless. Primary health care functions were performed by municipalities in some provinces and not in others, but almost all municipalities had to accept some involvement in this area. Support for business is mainly a new function for municipalities, except for some of the larger metropolitan municipalities.

While these regulations put greater obligation on municipalities there were also regulations which offered some reprieve. Importantly, on 30 March, the Minister of Finance issued a notice exempting municipalities from complying with the requirements of the Municipal Finance Management Act, 2003 (Act 56 of 2003) (the 'MFMA') during the Disaster, providing them with greater flexibility in administering their financial affairs. However, municipalities were required to pass a special adjustment budget before the end of the financial year to authorise expenditure linked to addressing Covid-19.[19] Regulations on procurement processes were also relaxed, with significant implications, as discussed later.

On 25 March COGTA activated its Covid-19 Disaster Operations Centre (DOC) within the National Disaster Management Centre (NDMS) to coordinate provincial and local government responses (Dlamini-Zuma, 2020). Its primary role was to receive and analyse daily reports from provinces and districts, providing national Covid-19 structures with intelligence on what was happening across the country through the preparation of a Daily National Report. This consolidated report was submitted daily to Natjoints which, in turn, prepared reports to the NCCC. To facilitate the reporting, the DOC created a Situational Reporting System (SRS) (developed in-house) to standardise reporting requirements from provincial and municipal government (COGTA, 2020b)

The indications are that most provinces and municipalities acted promptly in setting up Command Councils in response to the Directions of 25 March. The Command Councils quickly emerged as the hubs of subnational authority although their legal basis was initially queried in some provinces, just as the NCCC was nationally (Hunter, 2020). It was however eventually largely accepted that the Provincial Command Council operated as a structure of the provincial Cabinet with the authority of the Cabinet, and the District Command Council was acting with the authority of the Mayoral Executive.[20]

[19] No. 429 – Local Government: Municipal Financial Management Act, 2003 – Exemption from Act and Regulations. Online at https://www.gov.za/sites/default/files/gcis_document/202003/43181gon429.pdf

[20] In early June the President used an answer to a parliamentary question to indicate that the NCCC was set up as a committee of Cabinet by the Cabinet in its meeting of 15 March 2020 (Mkhwanazi, 2020; Gerber, 2020; Hunter,

Consistent with the Directions there was a high level of uniformity in the structures. The Provincial Command Councils were established and chaired by the Premier and involved most, or all, provincial MECs. There was, however, limited variation across provinces, although consistent with the Directions. In the Western Cape, the Premier set up the Provincial Coronavirus Coordinating Council (PCCC), avoiding the use of the term 'command'. Some provinces (including the Eastern Cape or Western Cape) held Extended Command Council meetings (sometimes referred to as Extended Cabinet Meetings) which brought social partners, political parties and mayors into decision making. The broader constitution of Command Councils was also important in the municipal sphere. In Nelson Mandela Bay, for example, the mayor was able to leverage the participation of business on the Command Council to secure funding for a large field hospital from the private sector and secured helpful partnerships with universities.

The Directions of 25 March dealt with the establishment of political structures but did not indicate how these structures were to be supported technically and managerially. The reference in the Directions to the capacitation in the structures requires by the DMA suggests that, at the time, the Provincial and District Management Centre were still envisaged as being the primary support structures.

However, on 4 April, COGTA issued Circular No.10 of 2020 entitled 'Terms of Reference: Provincial and Municipal Coronavirus Command Councils and Provincial and Municipal Coronavirus Command Centres' (COGTA, 2020c).[21]

The intention of the Circular was to:

> Ensure that national institutional arrangements and structures are replicated at the provincial and district level;
>
> Ensure standardisation of structures to ensure alignment with the Disaster Management Act (57/2002): Regulations and Directives to Prevent and Combat the Spread of Covid-19 in South Africa. (COGTA, 2020c, Section 2.1)

The Circular required Provinces and Districts/Metros to set up Command *Centres* (as opposed to the Command *Councils* which were the political structures) In terms of the diagram in the Circular, inserted

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2020). The decision-making authority of the NCCC thus rests with the national Cabinet, with the NCCC making recommendations to Cabinet (despite being termed a Command Council). Indeed, the NCCC was eventually expanded to include all members of Cabinet effectively conflating the committee with its mother structure.

[21] Although the Circular was issued on 4 April after the commencement of the Disaster Phase on 27 March, it is included in the discussion here as it is integrally related to the Regulations issued on 25 March.

below, the Command Centres were the intervening structure between the Command Councils and the Disaster Management Centres.

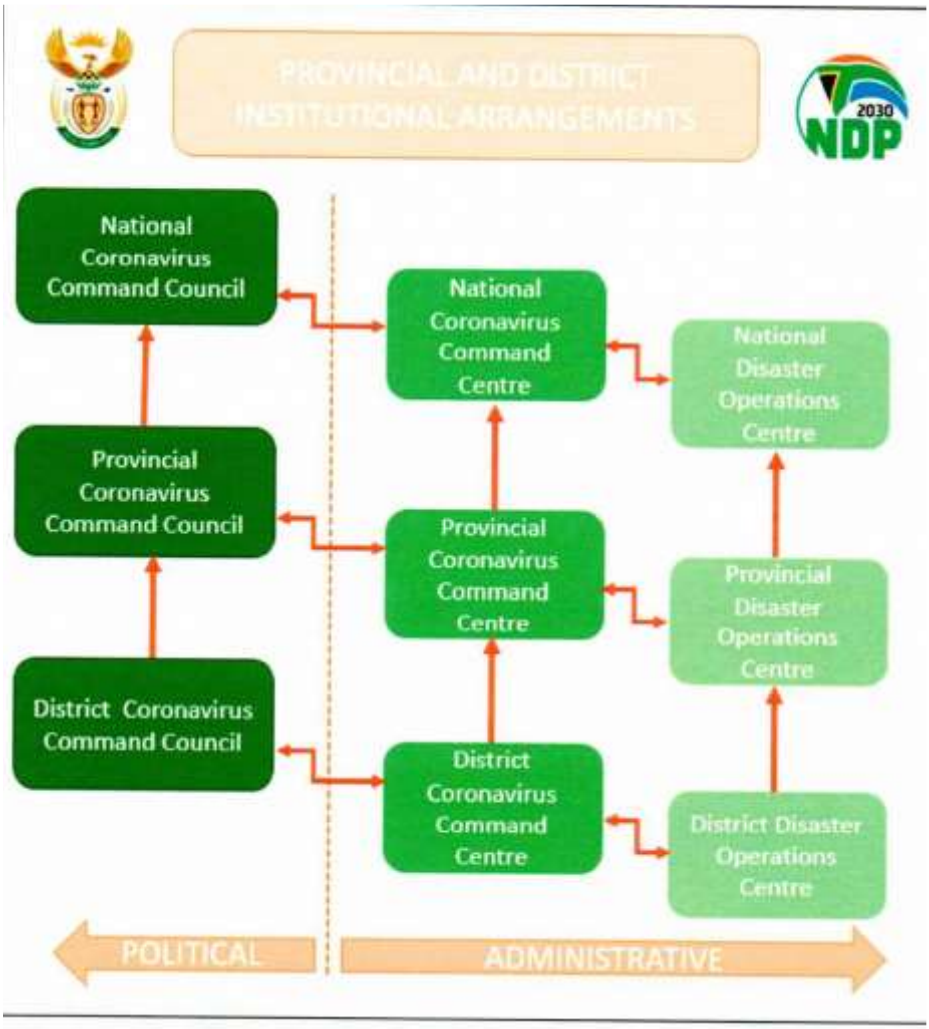

Figure One: Diagram on Provincial and District Institutional Structures as indicated in COGTA Circular No.10 of 2020

The members of the Provincial Command Centres were to include: Director-General (DG) of the Province (Chair); head of provincial health department (Co-chair); head of provincial COGTA department (Co-chair); head of all provincial departments (or delegates); head of the ProvJoint; provincial head of SALGA (or delegate); relevant CEOs of provincial-owned entities; and relevant business and other stakeholder representatives. For District/Metro Command Centres the memberships was to include: District/Metro Municipal Manager (Chair); all Municipal Managers of Local Municipalities; relevant heads of departments; chairpersons of cluster Joint Operations Centres (JOCs); relevant managers of

state-owned entities operating within the District; and relevant business and other stakeholder representatives. These were predominantly governmental structures promoting coordination but, as indicated, there was the opportunity to bring in non-governmental actors.

The Provincial and District Command Centres were to meet three times a week and were both to submit reports to the Provincial Command Council. The technical work in producing the reports was to be undertaken by the Disaster Management Centres but with the understanding that ProvJoints would also be active participants.

The Command Centres were to ensure: the preparation and implementation of the Covid-19 response plans; the implementation of all the regulations, directions and guidelines directed at provincial and district government; the reprioritisation and mobilisation of resources; the activation and functionality of Disaster Management Centres and Joint Operations Centres; co-the provision of basic services; and, the availability and functionality of quarantine sites. Importantly, also, as this took up a significant proportion of time, it was to submit reports to the Command Councils (COGTA, 2020c, Section 3).

These structures developed and evolved across provinces and municipalities drawing in different ways on existing institutional capabilities. In some provinces, for example, the Disaster Management Centres were well capacitated as they had recently been activated to deal with the drought but, in other provinces, they were barely functional and other combinations for institutional support had to be put in place.

The term 'Command Centre' was soon dropped – possibly because of the confusion with 'Command Council' – with reference in many provinces and municipalities to 'War Rooms' (a term common in government circles). These Command Councils or War Rooms were staffed by high level officials (DG, MMs and Heads of Departments), meeting three times a week, and so there was a need for a further layer of support with divisional heads, termed in the Circular, the Provincial Disaster Operating Centre (PDOC)/ District Disaster Operation Centre (DDOC) which was to meet daily.

The way these structures operated was highly variant. In Gauteng, for example, the private company Deloitte offered *pro bono* services in setting up the Project Management Office (PMO) which was launched on 14 April. The operating model was a series of work streams: Health, Social Security,

Enforcement and Compliance, Economic Response, Local Government and Government Continuity.[22] New structures were to evolve including, for example, Hotspot Task Teams, which will be discussed in Section 5 below.

This layering of managerial and technical structures reported to the Command Council through a reporting cycle. Interviewees took pain to indicate the time and dates of meetings and the way meeting agendas were structures. In the Western Cape, for example, the PCCC met on Tuesdays and Fridays, with the Tuesday meeting receiving reports from, and discussing, workstreams, and the Friday meeting receiving reports from the hotspot task teams.

Despite the creation of all the inter-sectoral structures, departments of health remained a hub of activities, and effective response depended significantly on the performance of these departments, although provincial COGTA also, often, played significant coordinating roles. Departments of health generally had daily or twice daily meetings.

In almost all cases, structures were set up as required – although not with the same degree of standardisation that COGTA had hoped for - and there are strong indications that there was good participation in these structures. SALGA reports high level buy-in and personal commitment in the operation of structures within the municipal sphere and observes that these structures were more-or-less able to work together although there was some competition for position (SALGA interview 29 July 2020). In any event, the boundaries between structures became quite fuzzy because of cross-membership. While the structures may have performed well in terms of their institutional set-up, determining the effectiveness of the institutional architecture is a complex matter, requiring a 'deeper dive' than can be provided in this report.

5.0 Consequences: the evolving trajectory during the Lock Down, post-27 March

This section deals with period after 27 March (amended slightly to take account of Circular 10 issued on 4 April). It begins by outlining Provincial and Municipal actions during the Disaster, and then deals with six key themes: Political Leadership and Oversight, Corruption, Community-Based Approaches, ICT-based decision-making support, and IGR.

[22] These align broadly with the "Six Pillars" of the Covid-19 Response Strategy: a Six Pillar response: Comprehensive Health Response; Food Security and Social Relief; State Capacity and Adaptability; Economic Response; Social Mobilisation and Human Solidarity; and, Law Enforcement and Compliance.

Provincial action

Provincial premiers had a key role in the Disaster, mobilizing resources and responses within their jurisdictions. However, operationally, provinces are primarily responsible for health and education functions and much of the operational attention was in these areas.

Historically, the focus of provincial health departments was on hospital management although with district health systems gradually increasing the focus on primary health care. During the pandemic, provinces had to upscale their hospital capacity by expanding beds, staff and equipment capacity in general wards, high care and critical care, and also by creating new field hospitals (in Gauteng, for example, 7 field hospitals were created with capacity for 5 000 patients). However, to deal comprehensively with the pandemic, provincial health departments had to become involved in contact tracing, testing, community mobilization and awareness, management of quarantine and isolation sites, data management; school health programmes, and large-scale procurement of PPEs.

There were of multiple challenges in performing these tasks, with some failures, but also with innovations, and detailed research is needed to understand how processes unfolded in the different provinces. In terms of contact tracing, most provinces used community health workers who visited households for screening occupants for screening and testing referrals, a practice that drew on earlier experience in dealing with the HIV/Aids pandemic. In the Free State, for example, 2 million of 3 million were screened (Nkanjeni, 2020), and in Gauteng around one-quarter of the population was screened. Over time, technology was introduced into the process with the use of Track 'n Trace Apps[23]. The Free State provides an early successful example of rapid tracking and tracing. The first major spread of infection in the happened after a three-day-long church gathering early in March attended by at least five Covid-19 positive international travelers. The provincial government acted quickly in establishing a partnership with cellphone companies which allowed it to identify the locations of those who had attended the gathered, and of their subsequent contacts (Madisa, 2020)

In the Western Cape, the approach was strongly data driven, feeding into multidisciplinary hotspot management. Each designated hotspot had a lead at a provincial Head of Department level who prepared a hotspot plan and managed and reported on activities in terms of themes such as testing (which was targeted in hotspots), case management, civil compliance, communications, humanitarian

[23] Individuals who tested positive would receive WhatsApp request for contract details which would then be passed on to Contact Tracing Teams.

relief and food security, and economic recovery. There is an overall hotspot co-ordinator who reports on a weekly basis to the Western Cape equivalent of the Provincial Command Council.

Other provinces, too, adopted a hotspot approach following national guidelines but not to the same extent and formality as the Western Cape. In the Eastern Cape, for example, Rapid Response Team were deployed to hotspots as they emerged, with success especially in rural areas where hotspot management was combined with engagement in ward- or village-level structures.[24]

Common problems across provinces included: periodic backlogs at testing facilities; community rejection of quarantine and isolation facilities; staff infection and anxiety; the procurement of PPEs, ventilators and oxygen; and, the quality of PPEs. While the health care system was not overwhelmed to the degree predicted in early modelling, there were nevertheless area of critical concerns.

The Department of Health in the Eastern Cape attracted unfavourable media attention nationally and internationally (e.g. Ellis, 2020b; BBC, 2020). Public health in the Eastern Cape was seriously compromised before the pandemic[25] but there was also a slow response to the emerging crisis, with delays in procuring oxygen, PPEs and hospital beds. There was also a shortage of Covid-19 testing kits in the province.

The Minister of Health, Zweli Mkhize, visited the Eastern Cape towards the end of April, and there were media reports of his "anger" at the state of the public health sector (e.g. Medical Brief, 2020; Mahlati, 2020; Riddle, 2020). The Minister acted to bring in support to the province by sending in a team of ten doctors from the NICD to assess and strategise; procuring PPE through national systems; bolstering testing capacity in the provincial laboratories[26] (Riddle, 2020). In addition, at the request of the Premier, specialist medical support was provided by the South African National Defence Force (SANDF) Medical

[24] In rural areas, also, the Eastern Cape was able to able to identify the sources of transmission in rural areas (funerals, deployment of seasonal labour, SASSA grant payout days, boarding schools, Correctional Service facilities, and movement along major national routes) and address find ways to address them. Containment, however, proved to be far more difficult in urban areas where there is a more generalized spread of the virus and social controls are looser.

[25] With high staff vacancies, dilapidated hospital and primary health infrastructure, poor management systems (with very low levels of automation), allegations of corruption and financial troubles.

[26] Overall provincial backlogs in testing were said to have reduced from around 40 000 to 4 000 as a result of improved capacity in the NHLS labs and arrangements made with private sector labs.

Corps (Nortier, 2020).[27] The Minister resisted, however, taking the provincial department under national management, indicating that this would only happen under extreme circumstances (Mahlati, 2020).

There was also assistance received from the private sector. The 3 300-bed Dr Elizabeth Mamisa Chabula-Nxikweni Hospital, opened in Port Elizabeth in June 2020, was built with funds from Volkswagen SA and the German government (Njilo, 2020) while Mercedes Benz assisted with the production and sanitisers, and Universities assisted with the design and development of equipment and software.

The other major crisis was the corruption in the procurement of PPEs with widespread allegations but with Gauteng the most visibly exposed (see the section on corruption below).

In relation to education, the key function of provinces was to sustain learning through the pandemic. The decisions around education were made at the national level, and provinces had to implement, even when the national decisions created major challenges provincially. The controversies in the sector were around the reopening of schools, with widely varying opinions on the matters and difficulties of reconciling national uniformity with varying levels of preparedness across the country. Decisions on the timing of school reopening was also informed by epidemiological modelling which had high levels of uncertainty and has not proven accurate. Further challenges included vandalization of schools during the lock down; the need to sanitise and disinfect facilities; the slow return of students once classes commenced (in Gauteng, around 35% of matriculants had not returned by early August); the many teachers who did not return because of age risk, co-morbidities or infection; and, the oscillating opening and closing of schools because of infections.

Beyond health and education, the role of provinces was less clear cut and had largely to do with providing leadership during the crisis, social mobilization, support to municipalities and promoting economic recovery. These were all, of course, extremely important functions but often without clear parameters. The hotspot management approach was interdisciplinary and provides the provincial Covid-19 structures with a guiding and oversight role but an assessment of the effectiveness of the structures in these other areas will require the 'deep dive'. The mobilizing role of provincial structures may, for example, be indicated in the way they coordinated humanitarian relief efforts – bringing together provincial and municipal officials with partners including SASSA, the Solidarity Fund and faith-based organisations – but the success or otherwise will require a level of analysis that cannot be provided

[27] Interviewees had mixed views on the SANDF support. There was a feeling that there wasn't adequate consultation on where the SANDF should be best deployed. Also, with the SANDF specialists moving between hospital there is a problem with the sustainability of the intervention.

here. For one observer, the most obvious role of the Covid-19 structures was in channeling reporting upwards, and the focus on reporting was at the expensive of strategic engagements and deliberation.

Covid-19 has also had a negative impact on provincial personnel. The crisis has brought additional responsibilities to many already stretched officials, especially those in the top echelons in the administration. At the same time, however, the lock down has meant that many officials are underutilized, or even sitting idly at home. Covid-19 infections have also taken their toll in terms of infections and mental health, with frontline workers in the health and education sectors particularly affected. At times, clinics in the most affected provinces were working at 50% capacity in terms of personnel.

Provincial governments are dependent almost entirely on allocations from national government for income, and so were not as immediately affected by declining revenue sources as municipal government was. Nevertheless, Covid-19 brought increased expenditure pressures and reprioritization of projects and reallocation of budget was needed. In the Western Cape, for example, the Premier put aside R1.14 billion aside for Covid-19 related expenditure: for PPEs, ventilators, hospital beds, laboratory equipment, quarantine and isolation facilities, and humanitarian response such as food parcels and school feeding schemes. (Western Cape Government, 2020). An official from KwaZulu-Natal explained that provincial government "more-or-less coped" with the immediate financial consequence of Covid-19 but had to divert funds from existing programmes (e.g. from road maintenance to the health budget and expanding IT connectivity in schools and government offices). As consequence many targets will not be met, and there will be consequences over the long term (e.g. as a result of maintenance deficits).

Municipal action

Municipalities were placed in the margins of decision-making[28] but they were responsible for the bulk of implementation in response to the crisis. Within the municipal sphere, district and metropolitan municipalities were formally incorporated within the disaster management structures, consistent with the DDM, but local municipalities were not, and this may have contributed to a distancing between authorities and communities which was partially resolved only as ward-based approaches were introduced months into the pandemic.

The critical functions of municipalities during the Disaster were to:

[28] One official indicated that, at the beginning, "mayors felt that they were just spectators".

- Ensure the continuation of essential services;
- Work in support of provincial and national government agencies to contain the virus through tracking, tracing, advocacy, education, and identification of isolation and quarantine facilities;
- Collaborate with law enforcement agencies in ensuring compliance to lock down regulations;
- Provide support to the vulnerable through expanded provision of services such as water and sanitation, shelter for the homeless, and social relief; and,
- Work towards the recovery phase through, for economic development programmes.

Ensuring business continuity, including the operation of essential services (such as water, electricity, refuse removal, transport and security) was arguably the most critical challenge facing municipalities. It was complicated by the disruption of staffing, the closure of municipal buildings for disinfecting, and financial challenges. Nevertheless, SALGA concludes that essential services were largely sustained, with very few reports of serious disruption.[29] However, many other services were scaled back and the consequence of this may only become clear over the medium term.

The role of municipality in addressing the health crisis varied. Some municipalities still had primary health facilities and performing services on an agency basis for provincial health departments: In Ekurhuleni, for in example, there were 93 functioning clinics and in Cape Town around 100 (although 8 had to close because of a lack of PPEs). These municipalities had the facilities for screening and testing and were more active in this area than those where health services had migrated to the district health system. Across many municipalities, provincial and municipal governments set up joint contact tracing and screening teams, which focused for example on areas of dense population and activity such as informal settlement and taxi ranks.

Municipalities were required to identify isolation and quarantine facilities.[30] The large metropolitan municipalities generally already had facilities which they could managed quite autonomously as isolation and quarantine sites, although with some financial cost (e.g. municipally owned resorts). Most other municipalities, however, relied on support from provincial government and the national Department of Public Works for the development and resourcing of facilities. The facilities were generally adequate for

[29] SALGA (2020) Local Government's Response to Covid-19 Portfolio Committee: COGTA, 28 April

[30] By 19 April, sites that could accommodate around 102 000 beds were identified, with sites accommodating 17 000 beds considered to be assessed and compliant; the number of people in quarantine then was 1 440

demand during the pandemic surge in June/ July, and in many cases were significantly oversupplied. At the end of July, for example, the Western Cape reported a 30% occupancy.

Enforcement of lock down regulations was regarded as one of the more successful areas of intervention but there were complications. Municipalities battled at times with interpreting regulations, and with responding timeously to the many changes in regulations. One of the areas of complication, for example, was changing and seemingly contradictory regulations on the sale of food, including in the informal sector.[31] The more fundamental issue was the implications of extreme socio-economic inequality. For example, while the middle class had the means to socially distance, and mainly lived in houses with gardens, this was hardly the case in relation to township-dwellers and shack-dwellers.

Providing support to the vulnerable was a major area of endeavour. Municipalities were required to e*xpand the servicing of urban informal and rural settlements* and this presented numerous challenges, despite the support received from national and provincial government. In the Western Cape, for example, there were 793 informal settlements that required expanded servicing. Apart from technical and logistical considerations, these settlements are complex social environments, requiring sensitive social facilitation and partnership brokering. Civil society played an active role in the monitoring of these interventions and made the pertinent point that the need for such interventions indicates a prior failure in the upgrading of informal settlements (e.g. Budlender, 2020)

Municipalities (and provinces) were also asked by the National Minister of Human Settlements to *de-densify informal settlements* but this provoked some controversy with critics suggesting it was unlikely to have any significant impact on the spread of the virus (as the process was unlikely to be completed before the pandemic surge was over) and may be socially disruptive at a time when community bonds were essential. The Minister eventually clarified that the de-densification programme was not linked to a Covid-19 response. Provincial and municipal governments mainly responded by reaffirming their commitment to prior housing projects (see the supplementary Report on Human Settlements).

The requirement to *provide shelter to the homeless* proved to be one of the more difficult, and even contentious, areas of response. Most municipalities were unexperienced with this area of work and had to face multiple challenges in dealing with a heterogenous group of people with very different needs. In addition to providing shelter they had to deal with matters of livelihood support, food, sanitation and

[31] Some operators were given licenses only to have them revoked later while regulations instructing municipalities to close markets were apparently contradicted by regulations allowing spaza shops and informal traders to continue operating

disinfecting, mental health and substance abuse[32]. There was also the risk of virus transmission through concentrating large groups of people sharing communal facilities. Municipal government, through SALGA, raised the question of the constitutional mandate for providing homeless shelters, indicating that this was a concurrent function for provincial and national government, and not a municipal responsibility. Although municipalities continued to provide shelter, given the dire circumstances, the matter remains unresolved (PMG, 2020).

A major controversy over the Strandfontein shelter in Cape Town which had the capacity to house around 2000 occupants. The initiative was sharply criticized by the media and civil society for the way the homeless were rounded up when the Disaster was declared, the peripheral location of the facilities, the risks of concentrating such a large number of individuals, and the difficulties the South African Human Rights Commission (SAHRC) had in gaining access to the facility. Cogger (2020) observed that the Strandfontein saga had "touched a deep societal and political nerve". On 10 May the City of Cape Town announced the closure of the Strandfontein shelter and the movement of its occupants into smaller, dispersed shelters (Cruywagen, 2020)

In addition to shelters, some municipalities provided *food parcels and other forms of social support to vulnerable households.* The larger metropolitan municipalities had programmes in place, including food banks, which could be upscaled to meet the requirements. However, for many other municipalities these functions were new and facilities and programmes were unavailable (SALGA interview, 29 July). In the early days of Lock Down, civic and community-based organisations, and private firms, provided support for vulnerable individuals and households. This added much needed capacity but some unanticipated problems did arise. The various social relief efforts were often poorly coordinated, and some households received multiple forms of support, while others received nothing at all. Over time coordination improved but donor fatigue also set in and non-governmental support declined.

Apart from the larger metros, there were few municipalities with real experience in providing business with *economic support*. Johannesburg, for example, introduced an economic stimulus which included rates rebates, grant funding R1000-R10 000 per informal trader, tourism fund to support SMMEs, and the establishment of an Economic Advisory Council. National Treasury supported metropolitan

[32] Municipalities, including the City of Johannesburg, have acknowledged that at the beginning the homeless were moved to shelters without consideration of their circumstances and needs. But a sensitive approach evolved with social workers and NGOS brought in to analyse needs.

municipalities in developing economic recovery plans, but most other municipalities lacked capacity in this area.

Municipalities faced multiple challenges in performing their functions. Land invasions and evictions were matters of extreme controversy and sensitivity during the Disaster. There was a moratorium on evictions, but these continued across many municipalities, provoking sharp criticism, but municipalities claimed that there were groups opportunistically using the lock down to invade land. The courts took different positions on evictions. The Western Cape High Court, for example, ruled, the City of Cape Town's evictions in Hangberg, Hout Bay, as unlawful but in the case of the the case of the evictions in the Ekuphumeleleni and Azania settlements, the Durban High Court sided with the eThekwini municipality (Singh, 2020; Harper, 2020; Pikoli, 2020; Khoza, 2020)

As with provincial government, the pandemic had negative effect on the personnel of municipal government. All municipal respondents referred to the effect of the crisis on the personnel in municipalities through direct infections and deaths[33], impacts on mental health, unutilized personnel at home, and increased pressure on senior management.

Municipal finances were, of course, seriously affected by the crisis. The financial year for municipalities runs from 1 July of each year to 30 June of the following year, and so the Disaster crossed two financial years. For the 2019/20, financial year, municipalities were requested by National Treasury to reprioritize expenditure, redirecting unspent grant allocations toward Covid-19 related activities. To authorize these expenditures, municipal councils were asked to pass Special Adjustment Budgets and some municipalities struggled with this process given the limited functionality of Municipal Councils during the Lock Down.

The additional functions placed an expanded burden on municipalities. National Treasury allowed municipalities to reallocate conditional transfers that were not contractually committed[34], but the direct support came from the Municipal Disaster Relief Grant (later converted into a Provincial Disaster Relief Fund) which was activated with the declaration of the Disaster. The fund only applied to non-metropolitan municipalities, and initial amount was an extremely modest R151 million, but it was

[33] Officials who were lost to the pandemic, included some holding critical positions. Buffalo City, for example, lost its Speaker of Council (who was also the Deputy Head of SALGA nationally) while Langeberg Local Municipality lost its mayor.

[34] These were mainly transfers in the terms of the Urban Settlements Development Grant (USDG), Municipal Infrastructure Grant (MIG), Public Transport Network Grant (PTNG) and

eventually increased to R466 million (which was still very modest in relation to the needs) (National Treasury, 2020). The grant funding was only released in May, more than a month after the declaration of the Disaster, and this, reportedly created difficulties for municipalities.

The President did however announce that for the new financial year, municipalities would be cushioned through a R20 billion stimulus package that would be allocated through the annual Division of Revenue Act. Further clarification suggested that R11 billion would be paid directly to municipalities. Gauteng government indicated in a response to the COGTA parliamentary committee that it would receive around R2 billion, significantly short of the R6.4 billion losses suffered by Gauteng municipalities.

The major loss to municipalities came through shrinking revenue streams rather than through increased costs. Collection rates for property taxes and service charges dropped sharply as unemployment increased and business contracted, while municipalities lost their leverage over defaulters through the suspension of credit control measures (e.g. of disconnections for non-payment and of interest charges for debt as well as various other special payment dispensations). In Gauteng, for example, losses were over R2 billion per month as municipal collection rates dropped to 71% in April, improving gradually to 78% in June.[35] Other parts of the country were hit even harder. In eThekwini metropolitan municipality cash reserves were soon depleted as collection levels dropped precipitously from 95% in March to 56% in April.

One of the major challenges for the new financial year is the the salary and wage bill which is a large proportion of total expenditure in many municipalities. Despite declining income, municipalities were required to pay the 6.25% increment in terms of three-year wage agreement with unions (SALGA interview, 29 July 2020). The financial problems in municipalities have a knock-on effect for other agencies as some municipalities have, for example, defaulted on their payments to bulk service suppliers such as Eskom and the water boards.[36]

Officials anticipate that the impact of the fiscal impact of the crisis will continue for at least the next three years.[37]

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[35] At the end of April collection rates were: 75% for Johannesburg, 66% for Tshwane, and 67% for Ekurhuleni, with huge variance among local municipalities (e.g. only 24% for Merafong LM)

[36] One of the problems raised by municipalities is they had to suspend revenue controls on their customers but were expected to pay Eskom and the Water Boards in full for bulk supply.

[37] Note that the fiscal effects of the crisis on municipalities are variable. For example, District Municipalities which do not act as Water Service Authorities are up to 98% reliant on inter-governmental transfers. They are not affected by the low levels of collection for rate and service charges.

Political Leadership and Oversight

Provincial Premiers played a strong and visible role in respond to the pandemic, bolstered by their positions as Chairpersons of the Provincial Command Councils. In early April, Kiewet (2020) wrote that "the premiers of the three worst-affected provinces, Gauteng, the Western Cape and KwaZulu-Natal, have not wasted any time in showing they're capable of leading and being the public face of the pandemic response in their provinces", and other premiers too have been visible. Kiewet explained that premiers have used multiple forms of communication including walkabouts, online press conferences, and Facebook question and answer sessions[38]. MECs, too, have been visible, especially those holding Health and COGTA portfolio. There have however been serious leadership letdowns, with some MECs alleged to have been involved in corruption, or to have failed to provide adequate direction and oversight (see the Section below).

With Command structures largely hierarchical, and decision making concentrated at the top, municipal mayors have arguably been marginalized from decision making, but have been essential to mobilising operational leadership. While mayors have generally not been highly visible nationally, many have played a significant and visible role in the local sphere. With the District Development Model guiding institutional formation, district and metropolitan mayors have taken the leading role. The role of municipal councilors during the Disaster is a complex one. In most cases, councilors were not given a formal role in the structures although there were provinces, most notably, KwaZulu-Natal, where established ward-based systems were integrated into Covid-19 response. In fact, the leadership role of councilors was *reduced* in the early stages of the Disaster as the operation of Council structures were suspended. Traditional leaders were formally included within District and Provincial Covid-19 responses structures in terms of Covid-19 but further research is needed to understand the roles they played.

While SALGA has given an overall positive assessment of municipal leadership during the Disaster, there were certainly (sporadic) cases of leadership failure. There were, for example, councillors reported for defying national regulations (for example, through personal travel, social gatherings and public consumption of alcohol); illicit selling of travel permits during the lock down. The most persistent allegation, however, was that councillors were diverting aid to themselves, selling on parcels, or distributing through their patronage networks (Tau et al., 2020).

[38] Possibly because of their active presence on the ground, at least three Premiers have been infected by Covid-19 – David Makhura (Gauteng), Alan Winde (Western Cape) and Job Mokhoro (North West).

The difficulties of sustaining effective political oversight over executive actions was a major challenge during the Disaster.[39] Between 27 March and 7 May, the operations of Municipal Councils were suspended, with Municipal Managers taking decisions, although subject to the approval of Executive Mayors. Between 7 May and 3 June, Councils (and Council Committees) could meet online but poor access to computing devices, data and IT skills in many municipalities meant that Council processes were often ineffective. After 3 June, Councils had the option of face-to-face meetings but this coincided with the surge in infections and most structures continued to operate (often ineffectively) online. The regulations required that IDP and budgetary processes were to continue but the participatory aspects of these processes were compromised and SALGA has expressed concern that there may be an increase in protests, post-Disaster, as the consequence of neglected participation becomes apparent. A further challenge in terms of local accountability is that municipal Covid-19 Response Plans were approved by Provincial Command Councils without Municipal Councils having seen them.

The suspension of oversight during the early phases of the Disaster was a controversial move with De Visser and Chigwata (2020) insisting that "the disaster may never become an excuse to do away with democracy." They argued that the suspension of Council activity in terms of a regulation to the DMA was legislative overreach.

Corruption

On 5 May, the Minister of Finance exempted municipalities from provisions of the Municipal Supply Chain Management Regulations, 2005[40], and on 9 May an exemption was granted to Provincial and National entities[41]. Regretfully, one of the consequences of the exemptions at a time of large-scale procurement of resources to deal with the pandemic, has been a surge in corruption with opportunities

[39] See the following regulations:

- No. 432 – Disaster Management Act, 2002 – Directions issued in terms of Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002);
- No. 510 – Disaster Management Act, 2002 - Directions issued in terms of Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002);
- No. 748 – Disaster Management Act, 2002 - Directions issued in terms of Section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002).

[40] No. 503 – Local Government: Municipal Finance Management Act, 2003 – Exemption from Regulations 4(3) and 29(2) of Municipal Supply Chain Management Regulations, 2005. Online at https://www.gov.za/sites/default/files/gcis_document/202005/43281gon503.pdf

[41] See the National Treasury Circular on http://www.treasury.gov.za/legislation/pfma/circulars/Circular%20-%20Exemptions%20from%20Supply%20Chain%20Management%20Framework.pdf

created for self-serving politicians and officials. An official from Gauteng indicated that insufficient time had been spent upfront thinking through the possibilities and implications of corruption.

Political leaders have condemned the corruption splurge, with President Ramaphosa referring, for example, to "a pack of hyenas circling wounded prey", but the allegations have provoked public outrage and severe damage has been done to the standing and credibility of government across all spheres. There has also been considerable reputational damage internationally with a lead article in the New York Times, for example, argued that "[South African] government efforts at delivering relief have floundered amid widespread allegations of fraud and mismanagement" (Chutel, 2020).

At the time of writing, allegations of corruption in the subnational sphere of government included: widespread cronyism in the procurement of PPEs and other resource by the Gauteng Department of Health (with 91 companies who received tender awards under investigation); irregularities in PPE procurement by the Department of Education in KwaZulu-Natal; irregularities in the awarding of tenders for quarantine camps in Mpumalanga and the Eastern Cape; irregularities in the awarding of a R400 e-learning equipment tender in the Eastern Cape; misappropriation of funding in relation to the Eastern Cape Department of Health in relation to the medical scooters project; investigations into procurements in the Free State and Mpumalanga; the arrest of the Acting Municipal Manager of Nelson Mandela Bay on corruption charges; and, various investigations into municipal procurement of PPEs (Public Protector, 2020; Corruption Watch, 2020). The overall value of contracts being investigated by the Special Investigation Unit (SIU) accounts for around one half of total Covid-19 expenditure (Merten, 2020).

There has been some action in response. Premier of Gauteng, for example, has acknowledged that the allegations have "severely eroded the standing of the provincial government". He has brought in the Special Investigating Unit (SIU), suspended the MEC for Health, and fired senior officials. The most potent response however is to make all tender awards public (James and Singh, 2020), and at the time of writing only two provinces had done so. The Western Cape did so prior and Gauteng following a public outcry.

Ward-based approaches as an institutional innovation

Initially, responses to the pandemic were overwhelmingly top down and technocratic, but as the crisis evolved there was a growing awareness of the need to embed responses locally. This came with an

evolving understanding that local knowledge, commitments and relationships are a critical resource in containing the virus and building recovery.

Initially, the formal system designed for Covid-19 response went only as far down as district municipalities, reflecting the government's current commitment to the DDM. The DDM arguably helps with coordination across government but it did not address the local embeddedness of the Disaster response. A major, although belated innovation, has been the grafting of ward-based approaches onto the institutional architecture for Covid-19 response. The ward-based approaches have however varied quite considerably from being top down and technocratic (i.e. teams of officials allocated to high risk wards) to being more genuinely community-led.

Ward-based approaches are, of course, not new, and there are models to draw on with Covid-19 response. The best known of these may be the structures-based approaches evolved in KwaZulu-Natal as part of Operation Sukuma Sakhe (OSS) (meaning 'Stand Up and Build') since 2008. Using the OSS methodology. KwaZulu-Natal had worked to build: a network of ward-based workers (community care givers and youth ambassadors); forums to co-ordinate government action at ward level; and, and a database on vulnerability in each ward. KwaZulu-Natal respondents acknowledged that OSS was working imperfectly and unevenly across the province but argued that it provided a significant resource for building a community-based response to Covid-19 in the province.

In the Eastern Cape there were local innovations which informed a province-wide initiative. The Ngqushwa Local Municipality had invested effort previously in developing ward- and village-level structures and had apparently used these structured effectively in containing an early spread of Covid-19. Premier Mabuyane advised other municipalities to adopt a similar approach. At the same time, he instructed to support municipalities by creating Ward Rapid Response Teams for managing infections in the 100 wards with the highest levels of infection in the province. At the time of writing it was too early to tell whether the approach was successful as the provincial Department of Health had just commenced with the training of team members. Other provinces, too, introduced some form of ward-based approach. Gauteng indicated that by 8 June it had activated 437 Ward Based War Rooms (WBWRs) across the 529 Wards in the province. It was a system that was being grafted onto the DDM approach with ward-based structures reporting directly to the District Command Councils. Again, it is early days, and close investigation will be required to evaluate the contribution of this approach.

One of the challenges which emerged as the ward-based approaches evolved together with the hotspot management approach, was the difficulty of aligning the work of community health workers in the wards, with the work of the hotspot-focussed tracing teams.

ICT and other decision-making support

Covid-19 pandemic has emphasised as never before the role of ICT and related technologies. Across the world a range of technologies of systems and technologies have been applied, including GIS, mapping and presentation dashboards, tracking and tracing Apps, and epidemiological models, although with considerable variation in sophistication across contexts (Boulos and Geraghty, 2020). As indicated, the South African government entered the pandemic underprepared in its use of technology, with low levels of automation and, although there is evidence of rapid learning and catch-up in places, there are still significant deficiencies. The section below deals, firstly, with epidemiological data necessary for tracking the spread of the information, before referring briefly to modelling and reporting flows.

<u>Data flows</u>

The data flows were critical to managing the pandemic with one of the interviewees stating wryly that "where there is no data, there is no problem". Very briefly, the NHLS, private laboratories, and hospitals, provides daily information to the NICD which compiles, improves and aggregates the data. The NICD releases to the public a daily report and a weekly epidemiological bulletin, but these are aggregated to provincial. However, the NICD provides national and provincial health departments with a daily listing of cases including the information supplied by individuals who tested positive.

However, the information comes to the provinces with gaps and errors. The 'unallocated cases' on the data sheets are those which do not have an address or other spatial reference. Provincial health departments must then improve the data using, for example, mobile phone numbers to track individuals on the list for more detailed information. Even so, unallocated cases remain. In some provinces, tracing teams were technologically enabled with cellphone Apps and tablets, but they were not always as functional as anticipated due to problems such as the lack of data and airtime.

Once the data is compiled the provincial heath departments provides its daily situation report to the War Room and/or Command Council. The reports are generally disaggregated to a district or sub-districts but not to the level of a ward or suburb. Various interviewees spoke of their frustration in getting the provincial health department to release updated data that is sufficiently disaggregated spatially to assist with rapid response on the ground. Where spatially disaggregated data is provided, it

is often out of date when it is received. In some cases, data was only released to users once it had been formally released by the Premier in his or her weekly briefing, and only to agencies which had signed non-disclosure agreements with the health department. One official stated that "the state works on the basis of secrecy". One of the consequences of this frustration, is that duplicate systems for data flow and analysis have emerged.

Over time, there has been some improvement with the quality of spatial information. The Western Cape had the advantage of a sophisticated prior data system and so it had fewer problems than other provinces (indicating, again, the significance of pre-existing capabilities). In Gauteng, the private data analytics firm, ESRI, was brought in to support the province, with the GCRO also assisting with the quality of geocoding and with analysis. Right to Care, and organization with data skills, is assisting provinces including the Eastern Cape with developing a system for spatial data.

A further concern is the lack of public access to updated and spatially disaggregated data, with Schwabe and O'Donovan (2020) arguing that "citizens have the right to know the risk they are facing". In the Western Cape, a dashboard went live on 30 April 2020, updated at 1 pm daily, which provided information by district and sub-district on the the number of tests done, deaths reported, and the number of recoveries [https://coronavirus.westerncape.gov.za/covid-19-dashboard]. Significantly, the dashboard does provide a link to suburb-level data, but this data is not updated daily (or even weekly). There appears to be contested positions within government over access to data on Covid-19 indicating that the norms surrounding the dissemination of data are as significant for access as the hardware, software and skills in the compilation of data.

Modelling

Modelling is a potentially important decision-making tool but subnational government (and, indeed national government) was caught largely unprepared. The Western Cape was exception as its Department of Health had significant modelling capabilities, and its Epidemiological Model, serviced daily, was the key driver in shaping provincial and district/metro decision making. In Gauteng, provincial government drew on the expertise of Wits University's iThemba Labs and a senior academic from the Labs was appointed as a member of the Gauteng Command Council.

Most provinces relied on the development of the National COVID-19 Epi Model (NCEM) by a group of academic, private and government researchers coming together in the South African COVID-19 Modelling Consortium (SACMC). Initially, the model was crude predicting extremely high numbers of

deaths and infection but over time it was calibrated by actual measurements (Muller, 2020). Even so, a group of non-affiliated modelers, called PANDA, argues that the official model still significantly overstates infections and deaths and its use may result in a misallocation of resources. In Gauteng, for example, the COGTA portfolio committee in the national legislature was advised in early August that the province required around R14.5 billion of which it only had R4.7 billion for Covid-19 related expenditure. They indicated that the expected expenditure was based on modelling projections of an infection peak in September although, by late July, infections in the province were declining sharply (although, of course, the progression of the pandemic is still uncertain).

Reporting

While data on infections flowed downwards from the NICD to users in provinces and municipalities, reporting ensured an upward flow of information. An elaborate reporting mechanism was instituted which connected across the scales of government and the Covid-19 response structures, and this was, arguably, a success in the governance of the pandemic. There were, however, criticisms: SALGA, for instance, expressed frustration at the multiple reporting lines which increased the burden on overstressed municipal officials, with suggestions also that a preoccupation in dealing with reports at meetings of Covid-19 response structure came at the expense of strategic deliberations. ‘

De Visser and Chigwata (2020) were critical of what they regarded as an overreach in terms of reporting:

> The utility of the submission of weekly reports to the Minister is very doubtful. Is it realistic to expect a municipality that is operating on a skeleton staff to submit a report every week to the national Minister? Given that municipalities participate in district and provincial disaster management structures and that the provincial government reports (weekly) to the Minister, what does a weekly municipal report add? Furthermore, what will national Department of Cooperative Governance and Traditional Affairs (CoGTA) do with 257 weekly municipal reports?

Interviewees from KwaZulu-Natal and the Eastern Cape indicated that the M&E departments in the Premiers’ offices scrambled to put in place a framework in early April to support the newly established Covid-19 structures, and so insufficient attention was given to the alignment of data processes to the what was actually needed for managing the pandemic. They indicated however that these problems are gradually being resolved and that the quality of information in the M&E frameworks will have improved by the 3rd Quarter of 2020.

Inter-governmental relations

The exigencies of the Disaster had a huge impact on the nature of IGR. The Disaster was a double-edged sword: On the one hand it brought the spheres of government together with a common cause in a way that has never happened before but, on the other hand, it has disrupted existing patterns and raised some troubling questions about the principles and practices of IGR. Understanding IGR practice during the Disaster is important for the longer run as these practices may have enduring influence. The section below explores the various dimensions of IGR – national/provincial, national/municipal and provincial/ municipal – but also includes a brief consideration of cross border relationships (i.e. horizontal relationships) within each sphere.

National-provincial

This was a critical but complex relationship. The existing IGR-related structures and the new Covid-19 response structure brought the two spheres together quite intimately. In broad terms, the relationship was productive, although there were points of tension, especially where political divisions were involved.

The relationship was more hierarchical than in ordinary times, with provinces having to accept the directives of the NCCC and the regulations issued by COGTA and other departments. All provinces, including the Western Cape, indicated their acceptance that this was necessary given the circumstances but that there was a broad concern that these arrangements should not persist beyond the period for which they are required. A concern was expressed that national government may have acquired the appetite for hierarchical arrangements and directive processes and that Covid-19 responses may negatively influence IGR processes. This was expressed most forcefully by interviewees from the Western Cape but more subtlety by interviewees from other provinces. All provinces, also, expected some degree of consultation *during* the Disaster, and indicated that the principles of cooperative governance could not be *entirely* suspended.

While the system was largely top down, there were mechanisms for feedback 'from below'. The reporting flows, for example, ensured that there was a flow of information from municipalities and provinces to national structures. There were, however, also mechanisms for consultation, the most important being the PCC which met regularly during the Disaster with the Premiers to discuss recommendations for the PCC and Cabinet. Interviewees responded positively to the PCC as a channel for engagement. It is noted, however, that there was not always agreement among the Premiers on issues e.g. around the sale of alcohol during the Lock Down. The COGTA MinMEC structure also met

frequently and allowed provincial MECs and SALGA some input into the drafting of regulations although timeframes for comment on drafted regulations were often extremely tight (sometimes a few hours only), making meaningful engagement very difficult. The perceived inadequacy of consultation led, for example, to the Western Cape Premier writing formally to the President on 21 May.

There were occasions when National Ministers intervened quite forcefully in provincial matters. The most high-profile of these may have been the intervention by the Minister of Health to address the apparent dysfunctionality of the provincial health department in the Eastern Cape.

The IGR dynamic between the Western Cape and national government was complicated given the political divide, and tensions did flare up from time-to-time. When the Western Cape experienced an early surge in infections there was some political finger-pointing (Davis, 2020) while the Western Cape Premier responded sharply to the reinstituted ban on alcohol sales and an about-turn by national government on the opening of accommodation establishments, warning of severe job losses in the province (13 July 2020, *Times Live;* 14 July 2020). However, the individual relationships across the political divide were said to be positive and working relationships were sustained through the Disaster.

Interviewees provided a generally positive view on the support received from national departments and SOEs during the Disaster (e.g. from the Department of Water Affairs in supporting the provision of water tanks and tankers and from the Department of Public Works in refurbishing hospital and developing field hospitals and quarantine and isolation facilities). There were, however, some points of concern including, for example:

- The national Department of Basic Education making decisions around school opening without taking full account of the levels of preparedness in individual provinces (i.e. the focus on nationally uniform, rather than provincially differentiated, timing and processes);
- The release of prisoners by the Department of Correctional Services into communities;
- The congregation of large crowds of people creating high risk for virus transmission on grant payout days by the South African Social Security Agency (SASSA) (although representations to the CEO of SASSA and the Minister of Social Development did lead to improved arrangements);
- The lack of consultation at an operational level e.g. for example, in the procurement and placement of water tanks; and
- Disruptions to power supply by Eskom (although the creation of a Task Team under the Deputy President to engage with Eskom is said to have assisted here).

National-municipal

Although provincial government was often an intermediary, there were direct relationships between municipal government and national structures. SALGA played a critical role in representing the municipal sphere on an array of national structures, and reports success in this engagement (e.g. in persuading National Treasury to increase financial support to municipalities, and in revisions to regulations for municipalities which were creating local challenges).

Municipalities also received direct support from national government departments (e.g. health, water and sanitation, and social development, and public works) with some of the weaker municipalities highly dependent on this support for performing their functions (SALGA interview, 29 July). But, as with the national-provincial relationship, there were some operational challenges and a frustration with a lack of consultation. Some municipalities also indicated frustration at a lack of adequate guidance from the National to District Disaster Management Centres.

The allocation of grants and other forms of funding from National Treasury was a sensitive area of engagement. As indicated, most of the support from National Treasury came through the permission to reallocate conditional grants to Covid-19 related response but there were issues around the reallocation which required sensitive negotiation. National Treasury however instituted weekly meetings with metropolitan municipalities dealing with matters including the use of conditional grants, the setting of tariffs, the new municipal budgets and economic recovery plans, which were considered by metropolitan municipalities as a valuable platform for engagement.[42]

As previously indicated, national government made a critical decision to use the Covid-19 response to strengthen its District Development Model (DDM). The use of the DMM requires careful assessment. It arguably made practical sense in terms of the logistics of coordination but there were concerns around the marginalization of Local Municipalities which are municipalities closest to communities, and political fears that the DDM was an attempt to secure greater central control over municipalities (Merten, 2020). These fears were exacerbated by a confidential draft document produced by COGTA which recommended that a Centralised Development Council should coordinate the proposed District Hubs (COGTA, 2020).

[42] Although, at least one provincial interviewee indicated concern at the "bypassing" of provincial governments in these discussions.

Political fault-lines did emerge during the crisis between the City of Cape Town and national agencies. There were, for example, reports of severe tensions between the City and SAPS over responses to land invasions and functional mandates (Kiewet, 2020b). Tensions were also evident when senior officials from the City of Cape Town addressed the Parliamentary Committee on Cooperative Governance and Traditional Affairs, with issues raised including the Hout Bay evictions, the Strandfontein homeless shelter, and the alleged failure of SASSA to provide food and support to vulnerable households, which required the city to step in beyond its constitutional mandate (PMG, 2020b). Nevertheless, as with the province, the sense of a common cause ensured that working relationships were sustained.

At the time of writing a significant recent development was the deployment of national ministers and deputy minister to districts to assist in fighting the pandemic. These national deployees were to participate in meetings of the District Command Councils and provide support where possible. It is however too early to assess the success or otherwise of this initiative.

Provincial-municipal

Most interviewees indicated that relationships between provincial and municipal government were positive, with Disaster response bringing these two spheres together far more closely than before. A Gauteng respondent indicated, for example, that prior to Covid-19 it was extremely challenging to bring together senior politicians and officials from provincial and district/metropolitan governments but during the crisis they were engaging intensely on a weekly, or even daily, basis. There were, nevertheless, a few points of tension. In the Eastern Cape, for example, a provincial official referred to difficulties in engaging with an individual municipality, while an official from the municipality in question complained of the 'big brother' approach from province.

One area which may require attention in further research is the relationship between the provincially managed district health structures and district/metropolitan municipalities. The boundaries of these two governmental entities are coterminous although they are in two different spheres of government. Relationships differed across the country. In the case of Nelson Mandela Bay, for example, city officials expressed considerable frustration at the bureaucracy surrounding the provincial government-controlled district health care and questioned questioning whether it was the correct decision to remove the primary health function from municipal government. In the case of Cape Town, however, the metropolitan government continued to run primary health facilities as an agent of provincial

government, and this brought metropolitan and city government into a close alignment in the management of Covid-19.

Given the fuzzy boundary between some of the provincial and municipal functions, there were requirements for finely tuned operational coordination. Success has been uneven. One area of coordination, for example, is the alignment of provincial and municipal tracing teams with each other, and with hotspots identified by provincial and district structures with operational reports from the province suggesting that this was not always successfully achieved.

Horizontal (i.e. cross-border) relationships

The governance regime for the Disaster was strongly aligned *vertically* with little attention given to *horizontal* coordination. A case in point was the lack of co-ordination between the Western Cape and Eastern Cape despite the intense level of inter-dependence between the two provinces. An early source of infection for the Eastern Cape, for example, was the funerals held in the rural districts of the province attracting mourners from the Western Cape. Other sources included seasonal labour arriving from the winelands and movement along the national roads from the Western Cape. Despite this there was no formal mechanism for cross-border coordination and only intermittent communication. The Eastern Cape raised the issue at the PCC which mandated four national ministers to convene a joint meeting of the two provincial administrations and subsequently there was an improvement in communication and coordination. Apart from joint action in the enforcement of regulations (e.g. jointly manned roadblocks at the provincial border) the Western Cape has offered medical assistance to the Eastern Cape (e.g. with specialist health treatment). This is of not the only provincial border where issues have emerged, with the cross-border movement of individuals across other provincial borders, for testing and treatments, also raised as an issue. There are also apparent challenges with international borders, with officials in the Free State indicating, for example, that they are unaware of coordination across the Free State-Lesotho border despite the oscillating movement of mine workers between the two territories.

At a different scale there have been challenges across municipal boundaries, especially where there are large-scale commuting flows such as in metropolitan regions. There are also many forms of cross-boundary mutual support (especially with medical care and humanitarian relief) which have not materialized because of the lack of any attention to horizontal coordination in setting up the mechanisms to address Covid-19.

6.0 Preliminary Assessment

The Disaster was a period of unprecedented learning with one official saying that "we were writing the script as it went along". While retrospective critique may be too easy, it is part of the ongoing collective learning process. Among the preliminary points of assessment are the following which will be elaborated in further versions of this input report.

South Africa, including its subnational governments entered the pandemic with a mixed bag of capabilities. Its strength was its formally legislated and constituted structures, including those provided for in the National Constitution, the IGR Act, and the DMA. However, South African also entered the pandemic after significant slippages in the functioning of its governmental system, and with weak capabilities in critical areas. Both the strengths and the flaws were revealed in sharp relief during the Disaster.

The imperatives for handling the disaster required achieving the fine balance between the need for an authoritative and coordinated response to the crisis and the need to respect the constitutional norms of democracy, human rights, and cooperative governance. Whether the government achieved this balance is debated and the Courts may have to be the arbiter. It would however be deeply unfortunate if the pandemic led government towards a more hierarchical and directive approach. Achieving coherence in government in 'normal times' should not mean overriding differences and relying on instruction but rather ensuring that the platforms for dialogue and the processes for mediation and conflict resolution are in place.

Notwithstanding some of the hierarchical structures created for the Disaster, trust equity has been produced, and new practices of collaboration and co-ordination have emerged at different scales. It is these advances that need to be sustained into the post-Disaster phase and be explored as the possible kernels of new or revised forms of governance. They provide a possible basis for an improved system of IGR, with mutual trust and good faith underpinning a far better quality of formal and informal interactions than before.

The crisis quickly highlighted the reality that South Africa's Disaster Management System was under-resourced and poorly located institutionally and so was unable to perform as intended. This insight provides us an opportunity to recalibrate the system in preparation for disasters to come.

The surge in corrupt and self-serving practices during the Disaster was a governmental tragedy which seriously undermined public confidence in the management of the pandemic, undermining much of the positive work to address the crisis. Serious attention must be given to developing approaches to

emergency forms of procurement that are flexible but are also transparent with the necessary safeguards.

The need for rapid executive action came at the expense of political oversight and accountability which is, arguably, not positive for democratic practice in the country.

The crisis has revealed possibly flaws in the allocation of functions across the spheres of government (e.g. in terms of social protection and health) and these need to be properly considered. It also indicated both the strengths and flaws of the DDM, and the lessons must be taken onboard.

An institutional architecture for handling the disaster was put in place quite quickly but there are lessons for future configurations. These include for example the need to consider more carefully the boundary between security and non-security related apparatus; the fixation with standardising administrative and managerial structures which may come at the expense of contextuall appropriateness and innovation; the initially unclear legal basis for political structures; the duplication and overload of reporting; and, the overall clutter of institutions with their fuzzy boundaries. At the same time, however, there were innovations in the institutional architecture (especially in terms of breaking through silos) that must be taken forward.

The crisis has been highly revealing of institutional cultures and practices. In terms of data, for example, a 'culture of secrecy' was a blockage in the free flow of information that was critical to the management of the pandemic. The task for the future is not just to reconfigure institutional architectures but to shift institutional cultures through proactive leadership and changing the incentives for behaviours.

IT systems were a significant weakness going into the Disaster although the exigencies of the crisis forced rapid improvement over a short time. This improvement needs to be sustained through technical improvements, upgraded skills, and change in attitudes and values.

The need to embed the crisis response within local communities became a priority late in crisis, with the introduction or up-scaling of ward-based approaches. Disaster preparedness for the future requires a community-based approach deeply embedded within the overall disaster management structure from the beginning.

The crisis will have repercussions for a long period, including through constrained revenue. Municipalities will have to work a lot smarter and be far more innovative in their approaches with far

more mutual support and horizontal-type collaboration than before. Sustainable solutions to service delivery will have to be found as crisis-response solutions are unlikely to be viable in the longer term.

The critical concern for the future is how we can capitalise on the positive elements which have emerged from the disaster while addressing the problems we have identified. Among the positives is the trust equity that has been produced through collaborations to address the crisis; new institutional relationships which have emerged (i.e. softened internal and external borders); the sense of social purpose; the energy of doing things; a greater use of ICT than ever before with new and potentially more efficient modes of working. In these respects, Covid-19 has been a *positive disruptor*.

Finally, in deepening an understanding of what happened for the purpose of learning productive lessons, we do need to get to a granular level of analysis. The organograms may, for example, show 'joined up' government, but how has coordination worked on the ground, and what has the effectiveness of these actions really been?

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