

## CHAPTER 9: PROVINCIAL AND LOCAL GOVERNMENT CASE STUDIES

### **ABSTRACT**

This chapter presents case studies of provincial responses to and experiences during the Covid-19 pandemic. These case studies are examined and consolidated to highlight both the strengths and the weaknesses of the provincial responses. It argues that the interventions adopted by provinces represent the litmus test of how the country is succeeding against the pandemic. The unprecedented nature of Covid-19 notwithstanding, this chapter considers the responses of provinces against the backdrop of adapting existing methods of governance and strategies to plan appropriate interventions. It also considers some of these interventions and discusses their attempts to address both the challenges of growing inequality and the threats posed by Covid-19.

## ACKNOWLEDGEMENTS

The following people contributed to this chapter:

Name	Role and affiliation
Dr Bangani Ngeleza	Convenor, Government Technical Advisory Centre
Dr Rob Moore Mr Graeme Gotz	Gauteng Case Study chapter on Governance, Leadership and Decision-making, Gauteng City Region Observatory
Prof. Laetitia Rispel Dr Carol Marshall Ms Busisiwe Matiwane Ms Sabelile Muthathi	Gauteng Case Study chapter on the Health and Health System Response to Covid-19 in the Gauteng City Region: Innovations, Contestations and Lessons for the Future, University of the Witwatersrand
Dr Lungiswa Nkonki Ms Mapato Ramokgopa	Gauteng Case Study chapter on Resource Allocation, Prioritisation and the Public Health Response, University of Stellenbosch
Prof. Ivan Turok	Gauteng Case Study chapter on the Economic Response to Covid-19, University of the Free State and the Human Sciences Research Council
Prof. H. C. Schönfeldt Mrs U. Barnard Dr C. Muller Dr B. Pretorius	Gauteng Case Study chapter on Food Security, University of Pretoria
Prof. Salome Human-Vogel	Gauteng Case Study chapter on the Gauteng Department of Education Response to The Covid-19 Pandemic, University of Pretoria
Prof. Rajend Mesthrie Prof. Leketi Makalele	Gauteng Case Study chapter on Community Mobilisation, Communication and Change Management, Universities of Cape Town and Witwatersrand
Ms Carmel Joseph Mr Ismail Akhalwaya	Gauteng Case Study, Gauteng Office of the Premier, Johannesburg
Ms Hellen Kekana	Free State Case Study, Office of the Premier, Bloemfontein
Dr Nomusa Mlondo	Mpumalanga Case Study, Office of the Premier, in collaboration with the University of the Witwatersrand and Health System Enablement and Innovation
Ms Zeenat Ishmail	Western Cape Case Study, Office of the Premier
Mr Tafadzwa Mwangolela	Eastern Cape Case Study, Office of the Premier
Ms Sunita Vallabh Ms Pamela Nogwili	Northern Cape Case Study, Office of the Premier
Ms Futhi Mazibuko Prof. Urmilla Bob Prof. Mosa Moshabela Ms Nonhlanhla Khanyile	KwaZulu-Natal Case Study, Office of the Premier
Ms Joyce Mokobi	Limpopo Provincial Report on the Implementation of Covid-19 Measures

## ABBREVIATIONS AND ACRONYMS

4IR	fourth industrial revolution
CoGTA	Department of Cooperative Governance and Traditional Affairs
DATCOV	daily hospital surveillance
DPME	Department of Planning, Monitoring and Evaluation
MEC	Member of the Executive Council
PPE	personal protective equipment
ProvJoints	Provincial Joint Operational and Intelligence Structures
SALGA	South African Local Government Association
SASSA	South African Social Security Agency
SMME	small, medium or microenterprise
Wesgro	Western Cape Tourism, Trade and Investment Promotion Agency

### *How to cite this chapter:*

Ngeleza, B., Moore, R., Gotz, G., Rispel, L., Marshall, C., Matiwane, B., Muthathi, S., Nkonki, L., Ramokgopa, M., Turok, I., Schönfeldt, H. C., Barnard, U., Muller, C., Pretorius, B., Human-Vogel, S., Mesthrie, R., Makalele, L., Joseph, C., Akhalwaya, I., Kekana, H., Mlondo, N., Ishmail, Z., Mwangolela, T., Vallabh, S., Nogwili, P., Mazibuko, F., Bob, U., Moshabela, M., Khanyile, N. & Mokobi, J., 2021. Chapter 9. Provincial and local government case studies. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria: June.

## CONTENTS

Introduction .....	733
Access to healthcare .....	733
Food security .....	735
Western Cape .....	736
Eastern Cape .....	736
Northern Cape .....	736
Gauteng.....	737
Mpumalanga.....	737
KwaZulu-Natal.....	737
Free State.....	738
Limpopo .....	738
Homelessness and overcrowding .....	738
Education inequalities .....	740
Institutional capacity .....	740
Institutional strengths.....	740
Strategising and planning.....	740
Leadership .....	743
Systems.....	745
Agility and experimentation.....	746
Institutional weaknesses .....	748
Processes and hindrances .....	748
Limits of modelling and data utilisation.....	750
Intergovernmental relations.....	751
Collaboration with non-state actors.....	754
Strengths in collaboration .....	754
Weaknesses in collaboration.....	757
Resource utilisation .....	759
Communication and digital innovation .....	760
Strengths in communication and innovation .....	760
Weaknesses in communication and innovation.....	762
Institutional culture .....	763
Chapter 9. Case studies .....	731
First Edition Country Report .....	731

Final reflections.....	764
References .....	766
Case study reports .....	766
<b>Annex 9.1: Research methodology .....</b>	<b>768</b>
Research process .....	768
Research design and methodology .....	768
Gauteng .....	769
KwaZulu-Natal .....	769
Eastern Cape.....	769
Northern Cape .....	770
Western Cape .....	770
Mpumalanga .....	770
Free State .....	771
Limpopo.....	771
<b>Annex 9.2: Theoretical framework .....</b>	<b>772</b>

## **LIST OF BOXES**

Box 9.1: The economy, unemployment, and social security .....	735
Box 9.2: Free State Department of Social Development: Covid-19 Action Plan .....	739
Box 9.3: Mpumalanga Department of Health: Covid-19 strategy.....	742
Box 9.4: Eastern Cape command council structures .....	748

## INTRODUCTION

When the World Health Organization declared Covid-19 a global pandemic in March 2020, President Ramaphosa and his government quickly recognised the gravity of the situation and decided to prioritise health interventions to save lives. With the entire country in crisis mode, government had to provide leadership, management and coordination to control the spread of the virus. Once the decision to prioritise health and social welfare had been made, the three spheres of government worked together to implement and coordinate these efforts. Provincial governments, as one of the most important cogs in service delivery, were crucial to transforming national strategies into actions.

The pandemic is unprecedented, but the socio-economic disruptions it wrought exacerbated existing social and economic problems. Efforts to mitigate the effects of the pandemic also had to consider the country's triple challenges of poverty, inequality and unemployment. These challenges are discussed in more detail elsewhere in the report, especially Chapter 5.1 on health, Chapter 5.3 on vulnerable people, and Chapter 6.1 on the economy.

Thus, provinces not only had to implement measures to stem the spread of Covid-19 but also had to ensure that such measures were people-centred. How did they do this? What measures did they put in place, and how were these implemented? What lessons can be learnt from these initiatives?

This chapter examines the measures implemented by provinces, based on the data they submitted to the Department of Planning, Monitoring and Evaluation (DPME). The details of the research process, design and methodology, along with the theoretical framework, are provided in the annexes. The rest of the chapter starts by considering the main socio-economic dimensions of provincial responses, in terms of access to healthcare, food security, homelessness, and access to education. It then looks in more detail at issues of institutional capacity at provincial level, examining both strengths and weaknesses. This is followed by a discussion of intergovernmental relations and relations with non-state actors. Resource utilisation, communication, and institutional culture are also considered, and the chapter concludes with final reflections.

## ACCESS TO HEALTHCARE

Healthcare facilities are designed to meet ordinary health needs during ordinary times. Covid-19 was anything but ordinary, and its rapid spread put healthcare systems under strain (Chapter 5.1). This required the provinces to improvise quickly.

A first concern was *screening people and tracking* people who had been in contact with Covid-19 cases. The *Free State* emphasised targeted screening and testing of people in hotspot areas. In the first phase, it tested human remains in mortuaries; when a positive test was returned, it tracked and tested people who had been in contact with the deceased person. Screening also focused on suspected Covid-19 cases and high-risk individuals. Screening and tracking were also a significant part of the health response in Gauteng, the Eastern Cape, the Northern Cape, KwaZulu-Natal, and Mpumalanga.

A second issue was the *availability of beds, equipment, and medical personnel*. All high-density areas needed more beds, both overall and in intensive care units. Likewise, the public healthcare sector in all provinces needed additional equipment, such as ventilators and oxygen. To this end, the provinces complemented their national budget allocations with funds from their own fiscus to increase the number of beds available for specialised care.

In the *Eastern Cape*, a 24-hour call centre was established, and the provincial government erected a field hospital in the Nelson Mandela Bay Municipality stadium. It also negotiated with Volkswagen of South Africa Ltd and the Department of Health to obtain additional beds and medical equipment.

*KwaZulu-Natal* adopted a triage method, dividing patients who tested positive into three categories to avoid overwhelming hospitals. Although the province had about 5000 available beds in public and private health facilities, the triage analysis pointed to the need for more beds. The province set up field hospitals at hotspot areas like Clairwood Hospital (Durban), the General Justice Gizenga Mpanza General Hospital (Stanger), and the Ngwelezana Hospital (Empangeni). The Royal Show Grounds in Pietermaritzburg were also prepared to respond to any spike in the number of cases.

*Mpumalanga* emphasised the importance of personnel and equipment. It identified the need for additional beds, mobile testing units, and personal protective equipment (PPE). It also considered setting aside land for burials. Other measures included strengthening the disaster preparedness plans of healthcare facilities, revitalising the Provincial Health Operations Centre, and implementing a contact tracking and tracing strategy.

The *Northern Cape* prepared quarantine sites across the province. Where more beds were needed, the provincial government liaised with local municipalities, who in turn negotiated with the Department of Environment and Nature to use holiday resorts for quarantine purposes. Other facilities were obtained from the Department of Arts and Culture, and private healthcare facilities and mines provided beds for patients in need of intensive care.

The *Western Cape* used a hotspot strategy to determine its health needs and responses. Each head of department was tasked with planning and implementing interventions to achieve behavioural change and slow down the spread of the virus. It identified 41 quarantine and isolation spaces in both public and private healthcare facilities and worked with other stakeholders to identify and prepare facilities. Field hospitals were established, including the Hospital of Home in Cape Town. The Unifi management information system provided disaggregated data at facility level in real time, so that available rooms and beds could be tracked (see the discussion on digital innovation from p. 760). The provincial departments of Health and Transport and Public Works collaborated to manage and secure these facilities.

In the *Gauteng City Region*, measures included training contact tracers, identifying major hospitals (e.g., Steve Biko Academic Hospital, Charlotte Maxeke Johannesburg Academic Hospital, and Tembisa Provincial Tertiary Hospital) to deal with confirmed cases, and erecting field hospitals in Nasrec and at

the Telkom and Transnet sites. Another main aim was to describe the health status and health system in the region and document its response to the pandemic in order to inform decision-making.

*Limpopo* focused on Covid-19 awareness and compliance with basic hygiene protocols. With almost 85% of the province being rural, mitigating Covid-19 required both infrastructure and communication. The province adopted a combination strategy – using all modes of communication to create awareness of Covid-19 and its health protocols; and using every infrastructural possibility to ensure that basic needs (e.g., access to water and food) are met. It also prepared health facilities to cope with Covid-19 cases on top of meeting the ordinary health needs of its people.

## FOOD SECURITY

The pandemic exacerbated concerns around food security, as discussed in Chapter 6.2 on agriculture and the food supply chain and Chapter 5.3 on vulnerable people. Government provided urgent relief through, for example, food parcels. This was often supplemented by local emergency assistance from non-governmental and faith-based organisations, the private sector, and philanthropic initiatives.

The success of measures to reduce the impact of Covid-19 depended in part on people’s health status. Food security measures could not ignore the importance of nutritional value. Food not only had to stave off hunger but also had to strengthen people’s bodies, especially against the backdrop of a loss of income and livelihoods (Box 9.1), growing inequality, and the disruption of food supply chains. For the provinces, the quality of food was as important as the quantity. Gauteng and the Northern Cape reviewed the contents of their food parcels, as these did not meet food quality standards. Various problems encountered problems around school feeding, and all agreed that the abrupt halting of the school feeding programme had been counterproductive. The closure of soup kitchens also had to be rethought, as many people relied on this source of support. The interventions of the different provinces to ensure food security are discussed in more detail below.

### *Box 9.1: The economy, unemployment, and social security*

Unemployment and poverty are serious, structural problems in South Africa. Government measures to help unemployed and poor people deal with the impact of the pandemic and the lockdown are discussed in Chapter 5.3 on vulnerable people and Chapter 6.1 on the economy. One concern around national government support was that only South African citizens with valid identity documents could benefit from the Department of Social Development’s relief measures. This affected not only undocumented foreign nationals, but also local people who did not have the necessary documentation (see Chapters 5.3 and 5.4 on issues affecting both documented and undocumented migrants).

Although *Gauteng* is the wealthiest province and the economic hub of the country, it is home to many poor and vulnerable people. In Gauteng alone, more than a million adults accessed the Covid-19 social relief of distress grant of R350. In contrast, the *Eastern and Northern Cape* are among South Africa’s poorer provinces. Before the pandemic, their economic plans had been aimed at increasing investment and job creation; however, many people lost their livelihoods in the lockdown, thus increasing the need for government support. In *KwaZulu-Natal*, the main economic interventions were relief schemes for businesses and employees (including in the agricultural sector) and ensuring business compliance with Covid-19 and Occupational Health and Safety regulations.

## WESTERN CAPE

From the start of the pandemic, food security constituted a major part the Western Cape intervention strategy. A swift response was required, and a strong partnership was created between government, civil society, and the private sector around humanitarian efforts to ensure that vulnerable people had access to adequate food. The Western Cape Education Department continued to distribute food through its feeding schemes and did not restrict non-learners from receiving meals.

Over time, the focus of the interventions shifted from immediate, short-term food relief (i.e., food parcels and vouchers) to more systemic, long-term ways of improving food security (e.g., sustainable food gardens). The Western Cape Department of Agriculture supported community gardens, which in turn supported soup kitchens in vulnerable areas. The province also established a Humanitarian Dashboard to track real-time data on the distribution of food relief, including parcels, soup kitchens, vouchers, and meals distributed through the school feeding scheme. Call centre helplines were also used to ensure access to local and current logistical data. A Food Relief Forum involving both government and non-governmental organisations was established to bring together different stakeholders in food procurement and distribution. Despite these efforts, the Western Cape Government noted that improvements could be made in the way it integrated with locally based structures, community organisations, and other private entities (see the discussion on collaboration with non-state actors, starting on p. 754).

## EASTERN CAPE

Each district municipality in the Eastern Cape was asked to devise mechanisms to reduce the spread of Covid-19 and respond to the humanitarian needs of vulnerable and poor households. Apart from the South African Social Security Agency (SASSA) and the Department of Social Development, other channels mobilised included the private sector, faith-based communities, and individuals. Initiatives on social media also enhanced efforts to ensure food access. Districts such as Joe Gqabi attempted to run food banks; however, this could not be sustained as food donations were inconsistent. Apart from its food security needs, the Eastern Cape also had to deal with chronic water shortages, especially in Nelson Mandela Bay Municipality.

## NORTHERN CAPE

The Northern Cape made extensive provision for the food security of its poorest and most vulnerable people. Even before the lockdown, many people depended on meals from soup kitchens; their closure during lockdown made the situation more desperate. To ensure a cohesive and integrated response to food delivery, a multidisciplinary rapid response team was created, comprising the different municipalities, non-governmental and faith-based organisations, the private sector, SASSA, and the departments of Education and Social Development. This team integrated efforts across the province by identifying and coordinating support to households in need. This consolidated response helped channel resources where they were most needed, reduced duplication of services, and improved accountability.

## GAUTENG

Of the more than 20 million food-insecure people in South Africa, according to FoodFowardSA (2020), about 3 million lived in the Gauteng region. This number is estimated to have doubled since the start of the lockdown.

Gauteng prepared a case study on various aspects of food and human security, which highlighted the need to strengthen processes to meet the food needs of poor and vulnerable people. The Gauteng City Region recognised:

- The importance of building on existing frameworks to enhance food delivery
- The need to map both the different actors in the food parcel roll-out programmes and the recipients of the parcels
- The merits of identifying the strengths and weaknesses in the current programmes and using this information to enhance service delivery and improve the future management of food security.

At the start of the pandemic, the aim was to minimise social contact. This meant a focus on food parcels, while soup kitchens and school feeding programmes were halted. Gauteng already had food banks in its six districts, each with the resources (e.g., transportation and officials) to assure food delivery. A hotline previously used to lodge complaints was repurposed to deal with food requests. So many people used the line that the call centre had to increase its capacity and work around the clock (p. 754). The province entered into agreements with a range of service providers; it subsequently stated that the food relief programmes could not have succeeded without such donations. The public, non-governmental and non-profit organisations, farmers, and the private sector all contributed to or helped distribute food parcels in various districts.

## MPUMALANGA

Mpumalanga asked the different provincial departments to work together to respond to Covid-19. Food security was a top priority. The departments of Agriculture and Social Development collaborated to provide food parcels. Social Development collected logistical data on the quantity and quality of food needed; it shared this data with Agriculture, which sourced and paid for fresh food. Two agri-hubs were used for fresh food; this helped the province plan and distribute the food parcels.

## KWAZULU-NATAL

Even before the pandemic, KwaZulu-Natal strengthened the alignment between humanitarian support and national social protection systems by sourcing information from the housing subsidy system and the quarterly performance and annual reports of the Department of Human Settlements, the National School Nutrition Programme dataset, and Web District Information System. To support vulnerable people during the lockdown, it provided vouchers, food parcels, and supplements. Targets that were met included increasing household access to food parcels and vouchers, supplying food to poor and vulnerable people through government interventions, and reducing malnutrition among children. One target that was not met was households accessing feeding programmes through the

Department of Social Development. The rural nature and vastness of the province meant that the delivery of food parcels to individual households proved ineffective in some areas; threats and crime also affected service delivery. A target that needed specific attention was feeding children. The province also provided psychosocial support, including for victims of crime and violence; responded to gender-based violence; and provided shelter to abused persons (see also Chapter 5.4 for more detail on gender-based violence during the pandemic).

## FREE STATE

The Free State focused on food, water, and social security. It established a Solidarity Fund, which allowed it to use existing public and private institutions and initiatives to prepare and distribute food parcels across the province. The Department of Social Development already had working relations with non-profit organisations, which helped in the procurement and distribution of food. Community structures were also used to distribute food. Some of the problems the province encountered include crowding at distribution centres; double-dipping (where recipients appeared on more than one list); and the lengthy bureaucratic requirements attached to food distribution, which resulted in perishable food rotting. Members of the Executive Council (MECs) and other senior executives were asked to help distribute food to reinforce the importance of such initiatives in combating Covid-19.

With the support of the national sphere, the Free State provided food support and production inputs to commercial and small farmers and households. It asked farmers to register digitally for government support (p. 760). This initiative attracted a good response, possibly because of the financial benefits, and resulted in a comprehensive database of farmers. The province also roped in 120 unemployed graduates to help verify smallholder and producer registrations for the relief packages.

## LIMPOPO

Given concerns around access to water and the importance of the Covid-19 hygiene protocols, the province focused on getting water to people. It provided water, soap, sanitisers, and masks to almost 85% of its population in rural areas. It also offered psychosocial support to affected communities and bereaved families.

## HOMELESSNESS AND OVERCROWDING

When President Ramaphosa announced the lockdown in March 2020, he stated that temporary shelters had to be identified to accommodate homeless people for at least 21 days. South Africa does not have a dedicated homelessness policy and, therefore, no assigned national or provincial budget to deal with homelessness. Before the lockdown, homeless people had access to soup kitchens provided by community-, faith-based and non-governmental organisations. These were forced to close, and homeless people had to be taken off the streets. Provincial and municipal governments scrambled to put the president's announcement into effect and provide temporary shelter.

Eleven temporary shelters were provided in the *Northern Cape*; *KwaZulu-Natal* also provided shelters. The *Western Cape* government partnered with existing shelter networks to identify vacant lots for erecting shelters. In *Gauteng*, the Cities of Tshwane and Johannesburg erected temporary shelters. In Tshwane, for example, the Tshwane Homeless Forum, non-governmental organisations and researchers from the University of Pretoria erected about 20 shelters in 10 days. Their innovative infrastructure designs and quick protocols provided training for shelter management, and the sharing of resources avoided unnecessary competition. In the *Free State*, the Department of Social Development drafted an action plan to ensure that residents continued to receive social development services, and psychosocial services were provided for vulnerable people (Box 9.2). Shelters for homeless people were managed from the Mangaung Metro, the Fezile Dabi District, the Lejweleputswa District, and the Thabo Mofutsanyana District municipalities. Various stakeholders assisted the department with the shelters, including SASSA, the Red Cross, the National Development Agency, civil society, and business.

*Box 9.2: Free State Department of Social Development: Covid-19 Action Plan*

The Department of Social Development's Action Plan addressed the following:

- Psychosocial support to infected and affected persons and their families.
- Integration and reunification of persons who have been isolated or placed under quarantine, to prevent stigmatisation.
- Business continuity for the department.

Other measures to assist vulnerable people included:

- Activation of shelters for homeless people.
- Food distribution to vulnerable people.
- Provision of meals to homeless people at shelters.
- HIV/AIDS programmes and prevention and care programmes at the shelters.
- Daily activities and skills development programmes at the shelters.
- Reunification programme for homeless people.
- Provision of psychosocial support services to families.
- Provision of PPE to beneficiaries in residential facilities.

In many cases, however, the quality of provincial shelters was questionable; some were so crowded that they contravened Covid-19 health protocols. Other complications related to the provision of food to people of all ages (including babies and children), ablution facilities, and recreational activities for all the people confined in these small areas. Facilities also had to provide gender-separated spaces, spaces for families, and care for elderly people. From a health and personal well-being perspective, psychosocial services were needed, as was access to screening. Also, inadequate statistics on homelessness allowed some double-dipping by beneficiaries, who received grants and/or food parcels from the municipality, the Department of Social Development, and in some provinces, the mines. Covid-19 underscored the fact that the provision of services to homeless people requires a concerted, intersectoral effort and a policy framework that deals with issues of homelessness in a holistic way.

## EDUCATION INEQUALITIES

Even before the lockdown, the South African system of education was already failing many young people, as discussed in Chapter 5.2 on education. During the lockdown, education institutions had to close and move to online learning and teaching to complete the academic year. From a provincial perspective, school closures should be seen against the backdrop of stark inequalities – in income, housing, resources, and infrastructure, for example. At home, many children had neither the required infrastructure for online learning nor adequate space to study. Few could rely on guidance from others, as parents often had little or no formal education. Many schools, especially in poorer, rural, or informal areas, lacked adequate infrastructure. At the start of the hard lockdown, for example, 747 schools in *Gauteng* did not have adequate toilet facilities and had only limited access to running water.

During the lockdown, many schools were vandalised and had to be repaired before learners could return to class:

- In the *Northern Cape*, 72 schools were burgled and vandalised during the hard lockdown.
- In *Gauteng*, 15 schools in the Tshwane districts of Soshanguve and Nellmapius were burgled and vandalised. Some were even set alight, and the Gauteng Department of Education had to provide mobile classrooms to allow learners to complete the academic year.
- In *KwaZulu-Natal*, 12 schools were so badly vandalised that mobile classrooms had to be provided. The province also had to repair 467 vandalised schools; it met this target by the second quarter. It also cleaned and disinfected schools before the learners returned.
- In the *Free State*, 72 schools were vandalised, and the Department of Education appointed contractors in May and June 2020 to repair them. Of these schools, 24 were in the Lejweleputswa District. The department underlined the need to develop quality learning and teaching campaigns and to mobilise communities to protect schools after hours or when they are closed.

## INSTITUTIONAL CAPACITY

Covid-19 changed people's lives not only from a health perspective but also with the lockdown and the closure of schools, workplaces, and borders. Masking, physical distancing, and self-isolation have become part of people's vocabulary. For this to happen, government had to implement a 'whole-of-society' response – all of society had to be prepared, and government had to use all its institutions to limit the effects of the pandemic. As in every other country, this was the first time that government had to mobilise all its resources, provide leadership, align the entire public service, and respond to people's needs with such urgency. How this was achieved and how it reflects the institutional capacities that framed the provincial responses are considered below.

## INSTITUTIONAL STRENGTHS

### Strategising and planning

From an institutional perspective, the various provinces had different strengths that helped mitigate the spread of the pandemic.

The *Gauteng City Region's* capacity to strategise and plan allowed it to develop a comprehensive strategic response that addressed the dual challenges of saving lives and livelihoods. The Economic Cluster was asked to prepare a plan that included supporting small, medium and microenterprises (SMMEs); transport and logistics; agriculture; manufacturing and the green economy; construction; trade, travel and tourism; and financial and business services. The cluster also introduced several new or modified themes in its disaster response. Once the impact of the pandemic on the economy was recognised, the implementation of existing plans (e.g., Growing Gauteng Together 2030) was brought forward to support the economy and kick-start recovery. The Gauteng Department of Education was one of the first provincial departments to produce a Covid-19 response plan that included a catch-up plan to help children continue with their curriculum.

The Gauteng Department of Agriculture and Rural Development assisted farmers who were affected by the decline in orders from shops and restaurants to obtain vouchers from national government to help them purchase seed and fertiliser. Waste-pickers were given masks, gloves, and tongs to help them collect waste safely. The department implemented a food security programme to support households, communities, and schools. It also developed a post-pandemic strategy that included the possible employment of agriculture graduates to be deployed on farms for experiential training and to link agro-entrepreneurs to markets. In the long run, the plan is to implement a commercialisation programme to support farmers with production inputs, infrastructure, agro-logistics, and access to markets. Such initiatives demonstrate a capacity to use the crisis to address existing systemic problems and inform future planning.

The *Free State* Department of Health established a departmental Covid-19 command team, comprising three streams: management (overseeing the continuity of general health services), clinical (Covid-19 clinical coordination), and stakeholder management (mobilising multiple stakeholders). This structure was replicated in the districts, which also appointed screening and contact tracing teams. These teams met regularly to monitor responses and plan accordingly. Attendance at these meetings was mandatory for all members; this helped the department respond rapidly to changing conditions.

The Free State Department of Education created catch-up programmes to help learners who lost over six weeks of education early in the pandemic. School calendars were revisited, curricula amended, and support materials developed. Education advisors were trained to cascade this information down to teachers. The Class of 2020 was also supported through the distribution of revision materials for several subjects, the distribution of DVDs and YouTube videos with learning material, and continued support on WhatsApp. Lesedi Radio also broadcast lessons from Monday to Thursday every week.

The *Mpumalanga* Department of Health developed a business case and response strategy based on guidelines provided by the national Department of Health to access national funds. It developed and costed a comprehensive Covid-19 progression model, which sought to estimate the capacity of the health system in terms of human resources, intensive care beds, laboratory tests, logistics, PPE, and the like. The department also developed a detailed Covid-19 strategy, as per Box 9.3.

### Box 9.3: Mpumalanga Department of Health: Covid-19 strategy

The Covid-19 strategy of the Mpumalanga Department of Health comprised three components:

- The **primary prevention (pre-surge) pillar** focused on promoting health and behavioural changes among communities to contain the spread of the virus through the integrated coordination of government activities and to ensure that the department coordinated its activities with those of the Department of Cooperative Governance and Traditional Affairs.
- The **secondary intervention (peak surge) pillar** outlined how the province was to manage both positive and suspected positive cases during the anticipated surge in infections.
- The **post-Covid-19 aftermath (post-surge) pillar** emphasised the dignified management of the remains of people who succumbed to the virus.

During the Covid-19 surge in Mpumalanga, hospitals were full, and some patients died at home. The province trained funeral undertakers in taking Covid-19 samples from the human remains. This initiative faced some challenges, including a shortage of PPE for the funeral industry to take the samples. Also, undertakers did not always report Covid-19 deaths. These challenges have since been resolved. The province prioritised proper reporting of Covid-19 deaths by health facilities, Home Affairs, and funeral undertakers to enhance monitoring.

The Office of the Premier in *Limpopo* set up a task team comprising government departments and higher education institutions to respond to Covid-19. Following a thematic approach, the team identified health, social, governance, and economics as drivers to develop their strategies. The province invested in medical equipment (e.g., ventilators and high-flow nasal oxygen units) and reallocated equipment from small district hospitals to larger ones. The number of permanent and contractual medical staff was also increased. Additional beds and quarantine sites were organised at lodges, hotels, and camping sites. To ease congestion at health facilities, people with stable conditions (e.g., who could collect repeat scripts) were separated from those with unstable conditions who needed medical assistance. Limpopo also addressed the dire shortage of potable water and other sanitation-related issues in communities and in schools. It designed a psychosocial support plan to help the public learn about the virus. From a leadership perspective, senior officials in Limpopo understood the need to enhance the credibility of the Covid-19 response through personal appearances at communal sites and via the media.

The *Northern Cape* developed a provincial action plan early on, which set out detailed actions and responsibilities and required departments to submit detailed plans of their mitigation measures. To develop these plans, the departments needed to work beyond the parameters of their mandates. This extraordinary measure stretched the system to such an extent that the resultant procurement potentially violated the provisions of the Public and Municipal Finance Management Acts. The implementation of these plans was coordinated via weekly meetings by the provincial and district joint operations structures, and critical matters were escalated to the Provincial Command Centre.

In May 2020, the *Western Cape* adopted a whole-of-government 'hotspots' strategy to respond to the pandemic. The strategy, spearheaded by the provincial departments of Local Government and Health, sought to coordinate the work of the three spheres of government, civil society and civic structures, and the private sector. Coordination was based on the nine amalgamated health districts in the province. Multisectoral hotspot teams were established for coordination in each area. To ensure rapid decision-making and coordination between departments, the teams met regularly (initially every two

weeks) and shared real-time data across seven transversal themes: case management, quarantine and isolation, civil compliance, slowing the spread, humanitarian relief and food security, economic recovery, and communication. These themes and their corresponding interventions were designed to provide a holistic response to the risks facing each area and to protect the most vulnerable people. The hotspot strategy built on the Joint District and Metro Approach – a coordination approach already implemented before 2020. Given the significant benefits derived from this coordination strategy, the same structure was adopted to coordinate implementation of the recovery plan.

The *Eastern Cape* developed the Ward-Based Rapid Response Plan, an evidenced-based plan that identified 100 hotspot wards. It relied on ward-based response teams, comprising technical teams from the Department of Health, district- and metro-based teams coordinated through the provincial Department of Cooperative Governance and Traditional Affairs (CoGTA), and civil society, including the faith-based sector. In consultation with the Ministerial Advisory Panel, the province developed a Resurgence Management Plan in response to the second wave of the pandemic, mainly for the Nelson Mandela Metro and the Sarah Baartman District Municipality. Different districts developed their own resurgence plans. For example, Sarah Baartman developed a plan in collaboration with its local municipalities; it also adapted a festive season plan from other plans. This plan was anchored at the district joint operations centre level, and local reporting and escalation were managed with support from law enforcement agencies.

*KwaZulu-Natal's* Covid-19 implementation plan aimed to ensure compliance with national regulations, support and complement national and local efforts, and identify provincial-level projects and interventions. The social and health components of the plan were aligned with the Covid-19 Response Strategy developed by the provincial Department of Health. The strategy considered the amplification of human-to-human transmission in specific settings, such as healthcare facilities, in families, and in communities who had direct contact with affected individuals. It emphasised education and awareness as part of health promotion and aimed to create enabling environments for people to adopt preventive behaviours, including through the rapid identification and close monitoring of the contacts of affected persons. Other components of the implementation plan covered social and justice aspects, justice and security, economic recovery, and governance.

## **Leadership**

Leadership, a vital component of institutional strength, shapes institutional responses, behaviour, and performance. The *Gauteng City Region* benefited from strong and decisive leadership that recognised the gravity of the crisis from the outset. The leadership acknowledged that Covid-19 was not simply a health emergency but rather one that required a whole-of-society response. To this end, the province adapted its modes of governance to enhance vertical and horizontal cooperation. The premier and the director-general demonstrated decisive leadership by establishing alternative structures of governance to drive the Covid-19 response. Such decisive leadership encouraged a culture of reflection and adaptation. The province called for cooperation between different levels of expertise, different hierarchies, and different institutions. This brought together a critical mass of people and

institutions that shared the same aim. The leadership also did not shy away from consequence management, as demonstrated by the rapid response to food distribution and PPE procurement challenges. The crisis around PPE procurement was swiftly handed over to the Special Investigative Unit (see the discussion on institutional culture from p. 763). This was a significant achievement for the province and resulted in the departure of several top figures at the Department of Health.

The *Western Cape* relied on the collective leadership of heads of departments and senior leaders from municipalities and other state entities, with the former chairing the different hotspot teams. The involvement of senior leaders to coordinate responses facilitated prompt decision-making. That said, the quality of leadership varied across the different hotspots. Ineffective leadership was cited as a central challenge to the success of individual hotspots.

Local coordination committees in the *Eastern Cape* achieved varying levels of success, depending on the quality of leadership and reporting systems. The involvement of senior leadership was central to achieving their aims. In the Joe Gqabi District, for example, the mayor of Elundini Local Municipality chaired the sessions, was active in the District Command Council, and attended sessions of the Provincial Command Council. The Speaker of Senqu Local Municipality also chaired the sessions of its local coordination committee. In both instances, their involvement contributed to better sharing of information, which in turn supported joint problem solving.

The *Free State* used leadership structures to reinforce and generate commitment to the Covid-19 response. The presence of senior executives and other high-ranking officials at food distribution centres helped to highlight the seriousness of the pandemic.

In *Limpopo*, an integrated planning approach was used to facilitate a coherent response mechanism. Partners from different sectors were brought together to respond to Covid-19. The senior executive management accepted leadership roles to influence and guide residents in this regard.

*KwaZulu-Natal* had an active Provincial Command Council, led by the premier, that monitored progress in the implementation of its Covid-19 interventions. Four Executive Council clusters – Governance, Social, Economic, and Justice – helped coordinate support. The Technical and Political Clusters coordinated interventions and monitored and developed reports. The Provincial Command Council met weekly to discuss progress in the implementation of Covid-19 cluster plans. Processes to improve vertical and horizontal coordination between the different spheres of government, civil society, business, and traditional leadership were frequently reviewed. The province also established District Command Councils to facilitate coordination, and individual departments set up arrangements in line with their mandates. The provincial Department of Education developed internal protocols and a communication strategy to share essential information. The head of department also established a committee to assist the department in managing the pandemic.

In *Mpumalanga*, political and administrative support helped improve multidisciplinary, multisectoral and intersectoral collaboration and smoothed coordination responses to the pandemic. The unity of direction enhanced multisectoral collaboration and appreciation of each other's responsibilities.

## Systems

Different departments in *Gauteng* had systems in place to help them respond to the pandemic. The provincial Department of Social Development, as noted, had a good system of decentralised food banks in every district, each with its own resources, transportation, and officials. The Department of Agriculture, Land Reform and Rural Development's Covid-19 relief fund provided more than 3000 vouchers to smallholder farmers and cooperatives for inputs and emergency animal feed. This was in addition to the inputs and emergency animal feed provided through the Ilima/Letsema programme.

*Mpumalanga* also built on existing systems to respond to the pandemic. The premier communicated with peers from Mozambique and the Kingdom of eSwatini to ensure an integrated approach to managing cross-border cases and cases within the province. The Department of Health used its communication systems to promote Covid-19 health protocols. Daily situational reports (which included the mapping of cases, recoveries, and deaths by gender and age) were published, as required under the Disaster Management Act; in this way, existing systems were used to monitor new and re-emerging hot spots using a three-tier system of alert, warning and control. The dashboard was reviewed three times a week and informed changes in the province's response. Additional staff were deployed to health systems at the border posts to deal with long queues (see Chapter 6.4).

The *Free State* Provincial Government advocated for a coordinated response to a range of social issues. It established a Solidarity Fund to purchase and distribute food parcels. Using its equitable share allocation, it developed a Food Relief Business Plan to provide food to vulnerable. At the time of reporting, over 70 000 food parcels (reaching over 350 000 individuals) had been distributed, mainly funded by contributions from the national Department of Social Development and the private and public sectors. The province collaborated with various non-governmental organisations (e.g., the Red Cross, METAD, ADRA, and Meals on Wheels) to procure and distribute the food parcels. Community Nutrition and Development Centres, which form part of the Department of Social Development's network, also assisted with the identification of beneficiaries and the distribution of food parcels to households.

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

The *Western Cape* Department of Health had dedicated resources and years of experience in setting up data and evidence infrastructure and systems throughout its health districts. This capacity and the existing systems allowed it to produce health updates without much additional input. Reporting templates were designed, and all reporting was standardised. The Department of Health has access

to the Single Patient View database, which allows it to generate daily and weekly reports with a geographic focus (p. 760). This information allowed hotspot teams to track the progression of the pandemic in their areas and tailor responses accordingly. The analysed and updated data shared through hotspot structures facilitated a coordinated, evidence-based response.

*KwaZulu-Natal* adopted a systemic, structured approach to its pandemic response. It strengthened existing systems and developed additional ones to improve implementation and monitoring. The systematic collection of data allowed real-time evaluations to be conducted. Nine interlinked systems (apps) were used to collate data. A Covid-19 performance management system was also established. The main challenges were the lack of resources to develop and maintain systems, and of synergies with national systems.

The *Eastern Cape* also used existing systems to facilitate reporting on Covid-19 and related issues (e.g., the need for social relief) through uniform reporting mechanisms. The Provincial Disaster Operations Centre provided uniform reporting templates for all stakeholders to ensure effective and efficient reporting. The templates covered the delivery areas of:

- Covid-19 patterns and trends
- Clinical response and psychosocial support
- Risk mitigation in high-risk areas
- Improved public awareness
- Institutional mechanisms and measures of government business continuity.

*Limpopo* also recognised the value of using existing systems to establish its collaborative response to Covid-19. It brought together different players (e.g., the Department of Water and Sanitation, Lepelle Northern Water, other water services, and the Department of Cooperative Governance, Human Settlement and Traditional Affairs) to provide water to communities. Similarly, it mobilised local tourism facilities to create additional bed space.

### **Agility and experimentation**

The unprecedented nature of the pandemic required provinces to adapt their systems and approaches to respond to health and social needs in new ways. They had to understand the limits of existing processes and tweak them to suit a novel situation.

In *Gauteng*, the staff in the Premier's Office recognised the importance of adapting existing systems. They played a significant role in addressing administrative and political bottlenecks and made sure to include the private sector as a major partner in responding to Covid-19. Gauteng City Region officials created communication channels between different entities and worked with national agencies to address regulatory barriers faced by township enterprises. In collaboration with the Gauteng Provincial Government, they drafted a Township Economic Development Bill, an undertaking that showed initiative, stability, and consistency.

The Gauteng Department of Education recognised that the reopening of schools demanded an unprecedented person-safety approach. It provided training to school management, teachers and some young people in basic protective measures:

- To ensure that everybody entering school premises could be screened, the department trained about 1800 Covid-19 youth brigade members to help with temperature screening once schools reopened under alert level 3.
- A cascade teacher training model was implemented to train teachers on the standard operating procedures for the reopening of schools. This meant training district officials and then principals, heads of department and deputy principals, who in turn trained the teachers.

In *Mpumalanga* the national voucher system was adapted to support farmers by eliminating the need for middlemen. This enabled farmers to procure inputs directly, which reduced costs and helped maintain fresh food production.

To augment its screening and testing capacity, the *Northern Cape* established both a screening team (996 members) and a tracer team (538 members). The data provided by these teams helped inform the design of Covid-19 interventions. By 30 April 2020, the province had used community health workers and home-based caregivers to screen 488 375 persons, and 1266 tests had been conducted at both public and private healthcare facilities.

The *Western Cape's* hotspot strategy aimed to facilitate and streamline coordination and cooperation between the different entities in the provincial government. It focused on sharing information, collaborating, and having a simple, transparent, and manageable approach to the Covid-19 response. Stakeholders within and outside provincial structures could use their mandates to address transversal issues and strengthen intergovernmental collaboration. The hotspot strategy is seen to have facilitated the whole-of-government-approach later adopted as the provincial Covid-19 strategy.

The *Eastern Cape* used active reporting to assess the impact of Covid-19 in the different districts. This allowed it to review and adapt its approach; for example, it adjusted its ward-based response plans from alert level 3. District municipalities in the province each established a District Command Council chaired by the mayor or the executive mayor. Though they differed in detail, all combined political and traditional leadership structures (Box 9.4).

Though not explicitly presented as adapting current systems to respond to Covid-19, *Limpopo* and the *Free State* established dedicated command centres. In Limpopo, the Provincial Command Centre in the Office of the Premier brought together key role players from government and the private sector, community-based, non-governmental and non-profit organisations, and community members. The Free State used a similar strategy of bringing together different stakeholders. As noted, it established a Solidarity Fund, tasked with the procurement and distribution of food parcels.

In *KwaZulu-Natal*, the provincial service delivery model, Operation Sukuma Sakhe, was used to facilitate Covid-19 monitoring and the fair allocation and delivery of services at ward level. Local and

district task teams convened on a weekly basis. Provincial, district and local nerve centres were established, with representatives from provincial and local government, along with SASSA.

#### *Box 9.4: Eastern Cape command council structures*

Each district municipality in the Eastern Cape established a District Command Council chaired by the mayor or the executive mayor. The District Command Council was supported by the Joint Operations Committee, which brought together the local municipalities and the district regional directors from government departments. Both District Command Councils and the Joint Operations Committee experienced some resistance from committees; this led the Eastern Cape to adopt an agile, incident-type approach.

The Joint Operations Committee, for example, started with daily briefing meetings, where information was shared on the immediate responses to issues; this facilitated collective decisions on appropriate interventions. The frequency of meetings and their focus on action removed the need for certain administrative measures (e.g., minute taking and attendance registers) and suited the urgency of the task. A weekly report was submitted to the Provincial Command Council.

As mutual confidence developed between the stakeholders, the frequency of meetings was reduced to be in line with the that of the Provincial Command Council meetings. The responsiveness of the system can be seen from the fact that the number of meetings correlated with the levels of infection in the province. As case numbers dropped, the number of District Command Council meetings also fell, until it met only monthly. This reflects an incremental approach to the management of the pandemic.

## INSTITUTIONAL WEAKNESSES

The unprecedented nature of the Covid-19 pandemic demanded a tailor-made response. National government adopted a flexible approach, and provinces followed suit by reviewing their structures and adapting them to fight the pandemic. Their experience of running their provinces and connecting with people helped them build tailor-made responses, key among which were communication and social welfare. An important factor was flexibility – for example, the Eastern Cape, Gauteng, and the Western Cape reviewed the responses to assess their ongoing suitability. They also identified areas that could be improved; some of these are discussed below.

### Processes and hindrances

Various provinces identified the need for an *effective social welfare system* that allowed for a comprehensive approach. Gauteng argued that SASSA was not effective enough in processing applications for social relief. A comprehensive database would have enabled them to assist people who applied for food relief. The province also recognised weaknesses in its own system of approving permits to distribute food; in some cases, bureaucratic red tape resulted in food perishing in distribution centres. Red tape and legal requirements also hampered the provision of support to SMMEs – the SMME partnership could not disburse its first tranche of R1 billion by August 2020 because of legal obstacles. This had a significant impact on small businesses, some of which were forced to shut down. Thousands of employees were laid off.

Inconsistencies in applying the lockdown regulations, often around the classification of essential goods and services, were another problem. Some outcomes ran counter to the original aim of the regulations. For example, during the hard lockdown *all food outlets had to apply for a permit* to trade

(see Chapter 6.2 on agriculture and the food supply chain). Businesses like grocery stores, small corner shops, spaza shops, fruit and vegetable stands, and traders could only operate if in possession of a trading permit from the local municipal health service authority. The Gauteng City Region pointed out that this caused confusion, as informal traders, who are essential to the food value chain, were disqualified from obtaining permits. This disrupted access to food, especially in semi-urban and rural areas. The Northern Cape reported that on monitoring these traders, it discovered various inconsistencies, from the issuing of permits to non-compliance with regulations and municipal by-laws, with the result that some businesses were declared 'undesirable' and therefore unable to operate. The province also identified limitations in government corporate and business processes; for example, business continuity and disaster recovery plans only considered a centralised, off-site model. A decentralised model, which would have been appropriate during the pandemic, was not recognised.

Regulations are only as effective as their capacity to be enforced. In this regard, the *Northern Cape* pointed to its lack of capacity to enforce the ban on alcohol and tobacco (see Chapters 6.2 and 6.5). As these substances are addictive, people circumvented provincial control measures to maintain their habits. From 27 March to 30 April 2020, the province registered 157 contraventions of the prohibition on the sale of liquor, but this was not sufficient to deter people from this illicit activity.

*Limpopo* stated that access to service remained a major challenge, which planners in the province had to address urgently. Despite its efforts to provide water to all rural communities in need, the water service backlog was exponentially higher than anticipated, and communities were exposed to the health risks associated with water shortages. The province cited water delivery as an example of the need for coherent planning to minimise reliance on the private sector. Limpopo enforced strict compliance with lockdown measures but lacked the capacity to enforce all the regulations. Some traders, for example, flouted the lockdown rules, despite joint operations by the South African Police Service and the Limpopo Department of Economic Development, Environment and Tourism.

The *Free State* emphasised the need for better and more effective screening in all sectors, along with communication to create awareness of the virus and its impact. It noted that the healthcare system could benefit from closer relations with independent practitioners, private practitioners, laboratories, and traditional healers in helping communities adhere to Covid-19 protocols. The Department of Health also reported several challenges around the logistics and safety of community health workers:

- The regulations meant that central screening points could not be set up, and community members refused to allow the screeners into their households.
- Covid-19 placed an additional burden on the staff complement of the department.
- From April to May 2020 the department faced a shortage of personal protective clothing.

An assessment of 825 schools by the Department of Education found that only 240 (29%) provided e-learning programmes to learners during the lockdown. The Thabo Mofutsanyana and Motheo Districts had the most schools with e-learning programmes (66 and 74, respectively), whereas the Xhariep and Fezile Dabi Districts had the least (19 and 23, respectively). The lack of e-learning programmes is due

in part to a lack of appropriate technology in schools. More schools should be enabled to provide e-learning programmes, which would help equip them for any future disasters.

On food distribution, the province acknowledged its relative success but raised concerns around shortages and late deliveries, which affected the availability of food for distribution. Other concerns were double-dipping by recipients (because of poor coordination), overcrowding at some food distribution sites (which violated Covid-19 regulations), and the limited availability of food for infants and elderly people, for example. In this regard, it noted the need to improve collaboration between all sectors in the province.

In KwaZulu-Natal and the Free State, time-consuming supply chain management processes were cited as a challenge to the provision of PPE and material to schools. The *Free State* Department of Education argued that procurement processes should have considered service providers with sufficient stock, as large quantities of masks had been needed in a short period. Better communication from the provincial treasury, which purchased all PPE in the first months of the lockdown, was also needed to ensure the delivery of stock closer to where it was needed, instead of in Bloemfontein.

In *KwaZulu-Natal*, the main challenges were aligning implementation with the District Development Model; developing synergies with other provincial initiatives; obtaining adequate resources and funding; accessing quality information and consistent reports; procedures and processes; and delays.

### **Limits of modelling and data utilisation**

The unprecedented nature of the pandemic required an unprecedented level of readiness. Modelling of the potential impact of Covid-19 had to consider both uncertainties around the behaviour of the virus and the systemic weaknesses that heightened the risk of devastation of lives and livelihoods. In the *Gauteng City Region*, modelling overestimated the number of Covid-19 cases – the estimates were almost double the cumulative number of Covid-19 cases by 20 November 2020. With the need for both critical and general hospital beds being overestimated, scarce resources were diverted away from support for livelihoods towards addressing the perceived shortage of beds. That said, as argued in Chapter 5.1 on health, it might well have been irresponsible at the time to ignore the potential need for critical health services.

In the *Northern Cape* indigent registers were used to inform the distribution of social welfare relief. However, the accuracy of the database has been questioned: not all the people who needed relief were reached, and not all people who received relief needed it. These concerns had to be addressed to prevent disputes within the community.

These two examples demonstrate the challenges of decision-making in unprecedented situations, when even the best scientific evidence can only be used as guide.

## INTERGOVERNMENTAL RELATIONS

The need for a whole-of-government response and for the different institutions of government to collaborate both vertically and horizontally brought the effectiveness and efficiency of intergovernmental relations into sharp focus. South Africa's challenges in managing horizontal and vertical coordination between the three spheres of government is well documented. Such challenges are not unique; they also occur in other forms of associative governance around the world.

The framework for intergovernmental coordination in South Africa includes the Intergovernmental Relations Framework Act and the Disaster Management Act. These allowed the rapid establishment of intergovernmental structures to respond to the pandemic, including Provincial Disaster Management Centres and Provincial Joint Operational and Intelligence Structures (ProvJoints). The former rapidly morphed into project management offices or in some provinces, 'war rooms'.

In *Gauteng*, the pandemic injected an urgency for intergovernmental cooperation. Member departments of the Economic Cluster worked together closely and reported according to a common framework, which helped reduce silos and fragmentation. The Gauteng City Region also worked closely with the Department of Trade, Industry and Competition, the Presidency, and the Tshwane Municipality to accelerate the provision of infrastructure to the Tshwane Special Economic Zone.

The establishment of a Provincial Command Centre in *Mpumalanga* ensured that its response to the pandemic was multisectoral and coordinated from the centre. Similarly, the *Northern Cape* established a Provincial Command Council and used the ProvJoints to coordinate responses. The joint approach meant that different levels of expertise could be secured, which not only helped the province prepare for the disaster but also helped channel and reprioritise resources. It supported an integrated approach to service delivery both in response to the pandemic and in preparing for the implementation of the District Development Model.

The *Western Cape's* response was built on the Joint District and Metro Approach. As noted, this approach to coordination had already been implemented by the Department of Local Government and district and local municipalities. In 2020 it was extended to include the City of Cape Town. The Joint District and Metro Approach is aligned with the District Development Model. It provides an opportunity for government and society to pool resources and capacity, and strengthens co-planning, co-budgeting and co-implementation to enhance efficiency and improve outcomes.

The approach to communication was also collaborative. The Department of Community Safety in the Western Cape worked with all relevant provincial departments to develop integrated and readily implementable messaging. Its Communications Unit worked closely with other lead departments (including the Premier's Office and Health) and the City of Cape Town to develop the Covid-19 communication campaign.

Overall, the hotspot strategy in the Western Cape facilitated a collaborative, whole-of-government approach. It enabled high levels of collaboration and agility and balanced the need for innovation with

staying within the regulatory government mandate. Because the Joint District and Metro Approach had not been introduced in the Cape Town Metro when the pandemic started, the participation of some stakeholders was initially inconsistent, but this was later resolved.

The *Northern Cape* achieved effective coordination in several aspects:

- The Department of Roads and Public Works identified resorts and sites for the treatment and quarantine of positive cases; these were made available by municipalities and the departments of Environmental Affairs and Nature and of Sport, Arts and Culture.
- The departments of Water and Sanitation; Cooperative Governance, Human Settlement and Traditional Affairs; and Roads and Public Works worked with Sedibeng Water and Rand Water to deliver 397 water tanks and install 220 storage tanks between 27 March and 30 April 2020. Rand Water delivered 265 water tanks, installed 159 storage tanks, and facilitated the delivery of 84 water trucks.
- Regulations under the Disaster Management Act were enforced through collaboration between the South African Police Service, the South African National Defence Force, the Traffic Department and the Department of Health.
- The South African Local Government Association (SALGA) took the lead in monitoring compliance with the directive on the operation of tuck shops and informal traders.
- The Department of Social Development partnered with the national Department of Social Development, the Department of Education, the South African Police Service, the South African National Defence Force, and the National Development Agency to distribute food parcels.
- A multidisciplinary response team comprising municipalities, non-profit organisations, SASSA, and the departments of Education and Social Development helped profile households to coordinate service delivery.

In *Mpumalanga*, the disaster management team at CoGTA played a coordinating role, working with the Department of Health, the South African Police Service, the military, and other government departments, including the communications departments at both national and provincial levels. Other areas of intergovernmental coordination included the transportation and provision of water to schools and communities. The latter resulted in the distribution of around 1000 water tanks and the drilling of 300 boreholes, with Eskom providing power for the water pumps. Departments such as Agriculture, Social Development, Education, Disaster Management, and Economic Development worked together to provide different services to the public. The Department of Agriculture worked with the Department of Social Development to provide food parcels; the latter assessed the quantity and quality of food needed, and the former sourced the food and settled the invoices. Fresh food was sourced through agri-hubs in the province, which enabled centralised planning and distribution.

The *Eastern Cape* established district joint operations centres across all its districts to help coordinate district-level responses; these worked closely with the Provincial Disaster Management Centre. The different district municipalities also established Joint Operations Committees with representatives from various stakeholders:

- In *Sarah Baartman*, Joint Operations Committees were established at both district and local levels and were subdivided into two sections: the Political Command Council, which briefed political leaders, and the Technical Command Council, comprising administrative officials from the municipality and sector departments. Ward-based rapid response teams were established, led by local mayors and other stakeholders.
- The *Amathole District* established an Interdepartmental Disaster Risk Management Committee, a District Advisory Forum, and a District Command Centre.
- The District Command Council of the *Joe Gqabi District* comprised political leadership, including members of parliament, members of the provincial legislature, the troika of municipal councils, and directly elected councillors of the district municipality. The district also established an Economic Recovery Working Group of the District Joint Operations Centre, which included municipalities, the departments of Economic Development, Environmental Affairs and Tourism, and Rural Development and Agrarian Reform, and the district municipality.
- In the *Chris Hani District*, the District Joint Operations Committee operated as the Command Council in the district. It comprised all the stakeholders in the district, met weekly, and was chaired by the district executive mayor. Before meetings of this committee, a technical Joint Operations Committee made up of technocrats convened to discuss the key issues to be recommended to it. Local-level Joint Operations Committees were chaired by the local mayors and were considered feeder structures to the District Joint Operations Committee.

There were some challenges with intergovernmental relations. The Eastern Cape established ward-based Covid-19 response teams in all its districts. In the Amathole District, these teams were not effective, largely because their work was superseded by ‘war rooms’ in the Great Kei, Ngqushwa, and Mbhashe municipalities. The Joe Gqabi District encountered problems coordinating with structures that were not district based, such as national departments. The gains in intergovernmental relations were also affected in provinces by existing limitations and often exacerbated by non-supportive institutional cultures that encourage working in silos and protecting turf.

Disaster management functions in the Eastern Cape Province are coordinated by the Department of Cooperative Governance and Traditional Affairs. This work is supported by the Provincial Disaster Management Centre in Bhisho, which works with municipalities. The province reported weaknesses in its overall capabilities, especially in human resources and technological capabilities. In the Covid-19 campaign, the Office of the Premier assumed leadership of the disaster management operations initially stationed at the Disaster Operations Centre. The Office functioned as the nerve centre of government, supported by CoGTA and SALGA. The challenge for the province is to ensure concrete, holistic improvement in its disaster management capability to enhance its agility and sustainability. This includes better modelling for disaster service delivery at provincial and local level.

In the *Gauteng City Region*, like elsewhere, there had previously only been limited coordination towards complex outcomes with a developed coordination architecture; this meant that such cooperation was neither always welcome nor successful. Officials were burdened with onerous

reporting requirements in a compliance-driven culture. Some saw their workload doubling, and many reported high levels of fatigue. Meetings also tended to be excessively formal and routine, with provincial officials talking and municipal officials listening. This reflects both high levels of vertical complexity in the system and an institutional culture that heavily emphasises positional power.

*KwaZulu-Natal* activated the ProvJoints and Joint Operations Committees to ensure that the law was enforced; these met regularly to monitor and guide law enforcement from council to local levels.

## COLLABORATION WITH NON-STATE ACTORS

Covid-19 required a whole-of-society response, rather than just a health response; this meant the state had to collaborate with non-state actors, including the private sector and civil society (e.g., community-based, non-governmental and non-profit organisations). Across the provinces, there were both strengths and weaknesses in collaboration.

### STRENGTHS IN COLLABORATION

*Gauteng* displayed a willingness and an ability to collaborate with non-state actors:

- The Gauteng City Region's Economic Cluster introduced new themes in its disaster response, which required working in partnership with the private sector through a series of sectoral programmes and 'action labs' aimed at saving the economy. The action labs facilitated communication between the business community and sections of the Gauteng City Region administration in ways not possible before. This improved relationships and trust between business and the state.
- Shelters in the region reported receiving good service from government emergency medical services and local clinics. Local police checked up on the safety of shelter residents and volunteers; provided security during the distribution of food parcels; and even dropped homeless people off at the shelters.
- The Gauteng Department of Agriculture and Rural Development approached farmer commodity associations and the farming community to make donations to the food bank of the Department of Social Development. By 1 October 2020, the value of these contributions was R410 000.
- Recognising the vulnerability of township entrepreneurs, the Gauteng City Region mobilised additional financial support, working with the private sector to establish a partnership fund to provide loans and working capital for vulnerable SMMEs.
- The Gauteng Department of Education worked closely with the Department of Health to identify cases of infection. Through its provincial steering committee, it engaged with its social partners and stakeholders, including teacher unions and school governing body associations, to help manage perceptions and communicate accurate information on health management.
- The Gauteng Provincial Government secured the pro bono services of Deloitte & Touche in April 2020 to assist with the establishment of a programme management office. This service was valued at R2,8 million.

- It collaborated with experts from Wits University who provided frequent modelling of the progress of the pandemic. The Gauteng City Region Observatory assisted with the analysis of localised trends and patterns in the spread of Covid-19. Data scientists from the University of Pretoria also provided strategic advice, with geo-coding done by its Environmental Systems Research Institute.

In the *Free State*, the Department of Education followed a multidisciplinary approach to implement Covid-19 measures within the school environment. It trained education officials to screen people and create awareness of Covid-19; worked with the Department of Public Roads and Transport to ensure that taxi operators transporting learners complied with Covid-19 protocols; worked with CoGTA's environmental health inspectors to train voluntary food handlers on hygiene matters; and worked with Public Works and Infrastructure to help clean schools, using contract workers from the Expanded Public Works Programme.

The Free State Department of Small Business Development, Tourism and Environmental Affairs supported SMMEs with applications to the Tourism Relief Fund. It received 2116 valid applications during the funding window. Over R41 million has been disbursed to qualifying SMMEs and another R14 million committed. Through these interventions, an estimated 1637 jobs have been saved, and 2685 potential new job opportunities have been created – 32 stokvels were trained in business principles, and one wholesaler was established and supported. As at end-April 2021, 27 enterprises had been supported with Covid-19 risk sharing; 240 enterprise support incentives and 600 spaza shops and informal traders had also been assisted.

In the *Western Cape*, the Department of Health and the national Department of Public Works collaborated with the private sector to identify sites for quarantine and isolation across hotspots. The Department of Economic Development and Tourism provided safety toolkits to SMMEs, informal traders, and spaza shops. Other structures that supported businesses across hotspots included the Western Cape Tourism, Trade and Investment Promotion Agency (Wesgro) and the Department of Environmental Affairs and Development Planning. Lessons from behavioural change interventions in the Western Cape included using community members who already had influence in the community; working with communities as active partners in the design and implementation phases; and recognising that both enforcement and encouragement can help establish new norms and habits in society. To this end, the communication team partnered with non-governmental and community-based organisations, along with community and religious leaders. The province also collaborated with non-state actors in the delivery of humanitarian relief and food security interventions. There were several partnerships between government, civil society, and the private sector to help ensure that vulnerable people had access to adequate food.

The *Northern Cape* established a multidisciplinary rapid response team that comprised non-profit and faith-based organisations, the business sector, SASSA, and the departments of Education and Social Development. Its role was coordinating both the identification of indigent households and service

delivery. Over 25 146 food parcels to the value of R22,6 million were procured from 282 small businesses exclusively owned by women, young people, or people with disabilities.

The Department of Economic Development and Tourism coordinated applications by enterprises for support to save jobs. From 27 March to 30 April 2020, R7,913 million was committed to 28 enterprises in the province, which saved 218 jobs. The department worked with private healthcare institutions and the mines to secure intensive care beds and ventilators. Community-based organisations provided social assistance to severely affected communities unable to meet their basic food needs. The Northern Cape Provincial Enterprise Development Forum was established to foster collaboration on financial and non-financial matters with and among enterprises. The entities involved in this forum were the Small Enterprise Development Agency, the Small Enterprise Finance Agency, the Industrial Development Corporation, the National Empowerment Fund, and the Department of Economic Development and Tourism. The forum developed a consolidated list of national support measures for distribution and communication within the province. It coordinated and submitted the contact details of spaza shops and informal traders, as well as of the Kapa Bokone Traders Association, to the Department of Small Business Development.

*Mpumalanga* benefited from collaboration with a range of partners:

- The Department of Health received donations of beds, masks, thermometers, and other commodities from local organisations.
- Grants were provided through collaboration between SALGA, SASSA, and the Department of Employment and Labour to alleviate hardships among waste-pickers and other informal workers.
- Stimulus packages were provided to sectors of the economy severely affected by the lockdown, including tourism and agriculture.
- Other support to the agriculture sector included the provision of seed and livestock, and the Department of Agriculture continued to provide veterinary and extension services to farmers during the hard lockdown.
- The private sector, including the mining sector, donated items like sanitisers to schools directly.
- Traditional leaders assisted with communication and information dissemination in communities, including by appearing on radio shows.
- Non-governmental organisations like the Red Cross and Gift of the Givers provided food and shelter to vulnerable people both directly and through the Department of Social Development. The department spent over R18 million on food parcels distributed by non-profit organisations in collaboration with the Department of Agriculture.
- Faith-based organisations also contributed. The Zion Church, for instance, was reported to have designed a structured initiative to raise awareness among the members of its various branches. It established teams to enforce the regulations and ensure that all members complied with them.

The *Free State* followed an inclusive health response plan, which informed its strategy to mitigate the spread of Covid-19. It strengthened communication, health sector coordination, and screening

capacity.<sup>1</sup> To facilitate community compliance with health protocols in this predominantly rural province, senior executives visited communities in rural areas to lend credibility to the measures. The province asked its tourism industry to help provide space and beds for Covid-19 positive cases – 4777 beds were made available.

In the *Eastern Cape*, ward-based rapid response teams included ward councillors, mayors, street committees, community development workers, clinic committees, traditional leaders, civil society, faith-based formations, business, the South African Police Service, and non-governmental and non-profit organisations. The South African Council of Churches was especially supportive in the District Command Council of the Joe Gqabi District. In this district, the Initiation Forum was used to plan and control the summer initiation season. Each local area established an engagement forum for funeral-related activities. Where stakeholder engagement forums were already in place, engagements were easier to implement and sustain. Right to Care, a non-governmental organisation, worked with municipalities in the Amathole District Municipality to sensitise communities on initiation, distributed Covid-19 awareness pamphlets in isiXhosa, and provided additional vehicles to the Department of Health for door-to-door screening and testing. The Sarah Baartman District Municipality distributed PPE and fumigation equipment to sector departments, schools, old-age homes and non-governmental organisations.

*KwaZulu-Natal* allocated R159,3 million to support farmers, including with logistics. In relation to the 3360 new job creation opportunities from Trade and Investment KwaZulu-Natal, some of the company investments and business expansion identified were R900 million from Hesto Harness, R350 million from United Steel, R250 million from Frimax, R70 million from Goodlife Foods, and R50 million from Coconathi. Seven SMMEs were supported to set up information and communications technology hubs, which translated into 24 direct jobs. The province also held webinars with business and signed memoranda of agreement with economic development partners.<sup>2</sup> The Department of Sport and Recreation applied on behalf of all sports federations for the national stimulus package.

## WEAKNESSES IN COLLABORATION

Covid-19 underscored the need for deep collaboration with the non-state sector and exposed some weaknesses in this regard.

High data and connectivity costs meant that some social media platforms and mainstream media that were used to distribute information were not as effective as anticipated.

---

<sup>1</sup> The province was supported in this regard by the national Department of Health, the Centres for Disease Control, the World Health Organization, the Red Cross, the South African Police Service, the University of the Free State, Statistics South Africa, the National Health Laboratory Service (in the form of staff), Right to Care, and the National Institute for Communicable Diseases. Vodacom donated electronic devices for on-the-ground community and technical support.

<sup>2</sup> These included the KwaZulu-Natal Growth Coalition, the Durban Chamber of Commerce and Industry, the Pietermaritzburg Midlands Chamber of Commerce, Transnet, the Durban Automotive Cluster, the Durban Chemical Cluster, the KwaZulu-Natal Clothing and Textile Cluster, and the KwaZulu-Natal Furniture Cluster.

The modelling in *Gauteng* highlighted gaps in capacity between the private and public health sectors, especially the limited intensive care capacity in the public sector. The sector also had limited capacity for testing and processing tests, leading to long lead times, whereas the private sector typically processed tests within 24–48 hours. But the public sector sometimes lacked both the ability and the experience to collaborate with the private sector, which meant lost opportunities to access private sector capacity. This contributed to a decision to construct isolation field hospitals at Nasrec and the Telkom and Transnet sites for an undisclosed amount. The latter two centres were closed in August and September 2020 because of low demand. An opportunity to regulate the private health sector to ensure access to both healthcare and scarce resources was also lost.

Other limitations in collaboration across sectors were exposed by the inability of most Gauteng City Region officials to utilise block exemptions. The Department of Trade, Industry and Competition, in collaboration with the Competition Commission and the Department of Health, introduced block exemptions to enable firms to cooperate lawfully and in response to Covid-19. This did not happen as envisaged, because officials had limited knowledge of the initiative. The private sector in Gauteng generally felt excluded; this was exacerbated by the perceived lack of transparency in certain decisions. Another problem was inadequate support to help the private sector comply with government regulations and protocols so they could continue trading, and with the introduction of new business models to help them cope with the new operating environment.

In the *Western Cape*, communication interventions such as the ‘No Mask, No Entry’ poster campaign seemed to have helped change behaviour in larger companies. However, the same could not be said of the informal sector, where some shop owners and customers failed to practise social distancing or wear masks. The hotspot teams also did not all collaborate adequately with non-state role players, with some hotspots not reflecting a community-led focus and involvement. Neither the existing Joint District Approach nor the Joint District and Metro Approach structures included civil society or community stakeholders as members. In areas where the hotspot teams saw themselves primarily as a Covid-19-focused version of these structures, they might have simply continued with the same government stakeholders without seeking to involve new community or private sector stakeholders.

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

In the *Eastern Cape’s* Joe Gqabi District Municipality, the National Education, Health and Allied Workers’ Union and the South African Municipal Workers’ Union initially expressed interest in working with the District Command Council. This, however, failed to materialise, as discussions tended to focus

on internal institutional issues at particular facilities. It was also understood that the District Command Council would not solve or override localised issues that fell within the ambit of government departments. The Joint Operations Centre stakeholders also did not encourage the participation of unions in its administrative structures, arguing that this would limit open discussion on failures and/or limitations in strategy. Difficulties with unions were also encountered in the Sarah Baartman District.

Traditional leaders participated mainly in local coordinating committees and were not very active in District Command Councils. In one of the local coordinating committees, businesses appeared to use the platform to source information they would later use to publicly criticize government. This led to a decision not to involve non-state actors in local command centres. In the Eastern Cape's Amathole District Municipality, the poor or non-representation of traditional leaders, traditional healers, and faith-based organisations at the Joint Operations Centre hampered the dissemination of information to communities at village levels.

## RESOURCE UTILISATION

Covid-19 required an effective health response, supported by a whole-of-society response. To this end, the Department of Health in *Gauteng* was given a leading role in managing the health response in the province, including the procurement of essential health products and services on behalf of other departments. Such centralised procurement promised to be cost-efficient because it would achieve economies of scale. However, South Africa has long been plagued by corruption and wasteful expenditure, as reported annually by the Auditor-General. Revelations at the Life Esidimeni Commission of Inquiry<sup>3</sup> brought this problem into sharp focus, especially in relation to the Gauteng Department of Health. Unsurprisingly, therefore, the failure to combine centralised procurement by the department with strict controls resulted in lapses, abuse, and significant corruption. Positive steps to address this problem include the Zondo Commission of Inquiry, the ongoing prosecutions by the National Prosecuting Authority, and the Special Investigative Unit investigations in Gauteng.

As noted, the use of modelling (albeit with sound reasons) in an unprecedented situation led to an overestimate of critical care and general hospital bed requirements in Gauteng. The modelling, which was based on maximum readiness requirements, influenced subsequent decisions about spending on bed capacity. The community screening initiative also appears to have had a very low yield (less than 5%). These observations could raise questions about the cost-effectiveness of resource allocation in general; however, they should be evaluated within the overall context of the need to be prepared for any eventuality in the pandemic and to save lives.

---

<sup>3</sup> The Life Esidimeni tragedy involved the death of 143 people at psychiatric facilities following the termination by the Gauteng Department of Health of an outsourced care contract with Life Esidimeni Care Centre in October 2015, and the transfer of some 1300 patients to the care of their families, non-governmental organisations, and hospitals in a process that was later found to have been badly managed.

In the *Western Cape*, a concern was expressed around inadequate resources, including people, budgets, and funding, which negatively affected the provincial response to the pandemic.

The *Northern Cape* Department of Social Development reviewed its programme and undertook an overall reprioritisation process. It noted that some of its Covid-19 measures, such as the allocation of resources to homeless shelters, might be difficult to sustain after the lockdown. It was unclear whether the provincial treasury would reallocate funds to sustain these initiatives.

*KwaZulu-Natal* prioritised the social and health component of its response and allocated R1,242 billion to the Social Protection, Community and Human Development Cluster, with R5,082 billion in additional funding committed. The Department of Education in the province also reprioritised its budget to accommodate Covid-19 expenditure. Such budget reprioritisation occurred in all provinces.

## COMMUNICATION AND DIGITAL INNOVATION

### STRENGTHS IN COMMUNICATION AND INNOVATION

Because the pandemic affected all of society, excellent communication was needed across all spheres of society and government, especially between government and its people.

The *Gauteng City Region* benefits from an advanced electronic communications environment. Computer literacy among officials is high, which facilitated working from home and supported the continuity of the business of government. Working from home also sped up decision-making, as it discouraged the extended deliberations that often characterised meetings. Gauteng also benefited from digital innovation – the development of a screening/tracing app and a bed availability dashboard.

As noted, an existing service delivery hotline in Gauteng was repurposed for the Covid-19 response and was administered by the MEC for Social Development. The hotline's capacity was expanded from 20 staff operating in business hours to 250 staff working three shifts around the clock. This hotline was credited with organising the delivery of 4000 food parcels per day for each of the six districts. The Gauteng City Region also took advantage of its well-established 4IR (fourth industrial revolution) capabilities to improve its digital services, especially in townships. It also sped up the installation of fibre-optic cables to enhance job creation in business process outsourcing and assisted a global digital cloud company in creating 500 call centre jobs in Soweto. An online system to register informal traders for official permits was created to avoid queues. The Department of Agriculture likewise introduced an online system for farmer registration, as noted. Several departments have started to digitise the submission of forms for regulatory approvals.

Communication from senior figures, such as the president and the premier, helped ensure compliance early in the pandemic, especially given the clarity and decisiveness with which they communicated essential messages. The premier hosted television broadcasts, where he talked to scientific advisors and reiterated a strong public health message. He took the lead in informing the public in frank and forthright terms about the crisis around the procurement of PPE.

In the *Western Cape*, most hotspots relied on innovative technology, and the digitisation of business took centre stage. This included an intervention to support economic recovery for the tourism and hospitality sector and SMMEs. The Department of Health used the Single Patient View database, from which daily and weekly reports with a geographic focus were generated; this allowed hotspot teams to track the spread of the pandemic. Another example of a quality monitoring data platform was the Uniti system, an integrated information management and communication system procured by the Western Cape Disaster Management Centre in January 2020, just before the start of the pandemic. This system was rapidly set up and customised to support the management of quarantine and isolation facilities. It allowed users to enter and access data disaggregated to facility level, in real time, so that available rooms and beds could be tracked. Such effective communication and information sharing during the response contributed to the success of the hotspot strategy.

The *Northern Cape* involved existing community-based structures to intensify advocacy and ensure responsiveness to emergency cases. A WhatsApp group was created for the Provincial Disaster Management Centre, which facilitated communication and the sharing of reports on Covid-19 by the heads of the District Disaster Management Centres. A Municipal Managers' Forum was established, which met weekly. The provincial Department of Co-operative Governance, Human Settlements and Traditional Affairs created a video conferencing system for district mayors to help them assess progress and address challenges at municipal level. The health system in the province used technological advancements for tracking and tracing, including a mobile digital application and mobile testing facilities.

*Mpumalanga* used community development workers in various municipalities to share information on how people could access government services like grants and to run awareness campaigns. The community development workers reported directly to their supervisors or district coordinators who in turn reported to provincial coordinators. The Department of Education coordinated the provision of laptops and/or tablets for special schools, which facilitated online learning.

In the *Free State*, daily virtual meetings of the Covid-19 command team were convened to discuss cases, monitor progress, and provide guidance to districts.

The *Eastern Cape* improved its call centre capability, which combined the premier's hotline, the presidential hotline and other call centre platforms. The Provincial Disaster Operations Centre established a WhatsApp group early on, which was used to share information with the district joint operations centres. The centre also organised ad hoc meetings, and the district joint operations centres were invited to participate. The Sarah Baartman District Municipality established a 24-hour control room and communication centre and used environmental health practitioners to conduct health education, awareness-raising, and health promotion. Media engagements and social media posts were used to reach a wider audience, and multistakeholder roadshows were used to communicate lifesaving information. In the Amathole District, programmes to disseminate information were established, as were channels of communication between all spheres of

government, organs of state, communities, and the media. The district municipality also conducted health education, awareness-raising, and health promotion activities. Awareness campaigns were conducted by mayors, members of the mayoral committee, municipal officials and councillors. The Chris Hani District strengthened its communication mechanisms to ensure strong awareness; its leadership was out in full force to spread the message to all corners of the district.

*KwaZulu-Natal* sourced information on isolation and Covid-19 treatments from the hospital management services, the daily hospital surveillance (DATCOV) dashboard, and directly from public hospitals. The Department of Education used radio announcements to communicate the availability of food for learners. It also provided flyers to all schools and at strategic public places to encourage learners to come to schools to receive cooled food or food parcels during the school closures.

## WEAKNESSES IN COMMUNICATION AND INNOVATION

As noted, high data and connectivity costs reduced the effectiveness of some forms of communication. This also meant that the poorest and most vulnerable people could not, for example, register for food aid.

As noted in Chapter 4 on communications, government adopted a top-down, militaristic response that filtered into the language of communication (including the use of labels like ‘command centre’ and ‘war room’). This sent negative signals to ordinary people, many of whom encounter security personnel in an antagonistic manner. Another concern was the dominance of English in communications, such as in *Gauteng*, which missed the opportunity to reach all the country’s people in a language they understand. In the age of social media, mediating the impact of fake news only through the digital platform (as did the Office of the Premier in Gauteng) proved inadequate, and little effort was made to mediate the impact of fake news on social media.

The *Northern Cape* reported that many workplaces, including some provincial departments, could not provide for the possibility of working from home. Even where officials were able to work from home, managing and monitoring their work proved a challenge. Transversal systems such as the Personnel and Salary Administration System and the Basic Accounting System do not make provision for off-site connectivity. This, for example, delayed payment to SMMEs. Also, many workplaces still rely on paper-based systems, which meant people working from home could not access documentation. Limited access to technology and resources for remote working also affected senior and middle management and constrained business continuity.

In *Mpumalanga*, the pandemic exposed technological weakness in provincial departments. Problems ranged from limited staff skills to problems around secure connectivity for people working from home.

In the *Eastern Cape* the pandemic had a devastating impact on business continuity. This was exacerbated by the closure of offices for decontamination and significant disruptions in public services because employees were either in isolation or in quarantine. The closure of the Disaster Management Centre, the discontinuation of a WhatsApp group established by the Provincial Disaster Operations

Centre to communicate with district joint operations centres, and the stopping of the ad hoc meetings in which district joint operations centres participated left the latter with no clear process to raise issues of concern. This resulted in a gap between the provincial and district structures. In the Joe Gqabi District, although some departments participated in the district joint operations centres, others worked in isolation and did not always see a need to share information.

In *KwaZulu-Natal* information for contact tracing was collected manually, despite the existence of IT systems and applications developed both nationally and in the province. This might have affected the quality and verifiability of the data. Also, the hospital dashboard is based on data received from public hospitals; this requires stable connectivity, which was not always available.

## **INSTITUTIONAL CULTURE**

‘Institutional culture’ refers to a system of meaning and customs within and between institutions. This includes the underlying assumptions, belief systems, espoused values, and characteristics, such as norms, language, behavioural rituals and myths (Schein, 1992 cited in Bratton et al., 2005). The response to Covid-19 pandemic occurred within a culture of impunity and corruption, with predictable effects. In *Gauteng*, for example, political agendas were linked to the eligibility for food aid. Some councillors reportedly tried to use the food delivery scheme to encourage people to sign up to their political parties. Reports surfaced that laptops, cell phones and data allowances to assist in the collection of data and the disbursement of food parcels simply disappeared. The Gauteng City Region quickly responded to this unethical behaviour by removing councillors from the supply chain of food parcels to try to minimise such theft.

The hierarchical, top-down nature of governance in Gauteng also meant that frontline health workers or end users were not directly involved in decisions that affected patient care, nor were there adequate mechanisms in place to report challenges on the ground. In some instances, this break in communication with frontline staff resulted in the wrong consumables, PPE or ventilation being delivered to hospitals in Gauteng. There was a general sense that staff anxieties and fears were being downplayed, and there was no strategy for employee assistance or psychological support. The lack of consultation and engagement extended to the private health sector, which saw the Department of Health as being rigid, heavy handed, and top-down. The legacy of Life Esidimeni and the lack of accountability (including weak management, systemic neglect, and a weak culture of consequence management, exacerbated by bureaucracy and silos) militated against an effective response from the Department of Health.

The Gauteng City Region tried to integrate adaptive and self-reflective capabilities into its response, but these were sometimes confronted by a culture resistant to collaboration. Some work streams, like the one on relief initiatives, were slow to respond, which it attributed to the National Treasury’s procurement guidelines. The quality of reporting was undermined by departmental cultures that discouraged openness and critique in the presence of leadership and outsiders.

In the *Western Cape*, the hotspot strategy required a shift towards greater collaboration and more open, regular information sharing. The many previous efforts to improve institutional culture around collaboration and integration laid the groundwork for the hotspot strategy. The powerful examples of collaboration yielded by the hotspot approach have given many government officials a renewed appreciation of its value. In some ways, the crisis context gave government stakeholders impetus to act against to their historical approaches. For example, an initial reluctance to share important data between departments was overcome. It is worth noting that the hotspot team structure allowed not just senior managers but also staff closer to the front line to liaise across institutional boundaries and facilitate collaboration in more practical terms. Nevertheless, although much was achieved, a rigid interpretation of the regulations and narrow mandates proved limiting at times. To facilitate innovation and collaboration between departments and other government entities, the provincial government will need to explore the scope for reinterpreting or reforming certain regulations.

The strategy also offered many examples of community engagement. Some of the challenges encountered point to a need to change government's approach to working with non-state actors. A key theme is the importance of engaging communities in the design and implementation phases, rather than viewing them merely as recipients of government interventions. Two of the relevant guiding principles of the hotspot strategy are to '*build trust and local ownership*' and '*enabling support for local community-led initiatives.*'

In the *Northern Cape*, the requirement for effective and immediate government action exposed the limitations of the highly regulated and bureaucratic government system. Existing government corporate and business processes were not always able to adapt to a different way of working while ensuring that service delivery was not compromised.

In *Mpumalanga*, some boreholes were installed with running taps within a week during the pandemic, after years of service delivery protests. This reveals a troubling culture of neglect. Why did it take a crisis for the Mpumalanga provincial administration to act?

## FINAL REFLECTIONS

This chapter provided some insights into the measures used to reduce the spread of Covid-19. It is evident from the data submitted by each province that the context within which a province functioned determined its response to the pandemic.

The pandemic exacerbated poverty, inequality and deprivation. Provinces had to plan for feeding schemes, the provision of water, and health services, including hospitals and extra beds. How they fared reflected their ability to build on existing structures to respond to an unprecedented pandemic. As this chapter shows, responses often faced significant obstacles. Some provinces had difficulty creating synergies to work on common initiatives with other role players. The potential public-private partnerships, especially in health, did not always materialise, as each side appeared to be hampered by preconceived notions about the other.

There were some successes. In their own way, each province used existing communication systems to create awareness of the pandemic and impress on people the need for basic precautions. Provinces creatively used existing data and combined it with new data (obtained through the use of effective communication) to establish lists of indigent households in need of food support. The question of nutritious food to promote health made provinces look into the food parcels and offer something healthy rather than simply something to satiate hunger.

Overall, the provincial responses to Covid-19 had mixed outcomes. The positive and negative consequences of the responses were influenced and framed by existing conditions in each province. In moving forward, provinces need to take advantage of those conditions that support their pandemic responsiveness and urgently address conditions that increase their vulnerability. Lessons from the pandemic response should form the basis for honest and sincere conversations among the provinces to reset systems, structures, processes and operations of governance in support of better service delivery.

## REFERENCES

- Bratton, J., Grint, K. & Nelson, D. L., 2005. Organisational leadership. Southwestern College Pub, London.
- Corbin, J. & Strauss, A., 2007. Basics of qualitative research (3rd ed): Techniques and procedures for developing grounded theory. SAGE Publications, Inc., Los Angeles.
- Schein, E. H., 1992. Organizational culture and leadership. Jossey-Bass Publishers, San Francisco.

## CASE STUDY REPORTS

- Eastern Cape Province, 2021. Local government input to the Country Report: Executive summary [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- Free State Provincial Government, 2021. Covid-19 rapid evaluation [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- Gauteng Province, 2021. Gauteng City Region's efforts to combat the impact of Covid-19: A provincial deep dive [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- Joe Gqabi District Municipality, 2021. Local government Covid-19 case study campaign [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- KwaZulu-Natal Province, 2021. Rapid evaluation of the KwaZulu-Natal Covid-19 implementation plan: Preliminary report [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- Mpumalanga Province, 2021. Mpumalanga Province's responses to Covid-19: Interventions, experiences and lessons learned [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.
- Northern Cape Province, 2021. Monitoring report on the implementation of economic and social measures to combat Covid-19 [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.

Sarah Baartman District Municipality, 2021. Local government Covid-19 case study campaign [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.

Western Cape Government, 2021. Covid-19 and the Hotspot strategy in the Western Cape [Case study]. South Africa Covid-19 Country Report [First edition]. DPME (Department of Planning, Monitoring and Evaluation), GTAC (Government Technical Advisory Centre) & NRF (National Research Foundation), Pretoria.

## ANNEX 9.1: RESEARCH METHODOLOGY

### RESEARCH PROCESS

All nine provinces received a formal request from the DPME to gather and submit data on the effectiveness of their Covid-19 measures. This request was addressed to the provincial directors-general, who were also informed that their submission would contribute to a report on lessons learnt from the implementation of Covid-19 measures since January 2020.

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

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

These issues reflect the tenor of the national approach to the pandemic and were shared as guiding criteria with the provinces. Each province could adapt them to suit their particular contexts. Not all provinces complied – written reports from Limpopo and the North West remain outstanding. Gauteng, KwaZulu-Natal, the Eastern Cape, the Northern Cape, the Western Cape, and Mpumalanga submitted reports, but the Free State submitted only an executive summary. All provinces were invited to present their findings at a workshop in May 2021, called ‘Covid-19 – Provinces in the Frontline’.<sup>4</sup> Data presented by the Limpopo Province was included as its submission and the Free State presentation was used to complement data in the executive summary. No data was received from the North West. In all eight provinces that responded, the study was located in the premier’s office.

### RESEARCH DESIGN AND METHODOLOGY

Once provinces received the brief with its terms of reference from national level, each had to operationalise it and collect the data. The terms of reference took into consideration the specific contexts of provinces and allowed them to determine their data gathering methods. As noted, seven provinces submitted full reports, one submitted an executive summary, and one, the North West, failed to present any findings. It was evident from the submissions that provinces used a range of methods, both qualitative and quantitative, to gather information. The mixed method approach allowed provinces to engage with the complexities of Covid-19 and design a research method appropriate to their contexts.

A review of the provincial reports showed that they were guided by the single focus of assessing the quality of measures adopted to respond to this unprecedented pandemic. The reports differed in

---

<sup>4</sup> ‘Covid-19 – Provinces in the Frontline’ was an online workshop held on 20 and 21 May 2021. On the first day of the workshop, provinces presented their initiatives for dealing with the spread of Covid-19.

emphases, as reflected in this chapter. More importantly, this exercise gave each province invaluable insights into the effectiveness of their measures and an understanding of why and how they could enhance their service delivery in the face of a deepening crisis now and in the future.

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

### **Gauteng**

Gauteng used a case study methodology as its principal method to generate data. It identified major themes and appointed lead experts in the different areas to conduct the research; staff in the Premier's Office provided technical support. This study concentrated on collecting information from the Gauteng City Region and from its metros, districts and local municipalities. Academic experts were tasked with producing a report on health and the health systems response; governance, leadership and decision-making; the economic response to Covid-19; food security; the education response; resource allocation, prioritisation and the public health response; and community mobilisation, communication and change management.

### **KwaZulu-Natal**

KwaZulu-Natal adopted a rapid evaluation methodology to assess its performance and interventions, more so because it allowed for real-time evaluations. The province was particularly interested in assessing the overall impact of its Covid-19 Implementation Plan and plans to use the outcomes to identify both successes and areas for improvement. It collected detailed information from the Covid-19 Implementation Plan and the First Quarter Provincial Covid-19 Progress Report to develop a comprehensive Excel spreadsheet of interventions (22), outcomes (30), outputs (71), and targets against specified indicators, where applicable. This was an extensive undertaking, and a two-phased approach was adopted to ensure that the data collected was a reliable and true reflection of measures implemented. Phase 1 entailed a comprehensive collection of data for four quarters on all the interventions being evaluated. Phase 2 included focus group engagements and verification exercises.

### **Eastern Cape**

The Eastern Cape adopted a qualitative data gathering method, guided by the role of local government in implementing strategies to respond to the pandemic. It asked each of its five district municipalities (Amathole, Chris Hani, Joe Gqabi, OR Tambo, and Sarah Baartman) to compile a report, along with the Nelson Mandela Bay and Buffalo City Metros. (Four submitted reports and participated in the peer review.) The Office of the Premier, through the Provincial Disaster Operations Centre, initiated a process for the submission of reports, based on a standardised framework of reference. The district municipalities prepared reports and submitted them to the Office of the Premier. The province used officials already involved in the management of the pandemic at local, district and provincial level to gather data. It was guided by the terms of reference and added other areas of concern, including male

initiation, liquor controls, and compliance with Covid-19 protocols. The process benefited from having a functional District Joint Operations Committee, which could report on its diverse activities.

### **Northern Cape**

The Northern Cape adopted a case study methodology and used a qualitative self-reporting technique to gather data on measures implemented to curb the spread of Covid-19. The Office of the Premier's Performance Monitoring and Evaluation component coordinated this exercise. The study examined the effectiveness of its responses and identified challenges in implementing measures to meet national and provincial targets. To this end, it considered, among others, issues of policy in the province, the contribution of social partners, issues of governance, and the use of the District Development Model to identify successes and make further recommendations.

### **Western Cape**

The Western Cape sees its Covid-19-related interventions as a dynamic process. The provincial government prioritises evidence-based decision-making but recognised the importance of doing so within this rapidly changing environment. The pandemic shaped the institutionalisation of the data and evidence services in the Western Cape, and the province emphasised the availability of data and its quality, spatial analytics, and data sharing practices. This helped ensure a coherent data landscape, was dynamic, and informed decision-making. The Provincial Data Office in the Department of the Premier proved to be a trusted partner with key data producers and users. Data and evidence initiatives include Covid-19 spatial vulnerability and population profiles and synthesis briefs. These not only broadly reflected the state of the pandemic but also served to monitor progress in reducing transmission and limiting the impact of Covid-19. Survey research provided a quick diagnostic, and rapid evaluations were timeously disseminated, providing useful evidence on key thematic areas. The Western Cape Government has adopted this method as a sustained approach to help evaluate strategies and produce insights into its interventions.

For this case study, a rapid evaluation methodology was employed to provide contextual information on the status of interventions to curb the spread of Covid-19 within specific geographic areas referred to as 'hotspots.' The assessment team drew from traditional evaluation competencies and technical capabilities in evaluation, methodology research, data quality, and data analytics in the Western Cape Government. This team combined data analytics, document analysis, an online survey, and virtual focus group interviews. Management in the municipalities and districts of the province, sectoral heads (including health, safety and security, and communication leads), and community groups and non-governmental organisations were targeted for data collection. The information obtained was then analysed to identify both the successes of the hotspot strategy and any challenges to be addressed.

### **Mpumalanga**

Mpumalanga focused on collecting data on best practices implemented in the province at local level in response to the pandemic. The province asked the University of Witwatersrand and Health Systems

Innovation to conduct the case study. They agreed on a mixed method approach that combined quantitative and qualitative methods. These included desktop research and interviews of key informants. Research foci for this study included the provincial responses to Covid-19, people's responses to the different lockdown levels, and their responses to social relief initiatives. Information obtained was then used to determine the impact of the initiatives and make recommendations.

### **Free State**

The Free State adopted a case study method and used information obtained on a quarterly basis from different sectors on the management of the Covid-19 pandemic. This allowed it to review various themes, with case studies on different sectors. In health, it considered the importance of Covid-19 screening in controlling the pandemic and specifically assessed why targeted screening had yielded better results than community screening. Other focus areas were the nature and extent of support to residents through food relief, the implementation of quarantine sites, support to homeless people and older persons, and how the education sector tried to minimise disruptions in this sector.

To conduct this study, the province adopted a combined methodology of doing desktop research, collecting information (especially on the reporting process) from the different provincial departments, and interviewing officials of the Free State Province responsible for the different interventions. This work was conducted by the Monitoring and Evaluation Branch of the Office of the Premier in consultation with different stakeholders.

### **Limpopo**

Based on its presentation at the above workshop, Limpopo appears to have adopted a case study methodology. This resonated well with its approach of targeting specific themes in health, social issues, governance, and economics. Initially, the province intended to collect primary data through fieldwork and to substantiate this by collecting secondary data from government departments and the Provincial Command Council.

The Office of the Premier was involved from the start in establishing measures to respond to the pandemic. The higher education institutions in the province (the Universities of Limpopo and Venda) were involved, along with the Tshwane and Vaal Universities of Technology, and the University of South Africa. Other stakeholders included government officials, the private sector, non-governmental and non-profit organisations, and civil society.

The aim of the analysis was to capture measures adopted by government entities and other participants in responding to Covid-19. This information was then analysed to provide insights on the effectiveness of these measures.

## ANNEX 9.2: THEORETICAL FRAMEWORK

This chapter presents a consolidated view of both the positive and the negative impacts of provincial responses to Covid-19, drawn from case studies of the different provinces. Its framework of analysis is adapted from the conditional/consequential framework of Corbin and Strauss (2008). This framework has four basic components:

1. There are *conditions*. According to Corbin and Strauss, these allow a conceptual way of grouping answers to questions about why, where, how, and what happens. These reveal the circumstances or conditions that lead to certain actions. They could relate to the declaration of the national state of disaster, the policy and legislative context, institutional culture and leadership style, and the like.
2. There is a *phenomenon*, in this case the Covid-19 pandemic.
3. There are *actions, interactions, and emotions*. These are the responses of individuals and/or groups to situations, problems, and events. In this case, interactions and emotions represent the actual process of responding to the pandemic in the provinces.
4. There are *consequences* – the outcomes and/or impact of the interactions. Consequences answer the question of what happened as a result of those interactions in response to the pandemic.

All eight provinces heeded the DPME guidelines and provided information on two valuable aspects of dealing with Covid-19: they reported on their achievements and identified emerging shortcomings. Like anywhere else in the world, provincial governments in South Africa hardly had enough time to debate the merits and demerits of measures they could use against Covid-19. Swift action was needed, and the gravity of possible infection became the context within which they had to plan, strategise and implement. Covid-19 was an unknown threat, and although focusing on people's safety was the appropriate response at the time, it was understood that a knowledge base had to be built to inform future decisions. While the overarching aims, strategies and measures were passed down from the national level, they gained credibility at the provincial level.