

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

MONDAY, 30 NOVEMBER 2020

### COMMITTEE REPORTS

**REPORT OF THE AD HOC COMMITTEE ON COVID-19 ON ITS OVERSIGHT AND PUBLIC PARTICIPATION ACTIVITIES UNDERTAKEN DURING THE PERIOD 14 APRIL 2020 TO 24 NOVEMBER 2020.**

#### **Report 8/ 2020: Final Report 2020**

**Report of the Ad hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.**

### INDEX

1.	Purpose of the report .....	371
2.	Establishment of the Committee .....	371
	2.1 Election of Chairperson .....	372
	2.2. Adoption of themes .....	372
	2.3 Rules of engagement.....	373
3.	Context and trajectory of the COVID-19 virus in the Western Cape .....	373
4.	Health Department Responses and Preparations.....	378
5.	Policing, Security and Police Brutality .....	388
6.	Food Security .....	391
7.	Protection of the Vulnerable .....	393
8.	Disaster Management and Local Government Oversight.....	396
9.	Economic Recovery, Support and Livelihoods.....	398
10.	Transport and Infrastructure .....	400
11.	Schooling and Education .....	402

12.	Human Settlements.....	404
13.	Citizen Surveillance .....	405
14.	Intergovernmental Relations and Community Cooperation .....	406
15.	Government Finance and Budgets .....	409
16.	Public participation.....	411
	16.1 Citizen Engagement.....	412
	16.2 Oral Submissions.....	427
	16.3 Public Input .....	435
17.	Recommendations .....	448
18.	Concluding remarks .....	450
19.	Postscript: A second wave? .....	451
20.	Annexures .....	452
21.	List of Acronyms.....	486

## 1. Purpose of the Report

The purpose of this report is to report to the House, in compliance with Standing Rule 89(1), on the oversight work of the *Ad hoc* Committee on COVID-19 (the Committee) as assigned to it in terms of Standing Rule 119 and as required of it at its establishment (ATC 14 April 2020 No. 22/2020).

This report includes the establishment of the *Ad hoc* Committee, the details of the exercising of *Ad hoc* Committee's mandate, public participation, recommendations and committee decisions between April and November 2020.

## 2. Establishment of the Committee

The *Ad hoc* Committee on COVID-19 was established by the Speaker of the Western Cape Provincial Parliament (WCPP) on 14 April 2020 in accordance with Standing Rule 119(1)(b) of the Standing Rules of Western Cape Provincial Parliament, ATC 14 April No. 22/2020.

The ad-hoc committee was given the assignment to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any provincial organ of state and any provincial entity involved in activities dealing with the pandemic.

After consulting all seven (7) political parties represented in the Western Cape Provincial Parliament and all input considered, it was been resolved that the Committee shall consist of fifteen (15) Members, as follows:

### Members

- Democratic Alliance: Eight (8) Members (Hon R I Allen, Hon D America, Hon D M Baartman, Hon G Bosman, Hon D G Mitchell, Hon W F Philander, Hon A P van der Westhuizen, Hon M M Wenger; Alternates: Hon L J Botha, Hon R D MacKenzie, Hon L M Maseko).
- African National Congress: Three (3) Members, but elected not to participate.
- Economic Freedom Fighters: One (1) Member (Hon M Xego).
- Other smaller opposition parties: Three (3) Members jointly (Hon B N Herron [GOOD], Hon F C Christians [African Christian Democratic Party], Hon P J Marais [Freedom Front Plus], Al Jama-ah elected not to participate).

On 16 April 2020 (ATC No. 23/2020) the Committee membership was amended to include Members of the African National Congress as follows:

- African National Congress: Three (3) Members, (Hon C M Dugmore, Hon P Z Lekker, Hon R Windvogel; Alternates: Hon N G Nkondlo, Hon M K Sayed, Hon D Smith).

**Procedural Staff:**

- Ms Z Adams, Procedural Officer
- Ms L Cloete, Senior Procedural Officer

The Committee had all the general powers conferred upon committees in accordance with the Standing Rules (Rule 91), as well as any other power, where applicable, conferred upon committees generally in accordance with the Standing Rules (Rules 77–95). (ATCs included in Annexure A)

The Committee was requested to meet by way of electronic means until such time as the spread of the virus has been adequately contained so as to render in-person meetings safe. All meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the WCPP Programming Authority, to enforce social distancing rules. Five of the Committee’s meetings were conducted during level 5 lockdown during which time all South Africans were confined to their homes. The Committee was instructed to report regularly on its findings. The Committee has tabled five reports, as follows:

ATC 30, 15 May 2020, Report 1/2020 – April 2020 activities

ATC 45, 1 July 2020, Report 2/2020 – May 2020 activities

ATC 54, 27 July 2020, Report 3/2020 – June 2020 activities

ATC 77, 25 September 2020, Report 4/2020 – July 2020 activities

ATC 95, 13 November 2020, Report 5/2020 – August 2020 activities

Report 6/2020 – September 2020 activities – Adopted by the Committee on 24 November 2020

Report 7/2020 – October 2020 activities – Adopted by the Committee on 24 November 2020

**2.1 Election of Chairperson**

On 17 April 2020, Member MM Wenger (DA) was elected by the Committee to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. This was published in the ATC of 20 April No. 25/2020.

**2.2 Adopted Themes**

On 17 April 2020, the Committee adopted 12 themes around which it would conduct its oversight work over government response to the COVID-19 pandemic, also agreeing to hold two meetings per week, given the urgency of the matter. Each meeting would primarily focus on one theme. The 12 adopted themes were as follows:

1. Health Department Responses and Preparations
2. Policing, Security and Police Brutality
3. Food Security
4. Protection of the Vulnerable
5. Disaster Management and Local Government Oversight
6. Economic Recovery, Support and Livelihoods

7. Transport and Infrastructure
8. Schooling and Education
9. Human Settlements
10. Citizen Surveillance
11. Intergovernmental Relations and Community Cooperation
12. Government Finance and Budgets

### 2.3 Rules of Engagement

**Rules of Engagement during virtual meetings were indicated as follows:**

1. All meetings would be open to members of the public and media via livestreaming;
2. All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3. Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
4. All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
5. Participants must switch off their microphones once they are finished speaking;
6. Section 10 of the Directives ATC'd on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that "in instances where these directives are not clear or do not cover a particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final".

### 3. Context and trajectory of the COVID-19 virus in the Western Cape

On 31 December 2019, the World Health Organisation (WHO) became aware of a 'viral pneumonia' in Wuhan, People's Republic of China<sup>1</sup>. The virus was first referred to as the "novel coronavirus 2019" by the WHO and was officially named SARS-CoV-2 on February 11, 2020 by the International Committee on Taxonomy of Viruses, and the disease caused by the SARS-CoV-2 virus is now known globally as 'COVID-19'<sup>2</sup>.

The Coronavirus disease or COVID-19 is an infectious disease caused by a newly discovered coronavirus and is spread through the droplets spread by infected individuals. COVID-19 has a broad clinical spectrum, ranging from asymptomatic infection or mild upper respiratory tract illness to multifocal pneumonia, respiratory failure, and death<sup>3</sup>.

To date (as at 17 November 2020), globally, there have been 55 676 150 confirmed cases, 1 338 057 deaths and 38 819 890 recoveries<sup>4</sup>.

On Thursday 5 March 2020, the National Institute for Communicable Diseases (NICD) confirmed the first positive COVID-19 case in South Africa<sup>5</sup>. Less than a week later, on the 11<sup>th</sup> March 2020,

<sup>1</sup> <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/interactive-timeline#!>

<sup>2</sup> <https://thepathologist.com/subspecialties/the-covid-19-pandemic-a-summary>

<sup>3</sup> <https://thepathologist.com/subspecialties/the-covid-19-pandemic-a-summary>

<sup>4</sup> <https://www.worldometers.info/coronavirus/>

<sup>5</sup> <https://www.nicd.ac.za/first-case-of-covid-19-coronavirus-reported-in-sa/>

the National Minister of Health, Zweli Mkhize, announced the first laboratory confirmed case of COVID-19 in the Western Cape<sup>6</sup>. On this same day, the WHO declared the COVID-19 outbreak as a pandemic.

On 15 March 2020, President Cyril Ramaphosa declared a national state of disaster in terms of the Disaster Management Act in order to integrate and coordinate disaster management mechanisms to prevent and reduce the outbreak of COVID-19<sup>7</sup>. On 23 March 2020, the President announced that South Africa would be placed under a nation-wide hard lockdown<sup>8</sup>. This level 5 lockdown was in place between 26 March and 30 April<sup>9</sup>. South Africans were legally bound to stay at home during this time, and the borders were closed. Exceptions were permitted for people to leave their home, which was limited to essential services (performing, getting or receiving) and for emergency or chronic medical attention. Grocery stores, pharmacies, banks and other essential services remained open, and retail shops and shopping malls closed, except where essential goods were sold on condition that the person in control ensured safe distancing and hygiene conditions<sup>10</sup>. Lockdown restrictions were implemented via Disaster Management Act Regulations (Regulations), and through a 5 level tiered lockdown approach. Level 1 being the least restricted and level 5 being the most restricted. The lockdown level was eased to level 4 on 1 May 2020, level 3 at the end of May and the country, as at 24 November 2020, remains in a declared State of Disaster on level 1, with certain international borders opened<sup>11</sup>.

## Cases

From the first case on 11 March 2020, the Western Cape, as at 24 November 2020, had a total of 121 139 COVID-19 cases reported, 112 371 recoveries, and 4 474 deaths<sup>12</sup>. Since 13 March 2020, the Western Cape has not recorded a single day with no new COVID-19 cases. At the peak, the highest number of new cases recorded on a single day was 2 349 on 4 June and South Africa's highest new cases on a single day was 13 944 on 24 July 2020. On 6 July the Province recorded its highest number of active COVID-19 cases, at 18 566. By comparison, other provinces recorded higher active case numbers at their peak with Gauteng at 77 368 active cases, the Eastern Cape at 19 638 and KwaZulu-Natal at 44 298 active cases. See Annexure B for provincial breakdowns of daily new cases and active cases.

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<sup>6</sup> <https://www.westerncape.gov.za/news/first-case-covid-19-confirmed-western-cape>

<sup>7</sup> <http://www.thepresidency.gov.za/press-statements/statement-president-cyril-ramaphosa-measures-combat-covid-19-epidemic>.

<sup>8</sup> <https://www.gov.za/speeches/president-cyril-ramaphosa-escalation-measures-combat-coronavirus-covid-19-pandemic-23-mar>

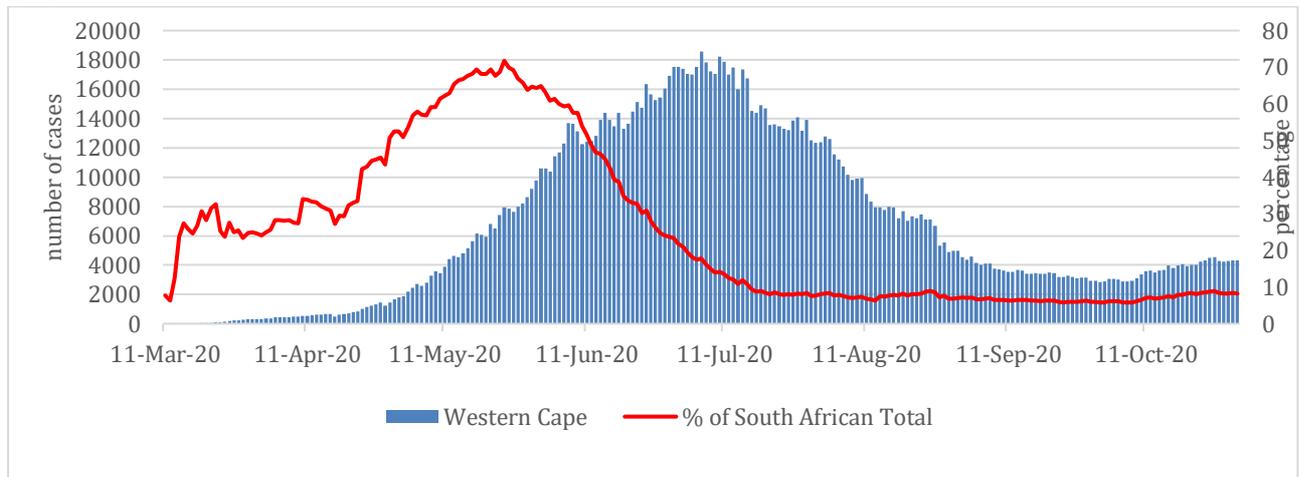
<sup>9</sup> <https://coronavirus.westerncape.gov.za/frequently-asked-questions/about-lockdown/frequently-asked-questions-about-lockdown-alert-level-5>

<sup>10</sup> <https://coronavirus.westerncape.gov.za/frequently-asked-questions/about-lockdown/frequently-asked-questions-about-lockdown-alert-level-5>

<sup>11</sup> <https://www.gov.za/covid-19/individuals-and-households/travel-coronavirus-covid-19>

<sup>12</sup> Press Statement by Premier Alan Winde on updated Coronavirus statistics 17 November 2020

**Fig 1: Percentage of Active Covid-19 cases in the Western Cape, 11 March to 31 October 2020**



Source: WITS University Covid-19 Dashboard, Provincial Breakdown:// <https://www.covid19sa.org/provincial-breakdown>.

This graph shows that the Western Cape shifted from a peak of 70% of national active cases in mid-May to a constant average of approximately 10% of active cases in South Africa from the start of August 2020<sup>13</sup>.

**Testing**

With respect to testing, the Western Cape managed to test, in the public sector during the highest testing phase in July, 506 people per 100 000 of the population. Testing levels in November are approximately half this, at 236 per 100 000 in the last week of October 2020.

**Table 1: Number of tests conducted per 100 000 people per week per province**

Province	Tests conducted per 100 000 people per week Per Province - For Weeks Ending 26 April to 31 October 2020																																		
	April					May					June					July					August					September					October				
	26	3	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31							
Western Cape	251	285	330	330	485	494	444	394	401	463	506	427	392	398	299	256	219	219	211	199	214	163	160	198	237	266	256	236							
Eastern Cape	137	175	196	125	184	213	214	321	358	525	495	444	340	295	216	158	116	112	98	91	115	112	112	143	140	144	174	172							
Northern Cape	28	55	78	81	79	82	82	94	84	110	151	139	138	298	474	435	360	435	404	396	435	374	366	386	404	387	367	280							
Free State	163	192	193	251	352	271	292	273	248	395	493	608	614	722	601	473	379	352	338	293	327	250	247	346	368	375	356	272							
Kwazulu-Natal	145	171	144	144	165	169	160	162	158	299	432	506	528	492	400	310	233	208	175	152	156	129	127	135	148	150	157	141							
North West	17	29	62	49	51	59	76	98	123	162	181	211	206	199	162	143	106	107	96	106	109	93	91	115	107	118	115	104							
Gauteng	155	173	265	183	229	247	283	376	432	553	666	671	573	494	363	303	233	213	203	183	195	153	150	196	211	219	226	208							
Mpumalanga	27	54	73	63	68	73	78	103	113	118	200	248	255	282	253	223	165	154	133	106	110	88	87	122	118	118	127	118							
Limpopo	32	24	44	49	51	51	48	53	54	85	95	91	115	125	101	85	69	66	57	49	49	44	44	50	54	54	50	44							
Total	129	150	184	168	204	210	215	253	270	371	450	458	422	400	316	255	198	186	170	154	165	134	132	165	176	183	187	169							

Source: NICD weekly testing summary reports

\* NICD weekly summary reports provide testing data for the public sector, however, it does not provide testing data for the private sector

In early June, the Western Cape Government took the decision to limit testing criteria as a result of testing backlogs by the National Health Laboratory Service, with a Western Cape backlog of approximately 27 000 tests<sup>14</sup>. The decision was taken to only test those at the highest risk and

<sup>13</sup> Research report by WCPP Knowledge Management and Information Services on a detailed summary of selected COVID19 data per province and indicators on response of Western Cape Government and Health Dept. for the Period March 2020 to October 2020.

<sup>14</sup> <https://coronavirus.westerncape.gov.za/news/statement-premier-alan-winde-our-testing-strategy-focused-saving-lives>

most vulnerable of dying from COVID-19 infection in the Cape Town Metropolitan area. By limiting testing, the backlog was eradicated and test results could be returned within 48 hours.

Since then, in early October, the testing criteria was expanded so that anyone in the province experiencing COVID-19 symptoms can be tested, as well as pre-operative testing for coronavirus asymptomatic patients, natural deaths occurring at home in persons who had coronavirus symptoms, Health Care Workers and persons who previously tested positive, but have developed new symptoms (90 days after their first test)<sup>15</sup>.

The test positivity rate, the rate at which diagnostic tests conducted are found to be COVID-19 positive, ranged from 29% positivity rate during the peak in July, to current levels of below 10% since late August which have been maintained.

**Table 2: Average weekly positivity rate (%) per province**

Province	Average Weekly Positivity Rate (%) Per Province - For Weeks Ending 26 April to 31 October 2020																																		
	April					May					June					July					August					September					October				
	26	3	9	16	23	30	6	13	20	27	4	11	18	25	1	8	15	22	29	5	12	19	26	3	10	17	24	31							
Western Cape	7.5	10.4	16.6	18.5	20.2	23.1	24.5	27.0	28.2	29.0	29.0	26.5	24.4	23.1	20	17	15	13	9.5	8.3	6.8	7.5	7.5	6.9	8.5	6.9	9.4	8.6							
Eastern Cape	3.4	3.9	5.8	8.4	7.9	10.8	15.2	19.1	27.0	32.3	35.2	37.0	36.2	33.9	30	23	17	14	12.4	10.1	9.4	9.4	9.4	9.3	10.1	11.8	16.2	21.5							
Northern Cape	0.0	1.3	0.6	0.7	0.7	1.2	2.1	6.9	4.7	8.0	11.8	15.6	25.9	25.1	23	28	24	25	26.0	26.5	28.1	31	30.6	27.6	23.7	23.0	17.8	13.2							
Free State	0.1	0.2	0.6	1.2	1.0	1.3	1.1	2.7	4.9	8.0	13.2	20.8	30.4	32.0	33	32	29	27	24.8	23.4	23.6	25	25.4	21.7	22.7	23.6	19.7	16.8							
Kwazulu-Natal	1.3	1.1	1.2	1.9	1.7	4.1	3.2	4.3	9.2	14.6	20.5	26.7	30.9	33.4	31	27	19	16	13.8	10.1	7.0	6.3	6.3	5.3	4.1	5.0	5.4	5.5							
North West	1.4	0.5	0.6	1.7	1.7	3.7	7.2	11.2	15.5	18.5	27.6	35.1	37.0	33.4	34	27	28	21	20.2	18.6	19.3	20	19.9	17.5	17.9	23.3	24.6	19.8							
Gauteng	1.7	1.2	1.1	1.9	1.7	3.0	5.2	11.2	17.6	24.4	29.1	32.8	34.1	30.9	29	23	18	15	11.7	9.6	7.0	6.7	6.8	6.0	6.3	5.3	5.2	5.7							
Mpumalanga	1.9	1.0	0.5	2.1	2.0	2.7	4.4	5.8	8.5	12.3	17.2	25.8	33.0	34.8	35	30	28	23	18.4	16.0	15.1	15	15.1	10.7	11.3	14.6	12.3	11.4							
Limpopo	0.1	0.6	0.4	0.4	0.6	0.6	1.1	3.8	5.5	11.1	15.6	17.6	20.6	21.8	22	21	20	19	15.0	15.1	16.6	20	19.1	16.7	15.0	17.5	15.9	16.1							
Total	3.0	3.5	4.9	7.3	7.5	9.5	10.4	13.5	18.6	23.0	26.0	29.5	31.5	30.8	29	25	20	18	15	12.7	11.2	12	11.6	10.2	10.2	11.0	11.2	11.0							

The first COVID-19 related death in the province was recorded on 27 March 2020. Since that date, the highest number of deaths on a single day was 73 on 15 June and the accumulated number of deaths in the province is 4 474 as at 24 November 2020.

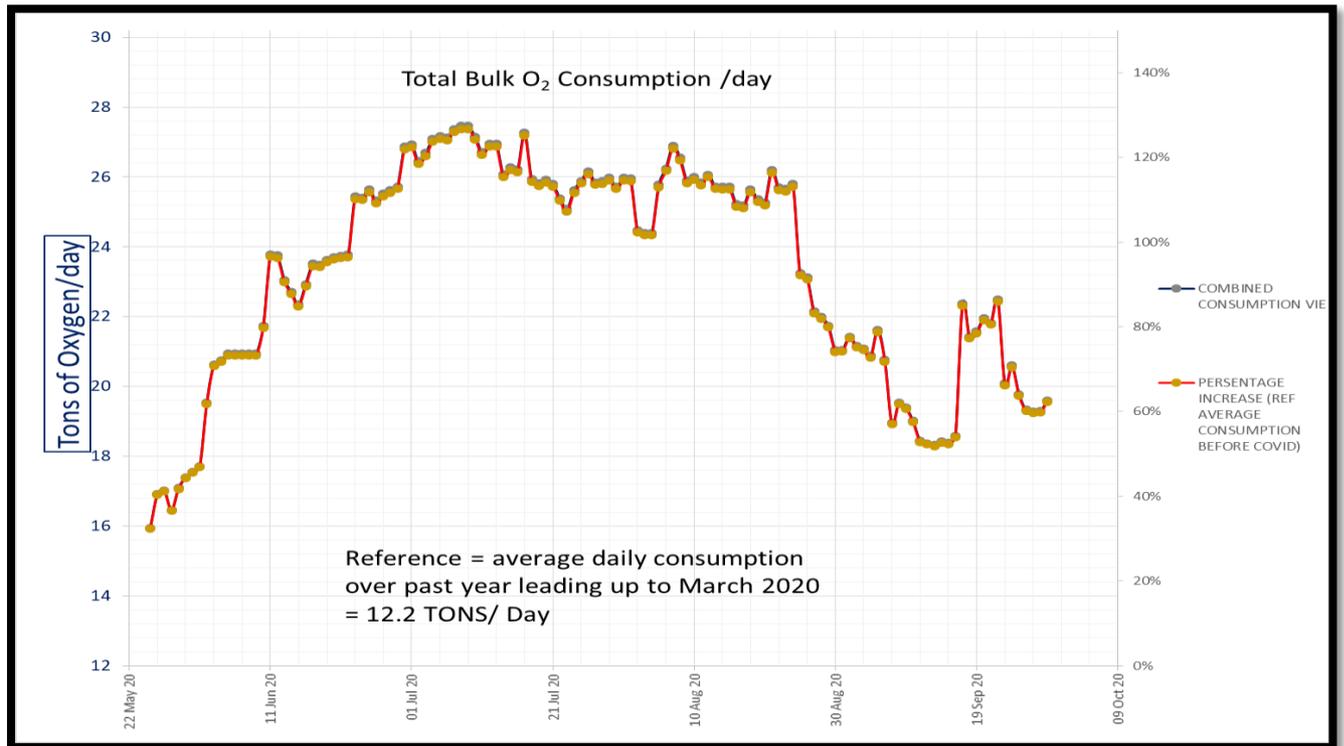
## Oxygen supply

The Health Department informed the Committee that research and interventions conducted showed that treating patients with high-flow nasal oxygen resulted in more recoveries from the disease than via the use of ventilators, in both high care environments and acute environments. As a result, significant capacity has been added in terms of infrastructure and equipment for high flow nasal oxygen use and oxygen consumption has been managed.

The Committee was informed that at the end of June and beginning of July 2020 the Province peaked in terms of how much oxygen it was using on a daily basis. Since then, oxygen use has decreased. At the peak, the Province was using approximately 62% of its daily oxygen allocation. The Western Cape therefore managed to ensure that oxygen supply was adequate for what was needed and did not experience strained oxygen supply like other provinces<sup>16</sup>.

<sup>15</sup> <https://coronavirus.westerncape.gov.za/news/western-cape-expands-covid-19-testing-criteria>

<sup>16</sup> <https://medicalxpress.com/news/2020-07-oxygen-covid-surges-south-africa.html>

**Fig 2 Oxygen Supply by the Western Cape Department of Health**

The Western Cape currently has 4 294 active COVID-19 cases in the province.

The Province has weathered the peak of infections and the health system managed high infections and hospitalisations without being overwhelmed. By all accounts, the Western Cape has fared very well during these trying times. The Western Cape Government has been open, transparent, and trusting of residents to make responsible choices for themselves. The Premier took the public into his confidence – on the good and bad – every step of the way, as we planned for the worst and hoped for the best. A sophisticated data system was developed to track infections over time for a data-led strategy to fight Covid-19. This was shared on a public dashboard to keep citizens regularly informed. The dashboard won the silver award for "Best use of technical innovation" in the 2020 New Generation Social & Digital Media Awards--the only government department shortlisted in any of the award categories<sup>17</sup>.

Three state of the art field hospitals were built, recognised by leading epidemiologists as success stories of effective leadership. Medical innovations have also arisen such as the diabetic project run by the Western Cape Department of Health, which reduced the mortality rate amongst diabetics from 28% to 4,5%. In addition, the Western Cape Government in conjunction with the City of Cape Town and other partners has developed systems to monitor COVID-19 outbreaks through screening waste water. The Transport Department Red Dot system since April has safely transported healthcare workers in over 70 000 passenger trips over 1,1 million passenger kilometres and completed over 10 000 passenger trips for those going to and from quarantine and isolation facilities. A whole of government and whole of society approach was mobilised to achieve all these things.

<sup>17</sup> <https://www.newgenawards.co.za/news/2020/new-gen-awards-announces-its-2020-winners>

## **4. Health Department Responses and Preparations**

### **4.1 22 April 2020: COVID-19 Situational Report: Briefing by Western Cape Premier and Provincial Director-General; and a Briefing by the Western Cape Minister of Health and the Head of the Western Cape Department of Health on Responses and Preparations for the Pandemic**

- 4.1.1** A “Whole of government and society” approach was needed to combat the pandemic, however, the availability of services did not ensure ease of accessibility to those services.
- 4.1.2** It was projected that there would be approximately 80 000 cases of COVID-19 at its peak in the Western Cape, projected to occur in mid-August 2020. This figure did not include persons who could be asymptomatic. This meant that all work streams would be under severe pressure, and that government had to prepare for the escalation of new cases admitted to hospitals. This preparation included the development of temporary hospitals to relieve healthcare facilities from strain brought upon by the increase of new cases. However, there would still be a shortage of hospital beds.
- 4.1.3** Issues such as hunger and starvation, unemployment and looting could further exacerbate the situation in the Western Cape. A Western Cape Government (WCG) call centre was established to handle requests for assistance. This call centre has received approximately 10 000 calls a day, which has resulted in a backlog of cases that require assistance. However, volunteers have been recruited from WCG departments to respond to requests for assistance. The Western Cape Department of Social Development has developed feeding initiatives that take place through Early Childhood Development Centres and Non-Governmental Organisations (NGOs) schools, which have supported approximately 135 000 households. NGOs have been feeding a further 200 000 households.
- 4.1.4** Local transmissions of COVID-19 have increased rapidly in the Western Cape, with the majority of the cases being reported in the City of Cape Town where there were local transmissions in every sub-district. The majority of people infected with COVID-19 who were admitted to hospital were admitted to general wards, while very few were admitted to the Intensive Care Units (ICU). Approximately 88.7% of people infected with COVID-19 do not have to stay in hospitals and may recover from home. Approximately 70% of COVID-19 patients who had succumbed to the illness had one or more co-morbidities.
- 4.1.5** Concerns were raised about risks for homeless shelters, particularly around the Strandfontein Homeless Camp and whether there had been compliance with health regulations.
- 4.1.6** The Minister stated that she was not satisfied with matters related to social distancing and other preventative measures generally, in homeless camps and everywhere else where people were queuing but not following social distancing requirements.
- 4.1.7** The hijacking of trucks and general looting of stores was a concern as it was believed according to Intelligence Reports that some motivations were criminal in nature, rather than from starvation or desperation. However, the WCG is looking at strategies to improve security.
- 4.1.8** The politicisation of food parcels was of grave concern. There were allegations of cases around the country, including areas in the Western Cape, where beneficiaries were denied food parcels if they did not support a particular political party. The Premier indicated that he disapproved of this behaviour and that it would not be tolerated.
- 4.1.9** There was a shortage of N95 Respirator masks because there was only one company in South Africa that was licensed to manufacture the masks, which required particular materials and machines. In fact, there was a global backlog as there were not many registered N95 Respirator manufacturers in the world. These companies were overwhelmed as they had to supply globally.

**4.2 10 June 2020: Update by Provincial Minister of Health and the Head of the Western Cape Department of Health on the pandemic in the Province, with further information on health indicators and preparedness, collaboration with the private sector, information on contact tracing and its efficacy and the new COVID-19 testing regime**

- 4.2.1** The Head of Department, Dr Keith Cloete, informed the Committee that as at Sunday, 7 June 2020, the cumulative number of confirmed cases of COVID-19 in the Western Cape was 30 249. The total COVID-19 related deaths was 757 and 18 101 recoveries. 198 449 tests have been completed. COVID-19 related deaths in relation to the age breakdown were reported to be more prevalent for the age groups 51-60 and 61-70. Hypertension and diabetes were reported to be the big associated figures for the highest comorbidities and risk for COVID-19 disease and deaths.
- 4.2.2** The number of cases since 1 May 2020 was peaking at 1 200 cases per day and an average of 40 deaths per day.
- 4.2.3** In terms of forecasting for the COVID-19 demand towards the peak in August 2020, the Department projected that they would require 6 000 beds but they backtracked this to the requirement of peak being end of June. The Department identified the need to establish field hospitals to make up for the additional beds required since there was expected to be a shortfall of between 750 and 1 000 beds and capacity for the healthcare system to cope.
- 4.2.4** The Department assessed the needs of the Province by using the internally validated data of the Western Cape and calibrated this against the National COVID-19 Epi-Model (NCEM) data to measure whether the data of the NCEM is validated against the actual needs of the Western Cape. The Department then adjusted the projected figures of the Western Cape with a revised provisioning scenario based on the Modelling and Simulation Hub, Africa (MASHA) projections since this specific model is the official modelling scenario that the National Department of Health will use across the country. The data reflects hospital bed requirements, when active cases would peak, cumulative deaths, cumulative detected cases and cumulative admissions.
- 4.2.5** As at Tuesday 26 May 2020, the Department of Health had spent R251,259 million on COVID-19 related expenditures in the current financial year, and had made additional commitments of R542,4078 million. The Department exceeded their planned expenditure by R336 million in April 2020 alone. It is currently projected that a net R3,416 billion is required in the current financial year to respond to COVID-19 by the Department of Health (R2,774 billion) and Transport and Public Works (R642 million) alone. The Department of Transport and Public Works has spent R121,133 million and has made additional commitments of R54,253 million.
- 4.2.6** Contact tracing teams are decentralised units and are operational in every geographic area. The Department was looking into using an innovative system that will provide test results via telephone and make use of a Trace and Track system.
- 4.2.7** Research and proven interventions conducted proved that using high-flow nasal oxygen to treat patients ensured greater recoveries from the disease in place of ventilators. This can be used for both high care environments and acute environments.
- 4.2.8** Existing Primary Health Care (PHC) capacity, with PHC facilities are all being prepared to be able to manage large numbers of the milder cases. These will largely require assessment and triaging for self-management at home. A key consideration will be to fast-track clinical assessments of high-risk individuals, who may require hospitalisation.
- 4.2.9** Temporary Structures have been designed for Triage and Testing at prioritised health facilities. These structures are designed in line with Infection, Prevention and Control (IPC) strategies for COVID-19.
- 4.2.10** Temporary or “Field hospitals” for use as intermediate care beds for mild cases were planned. The following temporary hospitals were either completed or, as at 10 June 2020,

- were in the process of being completed: Cape Town International Convention Centre (CTICC) = 862 beds, Brackengate R300 = 338 beds, Thusong Centre in Khayelitsha = 60 beds, Cape Winelands Sonstraal Hospital = 150 beds and a possible CTICC 2 = 800 beds.
- 4.2.11** The Department of Transport and Public Works (DTPW) was actively exploring and bringing in line the expansion of quarantine and isolation facilities in the Cape Metro and across Rural Districts.
- 4.2.12** Minister Mkhize has designated Dr Nicholas Crisp to assist the Western Cape health team with finalisation of plans to address the challenges. His primary task was to assist with the implementation of a hotspot containment strategy, hence his involvement with scaling up of the quarantine and isolation capacity.
- 4.2.13** Health care workers infections as at Sunday 7 June 2020 had an accumulative number of 1 832 cases. 652 were currently active which means that of the 1 832 cases 1 180 health care workers have recovered and the number of deaths was 15.
- 4.2.14** The purpose of the Hotspot Strategy in the Department was to reduce community transmission of COVID-19 and reduce the morbidity and mortality of vulnerable people.
- 4.2.15** Testing backlog has grown to 27 000 across the NHLS laboratories by Friday 29 May 2020 and test kits were being redirected to the Western Cape. The backlog had been reduced to 10 000 by Friday 5 June 2020. The Department changed the testing policy to prioritise patients under investigation in hospitals, health care workers and symptomatic vulnerable persons.
- 4.2.16** The Cuban health care workers deployed in South Africa are trained medical professionals with experience in working in various community settings and community hospitals. Most of these doctors are family physicians and they were to be deployed to assist at the CTICC, Karl Bremer Hospital and Tygerberg Hospital. Some of these healthcare workers were to assist in epidemiology work and the health care technology experts in providing technical assistance in health technology.
- 4.2.17** A compliance system is in place for employers who do not adhere to the COVID-19 health and safety precautions in the workplace. The Department of Labour and Environmental Health Officers addresses these non-compliant employers and their companies may be closed down if they do not follow strict health and safety guidelines to prevent the spread of COVID-19 in workplaces.
- 4.3 15 July 2020: Update by the Western Cape Department of Health on the pandemic in the Province, with further information on health indicators and responses, death rates and peak projections, testing data, future projections, the “new normal” and the outlook on the health system post the peak**
- 4.3.1** Dr K Cloete, the Head of the Department of Health in the Western Cape (the Department), informed the Committee that the Department produces a COVID-19 data summary report every Friday that would provide data about the number of tests conducted, the cumulative number of cases, the number of active cases, the number of deaths and the number of recoveries. There were 340 286 tests conducted, 74 207 cumulative cases, 16 449 active cases, 55 534 recoveries and 2 224 deaths as at 9 July 2020. It seems from the data that the daily number of deaths started to stabilise, and it is possible that the data has shown an early decline in the number of deaths per day. The summary can also provide the data per sub-district.
- 4.3.2** There were eight COVID-19 related deaths for children under the age of 20 years, by 29 June 2020. Comorbidities in these children included pre-term birth, previous Hypoxic Ischemic Encephalopathy, cardiac disease, congenital abnormalities, cancer and polytrauma.
- 4.3.3** COVID-19 cases in persons/children under the age of 20 years accounted for six percent of the overall cases. These cases were much milder than in persons over the age of 20 years.

- 4.3.4** The COVID-19 epidemic was, at 15 July 2020, at the advanced established community transmission stage in many sub-districts in the Cape Metro. It has been noted that the Khayelitsha and Klipfontein sub-districts have the highest number of deaths due to COVID-19. The death rate in relation to population for Klipfontein and Khayelitsha was also above the average for the City of Cape Town and the Province. Klipfontein showed just over 700 deaths per million population, Khayelitsha showed almost 600 deaths per million population compared to just over 300 deaths per million population for the Metro and just over 250 deaths per million for the Western Cape. More than half of the deaths in the Klipfontein region were from Gugulethu and Nyanga. Unfortunately, suburb data for Khayelitsha was non-specific due to challenges in respect of capturing addresses for lab data.
- 4.3.5** In terms of the comorbidity profile data, in the Western Cape, the most frequent comorbidity is hypertension. However, the majority of people who have hypertension actually recover from having COVID-19. Diabetes is the second most common comorbidity, however, proportionally, more people die from diabetes than if they have hypertension, TB, asthma and chronic kidney disease, etc. A person with diabetes who contracts the virus has an almost 50% chance of being admitted to hospital. Of these admissions, there is an almost 40% chance of death. In Khayelitsha, the most frequent comorbidity is HIV, however, it is not related to the highest number of deaths. Most persons with HIV recover from having COVID-19. The deaths in Khayelitsha are mostly attributed to diabetes. In Klipfontein, hypertension is the most common comorbidity amongst COVID-19 positive persons, followed by diabetes, however, the proportion of people with diabetes who are dying is higher, followed by HIV, TB and asthma etc. Additionally, the age profile for people with COVID-19 in Khayelitsha is a younger age profile, whereas the age profile in Klipfontein for persons with COVID-19 is an older age profile. Therefore, the COVID-19 factors in Klipfontein are more linked to age and diabetes, where in Khayelitsha it is younger persons with HIV. The data suggests that Khayelitsha and certain suburbs in Klipfontein are particularly vulnerable with respect to mortality and should receive enhanced attention. This may be in part due to increased comorbidities such as HIV and TB in addition to the chronic diseases of lifestyle, which should be analysed further.
- 4.3.6** The Department consults a Sentinel Trauma Report that shows a sample of hospital emergency centres and their trauma patient numbers over time. The data in this report clearly showed that the lockdown regulations and alcohol ban effectively reduced the number of trauma presentations by 40 to 50 percent. After lifting the alcohol ban, the number of trauma patients requiring the Intensive Care Unit (ICU) or High care admission at a tertiary hospital in the Western Cape increased from a daily average of 2.7 to a daily average of 9.5 admissions per day. This is a 350% increase in trauma patients requiring ICU/High Care admission. Additionally, after lifting the alcohol ban, the average number of daily deaths from Road Traffic Accidents increased from 1.44 to 3.77 - an increase of 260 percent. Alcohol-induced trauma cases have been depleting the Department's ability to manage and prevent the mortality from the double burden of COVID-19 and trauma deaths as the Province approaches the peak.
- 4.3.7** Previously, the National COVID-19 Epi Model (NCEM) predicted quite a steep and high peak towards the end of July 2020. The NCEM also predicted just less than 10 000 deaths in the Western Cape at the end of December 2020. However, the Western Cape's numbers were slightly lower than what was predicted, resulting in a recalibration of the NCEM. It is now predicted that the peak will be a little flatter and longer, and there will be slightly more deaths than previously predicted (approximately 12 000 deaths by December 2020).
- 4.3.8** There was a concern that the Province was not receiving data on all the COVID-19 related deaths and that it should be looking at Home Affairs' data. The Department tracked its data against Home Affairs' data and is confident that they are tracking most of the deaths that are

reported, in line with data received from the South African Medical Research Council. This data also allows the Department to track data for other provinces.

- 4.3.9** C-more is a system or application that is downloaded to a cell phone that Community Health Workers (CHW) can use to track every patient that they screen. The Department can use this information to capture the amounts of screenings conducted. There are teams based at sub-district level that contact each patient who has tested positive, and do contact tracing, symptom monitoring and also offer assisted quarantine and isolation. There is currently a backlog, which is being addressed. The National Health Laboratory Service and private labs also make results available to the National Institute for Communicable Diseases, who send the results to the Track and Trace software system. Each client is encouraged to download this application to their cell phones. Track and Trace then sends SMS notifications of results to clients, with links to supportive messaging, contact tracing and symptom monitoring. This pilot was launched on 8 June 2020 in the Metro. Clients that do not engage with Telkom Track and Trace will ideally be contacted by call centre agents, and linked to supportive messaging, contact tracing and symptom monitoring, and are again offered quarantine and isolation facilities. This system was also being rolled out in rural areas.
- 4.3.10** In terms of the Call Centre data, it showed that 14% of COVID-19 cases have accepted the offer for accommodation from the Western Cape Government, and 36% opted to isolate at home. It was concerning that 2 100 cases went unanswered because people gave incorrect cell phone numbers or the person refused to answer the call.
- 4.3.11** Many COVID-19 positive persons decline the offer of isolation and quarantine facilities because people will know they have tested positive, they may not be able to see their families, or they cannot smoke or drink alcohol, etc. The Department is working on increasing the uptake of quarantine and isolation facilities, however, this requires a Whole of Society Approach and mobilisation by all sectors and civil society. CHWs have also been asked to pursue engagements with households, especially those with vulnerable persons at risk.
- 4.3.12** The Red Dot transport service within the Department of Transport and Public Works transported health workers and assisted in transporting COVID-19 patients to and from quarantine and isolation facilities.
- 4.3.13** For the next few months, while there is no vaccine, the Department would like to encourage the self-isolation of, and social distancing from, COVID-19 positive persons, wearing a mask so that droplets do not enter the air, coughing into a tissue and disposing of it immediately (practicing cough etiquette and respiratory hygiene), hand washing, disinfecting surfaces and avoiding touching the facial area. This approach is about changing habitual behaviour.
- 4.3.14** The reason identified for persons not wearing face masks was because people did not know where they could access free masks. The majority of respondents who were interviewed about this said that they could not afford masks and were more concerned with finding food parcels and financial assistance. It was also found that some people had a poor understanding of the importance of wearing face masks and how to use them correctly.
- 4.3.15** A major concern for the Department has been the 20 to 50 percent decrease in people utilising mental health services. This is seen as a vulnerable group for COVID-19 because of the behavioural disturbance that is associated with mental health. The Department has seen many people with COVID-19 in psychiatric hospitals.
- 4.3.16** The new regulations for 100% taxi occupancy was concerning as it was a massive risk for transmission of the virus. The Department was not in agreement with this regulation.
- 4.3.17** The original agreement with the CTICC for the Hospital of Hope was from 4 May 2020 to 17 September 2020. The agreement was for R36 443 million, which includes a 100% discount on venue rental. The R36 443 million was for staff costs to keep the CTICC

running, waste management, cleaning and cleaning consumables, electricity and water, operating lifts, generators, CCTV, laundry costs, decontaminations and catering for patients. There is a separate contract for building the actual hospital, which amounted to R10 197 million. There are also additional operating costs for running the hospital such as acquiring oxygen, beds and other equipment that is required.

**4.4 19 August 2020: Briefing by the Western Cape Department of Health on the COVID-19 Indicators, public healthcare capacity, the number of COVID-19 cases, hospitalisations and mortality in the Province, its hotspot containment strategy, testing capacity, the acute service platform response, a review of the Health system response and the re-introduction of Comprehensive Health services**

- 4.4.1** Dr K Cloete, the Head of the Department of Health in the Western Cape (the Department), informed the Committee that the Department produces a COVID-19 data summary report and updates these reports daily. This daily report provides data about the number of tests conducted, the cumulative number of cases, the number of active cases, the number of deaths and the number of recoveries. There were 454 104 tests conducted, 100 778 cumulative cases, 6 332 active cases, 90 873 recoveries and 3 573 deaths as at 16 August 2020.
- 4.4.2** In terms of case and contact tracing, approximately 50% of cases occur in the private sector and a majority of these cases and contacts are followed up by the private doctors taking care of these individuals.
- 4.4.3** The case and contact tracing have become a decentralised system, individual workplaces conduct case and contact tracing among their own employees and these feed into the central departmental system.
- 4.4.4** Approximately 10% of all cases completed utilises COVID Connect which is a contact tracing application used by the Department, a national electronic system. All cases are called via a call centre and a case management team and these include the private and public sector patients.
- 4.4.5** All citizens called are told to isolate or quarantine, and all citizens are offered state province isolation and quarantine facilities.
- 4.4.6** The Department is working on improving the data system for case and contact tracing to bring together the multiple contact tracing systems to one collated system. As of 3 August until 10 August 2020, 7 100 cases were traced and for this same period cases tracked were over 10 000 and they were offered quarantine and isolation facilities.
- 4.4.7** Health care workers within the Province, specifically within the Western Cape Government as of 16 August 2020, recorded a total cases of 4 428 positive health care workers, 4 124 recoveries, 269 active cases, 69 accumulative deaths and the infection rate at 13.61% and the recovery rate at 93.13%. Infections amongst health care workers reached a peak in June and early July 2020 and has since declined steadily into August 2020.
- 4.4.8** There is a continued decline in registered natural deaths in the week leading up to 4 August 2020 and this is consistent with the Department's own reported death data.
- 4.4.9** A new feature of the daily dashboard reflects the daily cases and deaths by service areas, which includes the Cape Winelands, Eastern area, Garden Route, Khayelitsha, Klipfontein, Mitchells Plain, Northern area, Overberg region, Southern region, Tygerberg, West Coast and the Western area. Some of the data reflects that the Garden Route, for example, had the highest increase recently in cases and they must still reach a plateau since they had a later peak.
- 4.4.10** Continued emphasis is placed on hotspot containment strategies. The Department essentially focuses on the impact on communities; and are continuing to drive behaviour change in every local community via the hotspot strategy, until a full vaccine programme is in place which could potentially be 12 to 24 months. The behaviour change drive will focus on the uptake

of masks, social distancing, hand and surface hygiene. The Department is currently going through a formal review on the index case follow-up, contact tracing system, and isolation and quarantine system, based on the learnings of the past three months will be undertaken and this will be part of a larger review of the entire strategy.

- 4.4.11** South Africa is part of the larger international collaborative effort to take part in a global vaccine initiative to ensure access to vaccines against COVID-19. Countries, such as South Africa, were invited to participate in the Covax Facility which is an investment opportunity of US\$ 2 billion to provide vital seed funding. The idea is to pull resources and support the production of vaccines for when it becomes available which will be equitably available for countries in need.
- 4.4.12** 10 vaccines against SARS-COV-2 are already in clinical trials and researchers at the University of Oxford and AstraZeneca hope to have the first phase 3 data in hand this summer. Phase 3 marks the readiness to administer the vaccine to persons. Many infectious disease experts argue that 18 months for a first vaccine to be available to everyone is an incredibly aggressive schedule, and realistically this might be available in 18 to 24 months. A few optimists however believe that hundreds of millions of doses of vaccine might be ready for roll-out by the end of 2020. The challenges faced though would be availability, affordability and implementation.
- 4.4.13** The National Health Laboratory Service (NHLS) has no backlog at present for confirmatory Polymerase Chain Reaction (PCR) tests. There is however sufficient PCR testing capacity in both public and private sector laboratories which essentially means that the Department can now review the testing criteria for the Province. The Department has a technical team meeting and looking to revise the strategy for testing. A national seroprevalence survey is being planned with SAPHRA approved rapid test and this survey will check how many people were exposed to COVID-19. The NHLS has offered to assist with a big community drive to catch-up on TB case detection over the coming months since TB testing decreased during the COVID-19 outbreak to focus more on COVID-19 testing.
- 4.4.14** The Department had significant success with the high risk diabetic strategy and it is now focusing on moderate and low risk diabetics. During the Diabetic Project of the total high-risk diabetic patients that have been contacted and admitted over the previous two weeks, 39 have been admitted and only two had an adverse outcome of death. After two weeks of the programme, there were 18 patients still admitted in the CTICC Hospital of Hope and were being strictly managed. The remaining 19 patients have been discharged and are recovering well. The low risk COVID diabetic phase of the project was launched on Friday 7 August where more than 60 patients have already been contacted and are followed up on daily. 13 of these have been escalated for more intense follow up by a dedicated medical officer for the remainder of the COVID period.
- 4.4.15** With reference to field hospitals the CTICC Hospital of Hope had cumulative admissions of 1 502 patients, cumulative discharges of 1 440 and it currently has 57 admissions and had 82 deaths. The Brackengate R300 facility had 201 cumulative admissions, 153 cumulative discharges, 54 current admissions and 4 deaths. The Brackengate R300 facility will admit more patients since the CTICC Hospital of Hope will be decommissioned to hand the facility back to the CTICC by 18 September 2020. The Thusong Centre in Khayelitsha had 241 cumulative admissions, 194 cumulative discharges and 34 deaths. This facility has however closed now and the Medecins Sans Frontiers (MSF) will move their facility to Butterworth in the Eastern Cape. The Sonstraal Hospital has 150 beds, 63 beds are ready and first admissions were planned for 13 August 2020. 60 additional beds were to be available in Mitchells Plain, 32 in Hermanus, 20 in Vredendal and 20 in George. If there is a resurgent in cases the Department feels confident that the Province can cope with any upsurge in the absence of the CTICC as a facility.

- 4.4.16** As at 17 August 2020, total hospital bed occupation in the Western Cape was 68% and the bed availability across the Province 3 804.
- 4.4.17** Hospital admissions and discharges from 9 August to 16 August 2020 were 575 admissions and 651 discharges, which is therefore in line with the keeping of the decline of admissions.
- 4.4.18** On 10 July 2020 the Department was maximising oxygen use. The oxygen consumption is currently at 54.7% of total capacity. The daily consumption of oxygen aligns with the total consumption pattern with a peak in early July and a steady decrease thereafter. This however remains higher than the baseline oxygen consumption prior to the COVID-19 outbreak.
- 4.4.19** Progress with the private sector indicates that all private hospital groups signed up, where sufficient hospitals and specialists are ready to accept patients should the need arise. It is however still the strategy to exhaust in-house capacity first. The current projections are indicative of the need to activate referrals to private hospitals for COVID-19 patients as public hospital capacity diminished. Systems and processes are however in place should the need arise to access this capacity in an upsurge.
- 4.4.20** The Metro Mass Fatality Centre situated at Tygerberg Hospital is fully operational and receiving cases. This centre assists in scientific identifications where required, issuing the DHA 1 663 (Cause of death notification) along with bereavement counselling to the families who visit the centre. The facility currently has 28 cases that have been admitted and it is well managed with undertaker capacity and capacity at hospitals with no challenge in managing the bodies as a result to COVID-19 cases. In terms of rural preparedness for fatalities, the mortuary container at the CTICC Hospital of Hope will be moved to the rural areas as required to assist with the mass fatalities in rural areas.
- 4.4.21** The alcohol ban had an impact on the Sentinel Trauma hospital reports that showed a sample of hospital emergency centres and their trauma patient numbers over time. The data in this report clearly showed that during the lockdown and when the alcohol ban was in place the number of trauma patients decreased. After lifting the alcohol ban, on 1 June 2020, the number of trauma patients increased. On 12 July the alcohol ban was reinstated and four weeks into the alcohol ban the decrease in numbers was clearly reflected.
- 4.4.22** The surveillance strategy of the Department aims to identify infections before it becomes outbreaks to limit the spread of the disease and enable public health authorities to manage the COVID-19 risk.
- 4.4.23** The Department indicated that comprehensive clinic services will be reintroduced on the clinical service platform from the first week of August 2020, especially those that have taken a dip during the COVID-19 period.
- 4.4.24** A review of the health system response to COVID-19 was being done by the Department to consistently adapt their response to emerging data and evidence, make best judgement calls when forecasting against some of the uncertainties the Department faces, learn lessons from the past four to five months and map the Department's path for the next 12 to 24 months.
- 4.4.25** The hospitals' case, mortality and hospitalisation data continued to stabilise overall in the Province, with varying levels of maturation across the Province.
- 4.4.26** Significant capacity has been added in terms of infrastructure or equipment for high flow nasal oxygen and oxygen consumption have been managed.
- 4.4.27** The Department regards it as essential to ensure a strong focus on containment for the next 12 to 24 months.
- 4.4.28** A formal review or reflections process will be conducted by the Department to develop a coherent plan for the next 12 to 24 months based on collective learnings.
- 4.4.29** The Department indicated that they cannot predict that South Africa will experience a surge or a second wave in view of the recent phenomena of experiencing of a second wave in other countries such as New Zealand, Singapore and China.

- 4.5 16 September 2020: Update by the Western Cape Department of Health on the COVID-19 pandemic in the Province with further information provided on the health indicators and health responses to the pandemic, death rates and peak projections, testing data, future projections, the “new normal” and the outlook on the health system post the peak**
- 4.5.1** The Committee noted a positive turnaround in respect of the spread of the virus, as it had been several weeks where reports showed that the number of active COVID-19 positive cases were under 3 000, even after restrictions were eased.
- 4.5.2** Dr Cloete informed the Committee that the COVID-19 Daily Dashboard, which is updated every day, has been nominated for an IP Innovations Award.
- 4.5.3** At the end of June and beginning of July 2020 the Province peaked in terms of how much oxygen it was using on a daily basis. Since then, oxygen use has decreased. At the peak, the Province was using approximately 62% of its daily oxygen allocation. Currently, 54% of the daily oxygen allocation was being used. The number of private and public hospital admissions has decreased. This includes confirmed cases and persons who were still under investigation. At 16 September 2020, there were approximately 600 persons admitted to hospitals for COVID-19 related illnesses overall, compared to 2 000 persons admitted to hospitals during the peak of the pandemic.
- 4.5.4** According to Dr Cloete, there were a number of COVID-19 related deaths that were reported; however, these numbers were potentially under-reported. The Department has been working with the South African Medical Research Council (SAMRC), which releases a weekly update on “excess natural deaths”. The Department has been correlating its number of reported COVID-19-related deaths to the SAMRC’s statistics to ensure that the figures are aligned.
- 4.5.5** The Department has officially revised its COVID-19 testing criteria to include pre-operative testing for asymptomatic patients, natural causes of death at home, public sector essential workers with symptoms, incarcerated people with symptoms, learners and school staff with symptoms, and workers with symptoms.
- 4.5.6** The Test Positivity Rate measures the percentage of tests conducted that yield positive results. There was a slight increase in this rate during September 2020 because of the delay in test results over the past three to four weeks. The Test Positivity Rate has decreased since then, week-by-week, and is the lowest for the country, which is a good sign for the Western Cape. There were fewer positive results for the tests that were conducted.
- 4.5.7** Statistics showed that the Western Cape experienced COVID-19 positive cases and deaths over a much longer duration than the rest of the country, but the Western Cape experienced a flatter, lower peak if compared with overall statistics for the country. The deaths from natural causes for the Western Cape was 1.6 times higher than what was expected at the peak. However, the deaths from natural causes during the peak in Eastern Cape was twice the amount expected, for Gauteng it was 2.4 times higher than expected, and for the Johannesburg Metro it was 2.6 times higher than expected.
- 4.5.8** Google Mobility Data showed that the Western Cape had lower numbers of workers returning to the workplace than other provinces, was slower to use public transport than other provinces, had a lower number of persons returning to grocery and pharmacy shopping, and had a significantly lower number of people returning to parks and other recreational activities than other provinces. These patterns indicated that Western Cape citizens adhered more to the lockdown regulations and retained restrictive measures in respect of movement, which could explain why the Province had a flatter curve than the rest of the country.
- 4.5.9** The Department is in the process of implementing serological testing, which is a blood test that looks for antibodies in blood that indicates whether a person has had a prior COVID-19 infection. The body produces antibodies approximately two weeks after a person is infected

with the virus. There are studies that have indicated that the antibodies can be present in the bloodstream for up to three months from becoming infected, possibly longer, but it is still too early to confirm this.

- 4.5.10** Approximately 2 700 serological tests have been conducted on residual specimens of primary care antenatal and HIV patients coming in for routine pregnancy and HIV blood tests in Cape Town Metro facilities. The preliminary serology findings have indicated that 40 percent of the samples that were tested were positive, ranging from 30 to 46 percent across the sub districts in the Metro, 37% (antenatal) to 42% (HIV) by patient group, 33% (men with HIV) to 45% (women with HIV) by gender, and 36 to 43 percent by 10-year age group between the ages of 20 to 60 years old. However, Dr Cloete warned that this testing should be interpreted with caution due to differences between those tested and the general population. These were patients who used the public sector and health services where they may have been exposed to the virus. There were also socio-economic differences and differences in infection exposure, which made it difficult to say that the results could be generalised to the entire population. However, the data supported the interpretation that, especially in poorer communities, a relatively high proportion of people have been exposed to, and infected with, COVID-19. The Department planned to commence with community serological testing within the next few weeks.
- 4.5.11** According to Dr Cloete, it is unlikely in the short term to see explosive outbreaks of the virus in high-density vulnerable communities, which have already experienced high levels of morbidity and mortality. However, even in areas with high seroprevalence and lowered risk of repeat outbreaks, many individuals remain susceptible to infection. There will likely be communities or population groups where ongoing vigilance is critical in order to interrupt transmission through outbreak response.
- 4.5.12** There has been a phenomenon in most developed countries that there is a second peak/wave of the virus approximately three months after the initial peak of the virus. The Department has noted that there is a slightly different pattern for countries similar to South Africa. Therefore, the pattern of infection may not necessarily follow those of the more developed countries. Some of the departmental officials are part of an advisory group that would release information, within the next few weeks, on the likelihood of a second peak in the country.
- 4.5.13** In respect of the Surveillance Strategy, there is uncertainty about the likelihood, timing, location and magnitude of the resurgence. However, it was important to monitor global experiences. The pattern of inequality and spatial geography may result in ongoing risks differing extensively by location and socio-economic status. A case-based surveillance and outbreak response will be key foundations for the Surveillance Strategy for the next 18 to 24 months, supplemented by population surveillance approaches.
- 4.5.14** Dr Cloete informed the Committee that the COVID-19 pressure has eased considerably in the metro and rural districts. Cape Metro acute hospitals have started to decrease their COVID bed capacity and have started to reintroduce normal comprehensive, non-COVID clinical services. The Thusong Hospital and Cape Town International Convention Centre Hospital of Hope have been closed and Brackengate had 29 patients as at 16 September 2020.
- 4.5.15** The continuation of immunisations was critical throughout the pandemic as a decrease could result in outbreaks of other diseases such as measles or polio. By June 2020, more children had been immunised than in the preceding two years (in the month of June) in both the rural and metro areas. TB testing dropped significantly by 47% across the country. The Department planned to increase TB testing significantly in the Western Cape over the next six months, and to ensure that these patients receive treatment.
- 4.5.16** The Department will use an evidence-based and data-driven approach to the reintroduction of comprehensive clinical services. Clinical services will be phased in and activities that represent low COVID risk but have significant impact on the population outcomes will be prioritised (such as immunisations, increased TB testing etc.). The Department will optimise

the use of technology to support service delivery, for purposes such as delivery of chronic home medication etc.

- 4.5.17** Certain individuals seem to suffer from “long COVID” where the COVID-19 symptoms continue long after the diagnosis and become somewhat of a chronic illness. This was reported on in international news, but has not seemed to be raised in local news. This has not particularly been tracked in the Province and was not a prominent matter so far.
- 4.5.18** South Africa seems to have missed the “flu season”. There have not been any reported cases of the flu in the sentinel sites. There was a large flu vaccine uptake during 2020 (the largest flu vaccine uptake in the Western Cape in 10 years), as well as social distancing and masking, which could have contributed to the lack of flu cases. There were also fewer deaths in TB and HIV patients in 2020 than in 2019, which could also have been attributed to the flu.
- 4.5.19** The Department would be publishing a full review of what it has done during the pandemic, including its successes and lessons learned during the pandemic.

## **5. Policing, Security and Police Brutality**

- 5.1 29 April and 6 May 2020: Briefing by (a) the Provincial Department of Community Safety, (b) the Western Cape Police Ombudsman (WCPO), (c) the Regional Commissioner of the Department of Correctional Services (DCS), (d) the South African Police Service (SAPS), (e) the Independent Police Investigative Directorate (IPID), and, (f) the South African National Defence Force (SANDF).**

*\* The Department of Defence acknowledged receipt of the request, however, it did not confirm the attendance of the SANDF for the two meetings held on 29 April and 6 May 2020 where the abovementioned theme was addressed.*

- 5.1.1** The Department of Community Safety availed 289 Chrysalis graduates as trained Peace Officers to assist at multi-stakeholder roadblocks, and to help in rural municipalities.
- 5.1.2** The Department of Community Safety had 87 staff who were office bound/or as part of security personnel. A total of 129 staff were working from home, 30 persons were placed on special leave.
- 5.1.3** As at 6 May 2020, four security guards stationed at the Tygerberg Hospital tested positive for COVID-19.
- 5.1.4** The Department of Community Safety stated that only after the publication of Level 4 Lockdown Regulations, will it be able to comment on the use of Neighbourhood Watches to patrol in communities.
- 5.1.5** The Department of Community Safety acknowledged that its implementation of the Safety Plan has shifted due to resources being geared towards its response to the COVID-19 lockdown.
- 5.1.6** The Department of Community Safety is monitoring court cases linked to COVID-19, including the Strandfontein Shelter rape case, as well as cases related to the dissemination of fake news within the context of the pandemic, and police misconduct through the IPID forum focussing on criminal cases against SAPS members during the lockdown period.
- 5.1.7** The Department of Community Safety has assisted stakeholders such as the SAPS across various operations, as the Department is a role player in the Provincial Joint Operations Centre spearheaded by the SAPS.
- 5.1.8** The Western Cape Liquor Authority (WCLA) inspectors have conducted 37 investigations.
- 5.1.9** The WCLA temporarily suspended 14 liquor licenses, however, licensees involved will be granted an opportunity to provide reasons why the order of the Liquor Licensing Tribunal (LLT) should not be permanent.

- 5.1.10** The Department of Community Safety stated that it is conducting a study, together with the Safety Secretariat, the Department of Transport and Public Works and the Institute for Security Studies (ISS), to investigate the impact of the COVID-19 lockdown on safety.
- 5.1.11** The WCPO reported that its offices were closed for walk-in complaints, but staff continued to be operational throughout the lockdown period, which was subject to change on 1 May 2020, following updated regulations issued by the Presidency.
- 5.1.12** Complaints were received via email, social media and the WCPO's website.
- 5.1.13** The WCPO assured the Committee that its senior investigators were conducting telephonic and electronic follow ups to ongoing cases.
- 5.1.14** The WCPO reported a total of 68 complaints finalised during the COVID-19 lockdown as at 6 May 2020. The statistics, prior to end April 2020, reflected that 25 complaints were unsubstantiated, four were withdrawn, and three cases were duplicate complaints. Thus the remaining 40 complaints were finalised as being either substantiated with recommendations (32) or substantiated and resolved (4).
- 5.1.15** The nature of the 40 complaints received during lockdown as at 6 May 2020, related to poor police visibility, especially where contraventions of lockdown regulations were reported, wrongful arrests and issuance of fines, brutality and/or unsavoury language use by law enforcement agencies and the SANDF, requests for permission to travel and the failure by law enforcements agencies in wearing PPE and adhering to social distancing conditions.
- 5.1.16** The WCPO has established a good professional relationship with the Military Ombudsman, especially since the WCPO received complaints about SANDF members.
- 5.1.17** Approximately 18 complaints were received from within the Cape Town Metropolitan area and 18 from rural areas in the province. The remaining four were from other provinces.
- 5.1.18** The DCS reported that there are 10 management areas that are managed by an area commissioner; these areas include 43 correctional facilities.
- 5.1.19** As of 6 May 2020, the Western Cape had 26 803 offenders, of which 14 329 were sentenced offenders.
- 5.1.20** There is sufficient space to accommodate about 19 000 offenders. In essence, the facilities are overcrowded by more than 7 000 offenders above its capacity to accommodate all offenders.
- 5.1.21** As of 6 May 2020, there were 7 342 probationers and parolees that were regularly being monitored.
- 5.1.22** The DCS' provincial staff complement was 6 847 as at 6 May 2020.
- 5.1.23** The DCS stated that its provincial facilities are not designed to deal with the current COVID-19 pandemic or any similar outbreaks.
- 5.1.24** The DCS stated only five of its provincial facilities were designed and built post 1994. These facilities are the Brandvlei Maximum Prison, the Vanrhynsdorp Medium Prison, the Warm Bokkeveld Medium Prison, the West Coast Medium Prison and the Goodwood Medium Prison. These five facilities are not as overcrowded as the facilities built prior to 1994. However, there is overall overcrowding by 147% across the DCS' provincial facilities.
- 5.1.25** Each facility has developed its own risk mitigation plan.
- 5.1.26** All facilities were deep cleaned, bedding was regularly changed, and there is daily screening of offenders and staff being conducted.
- 5.1.27** Initially, staff were infected before offenders due to the fact that staff were susceptible to infection whilst off duty and off-site.
- 5.1.28** As at 6 May 2020, 50 staff members tested positive for COVID-19. These officials were based at the Allandale Correctional Facility, the Worcester Female Facility in the Breede River Management Area, the Goodwood Facility, Pollsmoor Medium and Voorbrug Medium. The Warm Bokkeveld Prison registered 27 officials who tested positive.
- 5.1.29** Officials reside either on the premises of the facility where they are stationed, or in nearby towns.

- 5.1.30** Of the 50 officials who tested positive for COVID-19, 21 officials had recovered by 6 May 2020.
- 5.1.31** The Brandvlei Correctional Facility is the designated isolation site for offenders, however, all 43 facilities have quarantine sites.
- 5.1.32** The isolation sites for offenders include, Pollsmoor Medium A (46), Pollsmoor Medium B (140), Old Brandvlei Hospital (45), Southern Cape Youth Centre in Mossel Bay (89), George Training Centre (45), Riebeeck Wes Prison (124) and Hawequa Prison (116).
- 5.1.33** The isolation sites for staff include guest houses, on-site residences in the Management Areas of Pollsmoor, Drakenstein, Brandvlei, George and Mossel Bay. The Department of Correctional Services is engaging with the provincial Department of Health, as well as Municipalities, to accommodate staff in areas where there are no DCS facilities/guest houses.
- 5.1.34** The Department of Correctional Services has regular initiatives with the provincial Department of Health to visit to correctional facilities.
- 5.1.35** These initiatives assist with mass screening and testing of officials and offenders at the facilities.
- 5.1.36** The Department of Correctional Services reported that there was a shortage of nursing staff across its facilities despite the addition of 77 nurses who were appointed on 1 May 2020.
- 5.1.37** To illustrate its nursing staff concerns, the Department of Correctional Services stated that the Pollsmoor Management Area has roughly 6 000 offenders, with only 37 nursing positions, eight off which are vacant. As at 6 May 2020, one nurse had tested positive for COVID-19 and 13 were isolated, leaving 15 operational nurses. The provincial Department of Health assisted with the alleviating the effects of the staffing shortage.
- 5.1.38** There is a marked shortage of PPE, with most of the bulk orders affected by backlogs that suppliers have due to high product demand. However, 29 000 face cloth masks were produced internally and each offender and staff member was issued with two such masks.
- 5.1.39** The South African Police Service (SAPS) established the Provincial Core Command Group (PCCG) which acts as an operational command structure. The PCCG consists of SAPS, and other law enforcements and policing agencies, the State Security Agency, the South African National Defence Force, power utility Eskom, the National Prosecuting Authority, and various provincial and national government departments.
- 5.1.40** The SAPS also developed a dashboard to monitor varying degrees of accessibility to PPEs by staff based at the 187 buildings that it uses, as well as the daily sanitisation of these premises. The buildings include 151 police stations and 36 satellite police stations in the Province. Additionally, this dashboard is also used to track the sanitisation of all SAPS vehicles.
- 5.1.41** The SAPS also presented its contingency plans for frontline services, such as the Community Service Centres, of all its police stations and satellite stations.
- 5.1.42** The frontline services offered will either operate from an alternative building within the station area, operate from a tent or nearby mobile point, or, services will be redirected to a neighbouring station. As at 6 May 2020, the SAPS had already implemented some of these contingency plans at stations where frontline service staff tested positive for COVID-19.
- 5.1.43** As at 6 May 2020, the SAPS registered 16 833 cases, with 17 059 accused for offences committed in terms of the National Lockdown Regulations.
- 5.1.44** The SAPS is only authorised to issue permits to the general public to attend a funeral of a cremation. The limitations are guided by the COVID-19 regulations in the Disaster Management Act, 2020 (Act 57 of 2020).
- 5.1.45** The SAPS reported that only the station commander, an employee delegated by the station commander, and/or a head magistrate, may issue permits.
- 5.1.46** The SAPS reported 15 618 inter-provincial travel permits were submitted, and 5 193 for inter-municipal travel.

- 5.1.47 The SAPS reported that there was a clear lack of adherence to lockdown restrictions across communities.
- 5.1.48 The SAPS' resources were stretched having to police food distribution initiatives by relief organisations and individuals.
- 5.1.49 The restriction on force multipliers such as the Neighbourhood Watches, has also affected policing in general.
- 5.1.50 The SAPS' staffing contingent has also been affected with some of its members testing positive for COVID-19. Although this has not impacted the services rendered, there was a total of 153 staff members who tested positive, and at least five were hospitalised, as at 6 May 2020.
- 5.1.51 16 833 cases had been made for offences in terms of the lockdown, of which 16 494 were fines and 565 notices to appear in court.

## 6. Food Security

- 6.1 **24 April 2020: Briefing from the Provincial Minister of Agriculture, the Western Cape Department of Agriculture, the Provincial Minister of Social Development, the Western Cape Department of Social Development and the South African Social Security Agency (SASSA) Western Cape, to discuss matters around the theme "Food Security" in the context of the COVID-19 pandemic**
  - 6.1.1 The Western Cape Department of Agriculture indicated that there was adequate availability of food and that the empty shelves in grocery stores was an indication of "panic-buying". However, there was an expectation that the prices of certain foods would increase, due to an increase in import costs, which would impact more severely on the poor and vulnerable. The full impact of import price increases for the agricultural sector may only be experienced during next season's harvest.
  - 6.1.2 The high exchange rate will impact on the importation of certain products such as rice and certain types of wheat. The price of eggs has increased by 19% since the initiation of the lockdown. This is not due to an inadequate supply of eggs; it is because the manufacturing of the cartons/containers used to transport the eggs were not considered an essential service. Hence, there is a shortage of containers used to transport the eggs.
  - 6.1.3 Persons living in low-income quintiles do not have proper access to grocery stores and major supermarkets, which emphasises the importance of informal trade in order for people to access food. The lockdown regulations have also negatively impacted on small-scale traders working in fresh food markets.
  - 6.1.4 Law enforcement agents have been stopping farmers from attending livestock auctions, which was unlawful since agriculture is an essential service. These issues have been raised with the National Minister of Agriculture.
  - 6.1.5 The Western Cape Department of Agriculture has distributed face masks and hand sanitiser to farmworkers across the Province, as well as educational material to assist in making farmworkers aware of the COVID-19 pandemic and safety measures that must be employed. The safety of farmworkers is seen as a threat to food security.
  - 6.1.6 The Western Cape Department of Agriculture has written to the National Minister of Agriculture to assist seasonal farmworkers who have completed their work and would like to return home to other provinces. A legal opinion has been issued, which states that seasonal farmworkers, who are effectively essential workers, should be allowed to move to their homes in other provinces.
  - 6.1.7 Minister Fernandez and the Department of Social Development (DSD) emphasised that food relief should be apolitical, non-partisan and should not be used as a tool to discriminate against any person on the basis of race, gender, culture or religion. Additionally, food relief must be equitably distributed, with priority given to those in greatest need.

- 6.1.8** The lockdown had resulted in a loss of income for a large number of workers in formal and informal sectors, which extended the need for food relief beyond the 1,6 million SASSA beneficiaries in the Province, and beyond SASSA's existing budget. Provincial Cabinet has therefore directed that the Province assist with emergency food relief, prioritising those that are currently not receiving any other form of state assistance.
- 6.1.9** The allocation of funds for emergency food provision includes R20 million for the distribution of 50 000 food parcels (each of which can support a family of four for one month), R5 million to supplement existing food relief initiatives where gaps are identified, R18 million for special school feeding programmes, and R10 million to increase the number of beneficiaries receiving food at existing DSD feeding schemes to 6 520 people. To date, DSD has spent R30 million for the COVID-19 food relief interventions for 50 000 food parcels and hot food at feeding sites.
- 6.1.10** The WCG call centre had experienced constraints with the number of inbound calls for assistance, however, this problem was being fixed and additional call centre agents had been brought in to assist with the large number of calls.
- 6.1.11** DSD funds 27 shelters for homeless adults at a cost of R19,8 million, which provides for three daily meals, two social work supervisors, 22 social workers and four social auxiliary workers. An additional family shelter was established in Somerset West that can accommodate 120 family members. Municipalities have also established temporary shelters. The DSD provides food through appointed NGOs as well as psychosocial support when required. There are currently 6 681 homeless persons in the shelters and bed spaces are at full capacity. Some homeless persons have opted not to remain at the shelters; some suffer from psychiatric disorders and addiction disorders and are unable to adjust to a shelter environment. Additionally, there is legal uncertainty around roles and responsibilities in terms of running the shelters and whether people in shelters are allowed to leave. There is also a concern that the regulatory requirement for temporary shelters may not be compatible with the need to de-congregate people and maintain social distancing rules during lockdown.
- 6.1.12** In terms of assistance for cases of Gender-Based Violence (GBV) during lockdown, the DSD funds 20 shelters for survivors of GBV at a cost of R28 million, which provides for three daily meals, 20 social workers, 15 social auxiliary workers and 60 housemothers. The survivors are not to be released from the shelters and they are not to receive visitors. 320 beds had been filled by 21 April 2020. However, there was a shortage of protective gear such as masks, and clients that have finished their programme and should have been able to exit the shelter could not due to lockdown regulations. This could impact on the number of beds available for the lockdown period, which could hinder the intake of new survivors of GBV. This posed the same challenge for persons staying in treatment facilities for drug abuse.
- 6.1.13** On average, SASSA receives 2 000 calls per day requesting assistance, which has resulted in a backlog of 6 300 calls that they still need to resolve. SASSA distributed a total of 689 food parcels in the Province in their first week of food parcel distribution.
- 6.1.14** According to the COVID-19 lockdown regulations, although the payment of social grants is an essential service, the administration of social grants is a non-essential service. SASSA offices have therefore been closed, however, there are more than 200 SASSA staff members who have volunteered to assist with the processing of the Social Relief of Distress (SRD) applications and the distribution of food parcels.
- 6.1.15** SASSA had not received any additional funds for COVID-19 related food parcels and was using the annual SRD allocation for this purpose.
- 6.1.16** The looting and closing of spaza shops has forced people to use shopping centres where they would have to queue between one and three hours just to get in to shops, increasing the risk that people will be exposed to the virus.

## **7. Protection of the Vulnerable**

### **7.1 30 April 2020: Briefings from the Provincial Minister and Head of the Department of Social Development, the Provincial Police Commissioner (South African Police Service), the Unemployment Insurance Fund (UIF), and SASSA Western Cape around the theme “Protection of the Vulnerable” within the context of the COVID-19 pandemic**

- 7.1.1** The Provincial Police Commissioner clarified that the issuing of protection orders for domestic violence cases is the sole responsibility of the courts according to the Regulations under the Domestic Violence Act (Act 116 of 1998). For the period 27 March 2020 to 27 April 2020, SAPS received 420 final protection orders from the court and 364 final protection orders were served on respondents. In terms of interim orders, 1 045 interim protection orders were received from court and 900 were served on respondents. There were 1 891 domestic violence-related cases – the majority of the cases emanated from Mitchell’s Plain and the Blue Downs clusters. There were 2 928 domestic-related complaints, which mostly emanated from the Eden and Mitchell’s Plain clusters.
- 7.1.2** SAPS is responsible for securing the scene of domestic violence incidents and assisting the complainant to find suitable shelter and obtaining medical treatment. However, complainants had indicated that there was difficulty accessing particular courts for obtaining protection orders. Additionally, Mosaic volunteers responsible for assisting applicants were denied access to court buildings. These issues were highlighted by the Department of Social Development and the Department of Community Safety, in a meeting with SAPS and the Department of Justice and Constitutional Development. The Department of Justice and Constitutional Development has committed to liaising with court managers to ensure access for all complainants and volunteers to the courts.
- 7.1.3** In addition to the above challenge, all domestic violence related cases have been postponed except the most serious cases, no final or interim protection orders have been received from certain courts, and some periodical courts have been closed under further notice.
- 7.1.4** The DSD has continued to fund various NGOs specialising in assisting GBV cases. These NGOs have been fully operational during the lockdown period and have continued to provide shelter and psychosocial support to victims of domestic violence. A total of 20 shelters have been operational, offering 394 bed spaces. A total of 20 NGOs have been providing therapeutic interventions for victims of crime and domestic violence. All DSD offices have been operational and have continued to provide services and interventions as well. According to COVID-19 regulations, victims cannot be released from facilities, visitors are not allowed and there has been suspension of the family reunification and interaction programme.
- 7.1.5** In terms of challenges, the DSD has experienced a shortage of protective gear such as masks, and clients that should have exited the shelters once they have completed their stay have not been able to do so because of COVID-19 lockdown regulations, which could result in the unavailability of beds for new intakes. A request has been submitted to the National Department of Social Development to consider relaxing the guidelines and to allow clients that have completed their programme and are ready for reunification to be allowed to exit by 30 April 2020.
- 7.1.6** The DSD funds various Old Age Homes specialising in care and support services to older persons that have been fully operational during the lockdown period. There are a total of 120 Old Age Homes, with 9 323 bed spaces. Older persons have been provided with therapeutic interventions if needed and the Department of Health is in the process of finalizing the roll out strategy for screening for COVID-19. So far, two cases of COVID-19 have been reported; one in a private retirement village and one in a community housing project. There has been a shortage of protective gear such as sanitizer for the Old Age Homes, however, DSD and other donors will be supplying these facilities were more stock. Isolation of older persons

from their families and communities has also been a challenge, however, the DSD has encouraged families to make telephonic contact with older persons.

- 7.1.7** In terms of shelters for homeless persons, the number of homeless people at shelters vary on a daily basis, thus making the provision of relief services available to beneficiaries challenging. Additionally, some homeless persons do not want to remain at the shelters, including those with psychiatric disorders and/or addiction diseases.
- 7.1.8** There is still legal uncertainty around the roles and responsibilities in terms of running the shelters, and whether people staying in shelters are allowed to leave. Additionally, the challenge remains in terms of temporary shelters not being conducive to social distancing rules.
- 7.1.9** There has been an indication from the City of Cape Town that the homeless camp in Strandfontein will be closed once the Risk-Adjusted strategy is implemented and the national directive for this temporary accommodation expires.
- 7.1.10** The DSD has indicated that post-lockdown, all services such as food provision, psychosocial support, family reunification and skills development for homeless persons will resume again.
- 7.1.11** The DSD funds 53 child and youth care facilities at a cost of R110 million. A total of 4 450 children are currently in lockdown across all the facilities in the Western Cape. Current lockdown regulations have stated that no children will be released from facilities, there are no visitations, the family reunification and interaction programme has been suspended, and there will be no new admissions except if declared in relation to the Children's Act (Act 41 of 2007).
- 7.1.12** During the lockdown period so far, 107 cases of child abuse were reported, and 60 children were removed from their households. The DSD continues to provide psychosocial support for these children and affected families.
- 7.1.13** In terms of UIF claims for the lockdown period so far, there is an email address for enquiries and applications, which issues potential claimants with all the mandatory documents that need to be completed and submitted. However, this is a long process that requires people to have a fair amount of data and access to the internet. There have also been claims that there are companies that refuse to apply on behalf of their employees. The process to finalise claims takes approximately 10 days.
- 7.1.14** The UIF indicated that for the period from 26 March 2020 to 29 April 2020, there had been a total of 62 213 ordinary benefit claims, of which 49 770 related to unemployment claims amounting to approximately R812 million. The majority of the claims were from the personal services and trade sectors. The Western Cape received 15% of the overall payments to beneficiaries.
- 7.1.15** Between 14 April 2020 and 23 April 2020, SASSA received a total of 12 695 calls for assistance, of which 2 248 were responded to, leaving a backlog of 10 447 calls that still need to be addressed.
- 7.1.16** In terms of food parcels, 5 642 food parcels were distributed across the Province, with the majority of the parcels distributed to Athlone, Bellville, Khayelitsha, Wynberg, Mitchell's Plain, Gugulethu and Eerste River areas. Food parcels have also been distributed to the Boland Overberg District, Eden Karoo District and West Coast District areas.
- 7.1.17** SASSA payment of grants for the months of April and May 2020 have amounted to R1,95 billion. In terms of Grant Relief Measures, there will be an increase of R300 for the Child Support Grant (CSG) to be paid in May 2020 (only) per child. Thereafter, from June to October 2020, a R500 grant will be paid to caregivers of the children on the CSG. All other existing grants will increase by R250 per month from May to October 2020.
- 7.1.18** The special COVID-19 Social Relief of Distress (SRD) Grant of R350 per month will be available to all South African citizens, permanent residents and registered refugee persons who qualify for the grant. The SRD grant will be paid from the date of approval up to the end of October 2020. The SRD Grant applicants must be 18 years and older, unemployed,

not receiving any income or any social grant, UIF benefit or NSFAS stipend, and must not reside in a government-funded or subsidised institution. Applications for the SRD grant may be submitted via WhatsApp or email. The grants are paid directly into the recipients bank accounts. SASSA will continue to distribute food parcels until the SRD grants are paid out to beneficiaries.

**7.2 14 August 2020: Briefing from the Western Cape Department of Social Development (DSD) on the guidelines for prevention and management of COVID-19 infections in long term care facilities**

**7.2.1** Dr R Macdonald, Head of the Provincial Department of Social Development (the DSD), informed the Committee that, as at 3 August 2020, there were currently 115 residents within homes for older persons that were infected with COVID-19, 233 deaths and 1 073 recoveries. In terms of staff working in the homes, currently, 107 were infected with the virus, there had been eight deaths and 1 006 staff members had already recovered.

**7.2.2** Protocols have been put in place to manage the spread of the virus in homes for older persons. The Provincial Department of Health has implemented screenings and testing at these facilities and the DSD has been in communication with all facilities regarding the Regulations issued in terms of the Disaster Management Act, 2002 (Act 57 of 2002).

**7.2.3** R1,755 million has been made available for all 117 funded facilities for older persons for the management of COVID-19. The DSD has facilitated a volunteer organisation to deep clean facilities, with a focus on homes in vulnerable communities and hotspot areas. So far, 15 000 masks, 2 340 litres of sanitiser, 5 000 face shields and 23 000 cleaning products have been distributed to funded facilities for older persons, across the Province. However, the provision of Personal Protective Equipment (PPE) remained a challenge.

**7.2.4** In terms of DSD funded residential facilities for persons with disabilities, there are 39 residential facilities across the Province with a total of 1 673 residents. Of these 39 facilities, five are facilities for children with severe to profound intellectual disability. These five facilities are home to 92 children. So far, eight facilities for persons with disabilities had been affected by COVID-19, with 72 positive cases amongst residents and 39 positive cases amongst staff. There had been five reported deaths of residents, while no reported deaths of staff members.

**7.2.5** The DSD has communicated the protocol for funded residential facilities for persons with disabilities where there were suspected positive or confirmed positive COVID-19 cases. The DSD has also communicated the guidelines for prevention and management of infections in these long term care facilities, and has distributed masks, face shields and sanitisers for Metro-based facilities. Facilities for persons with disabilities in the Eden, Karoo and Cape Winelands areas have received masks and face shields. The DSD also provided financial assistance of R15 000 per facility.

**7.3 14 August 2020: Briefing by the Western Cape Departments of Social Development (DSD) and Cultural Affairs and Sport (DCAS) on bereavement counselling and psychosocial support initiatives for individuals and communities during the COVID-19 pandemic**

**7.3.1** Dr Macdonald, Head of DSD, informed the Committee that psychosocial support to individuals and families was tailored to the specific needs of the clients, and may include debriefing, counselling, psychotherapy and cognitive behavioural therapy. Its overall aim was to develop the coping mechanisms and resilience of the client and/or family unit. All services were rendered by either the DSD social work professionals or Non-Governmental

Organisations (NGOs) funded by the DSD. The DCAS was responsible for engaging the religious sector to strengthen bereavement support to families who had lost members to COVID-19.

- 7.3.2 The DSD was responsible for providing counselling to persons referred by the Department of Health to quarantine and isolation facilities. This counselling included reintegration and mediation services when persons returned to their families and communities following hospitalisation or quarantine/isolation. This type of counselling was needed to assist in overcoming the stigma and fear around the return of previously infected persons. Psychosocial support services were also required for a range of related vulnerabilities that occurred and/or were aggravated by the COVID-19 pandemic such as Gender-Based Violence (GBV), trauma, depression and anxiety.
- 7.3.3 Between April and June 2020, the DSD provided debriefing services to 32 194 families, telephonic and one-to-one counselling and support services to 4 452 families, and trauma counselling and support and telephonic counselling to 9 352 families.
- 7.3.4 Between April and July 2020, the DSD provided psychosocial support to 1 995 victims of GBV through funded NGOs, 47 victims of crime and violence, nine victims of human trafficking (and their children), and 523 victims of crime and violence that accessed shelter services in funded Victim Empowerment Programme service centres.
- 7.3.5 In terms of bereavement support, the DCAS worked with a number of partners to provide relief to citizens through its sport and arts and culture relief funds, and expanded access to psychosocial support through partnerships with the religious sector to improve support to families in need and to offer support linked to funerals. The DCAS also launched the “enrichED” web portal, which is an after school practitioner resources portal, for NGO and sport practitioners.

## 8. Disaster Management and Local Government Oversight

- 8.1 **13 May 2020: COVID response by the Department of Local Government (DLG), the Provincial Disaster Management structures and the Department of Environmental Affairs and Development Planning (DEADP). The Departments were requested to brief the Committee on support given to municipalities, the effects on the levels of service delivery, specifically water and solid waste removal during the lockdown, provision of PPEs to essential workers, the provincial disaster planning and coordination for the pandemic, the effect of the lockdown on the environment, with specific attention to air quality, volumes of solid waste and waste water generated.**
  - 8.1.1 The DLG reported that the command and coordinating structure is arranged to facilitate, political accountability via the Provincial Command Council, administrative accountability through the Provincial Command Centre and the coordination of the operational response via the Provincial Disaster Operations Centre.
  - 8.1.2 The Joint Operations Centre (JOC) was activated on 24 March 2020, and is responsible for implementing the policy of the Provincial Command Council.
  - 8.1.3 The JOC uses a cluster approach, and ensures a multi-agency response to combatting COVID-19.
  - 8.1.4 There are six treatment/accommodation levels, ranging from hospitals to household isolation or quarantine to accommodate those affected by COVID-19.
  - 8.1.5 The Department of Health applied to National Treasury for funding, as part of the Provincial Disaster Relief Grant, to the value of R53 338 667, however, only R52 million was approved.
  - 8.1.6 The breakdown of the application was divided into funding for Personal Protective Equipment, Medical Equipment, Sanitiser and Waste bags, and Ventilators.

- 8.1.7** The funding application was made in order to support 30 public health facilities across the province.
- 8.1.8** The DLG also applied for Municipal Disaster Relief Grant funding to the value of R239 359 300. However, only R7,9 million was approved.
- 8.1.9** The DLG affirmed that its basic municipal services had not been disrupted by the response to COVID-19.
- 8.1.10** The DLG ensured installation of water tanks, and the distribution of soap and hand sanitiser to high density informal settlements.
- 8.1.11** All district municipalities facilitated initiatives to clean public open spaces. These initiatives are on-going.
- 8.1.12** The DLG also assists shelters for homeless people. This assistance is given in collaboration with the Department of Health, and there are mechanisms in place to improve screening, testing and speeding up test results.
- 8.1.13** The DLG availed R16,2 million across municipalities for humanitarian relief. The City of Cape Town was not included as a recipient of this funding.
- 8.1.14** The DLG reported on the use of an Application (App) that helps to track and monitor the distribution of items across municipalities, aimed at humanitarian relief. The live dashboard is updated hourly, and requires Municipalities to record when and where the aid is distributed. In this way, the Department is able to monitor how municipalities use the funding that the Department avails.
- 8.1.15** The DLG reported that it was collecting data from municipalities to establish its plans for fatalities management, specifically regarding the capacity available at cemeteries, burial sites and with undertakers. Several intergovernmental stakeholders also form part of the discussions. These bodies include the Department of Local Government, Health, Environmental Affairs Development Planning, district municipalities, and the Department of Home Affairs.
- 8.1.16** The DEADP reported on its guidelines for waste management for households and the protocols for removing medical waste at designated isolation and quarantine sites.
- 8.1.17** The DEADP reported that the Western Cape has four licenced health care risk waste treatment plants.
- 8.1.18** There are 71 operational waste disposal facilities, and this includes a single high hazardous waste disposal facility.
- 8.1.19** The DEADP reported that if the pandemic escalates, other disposal and treatment options have been identified.
- 8.1.20** The DEADP stated that there was a marked decline in the waste generated during the Level 5 Lockdown. However, there was an increase in illegal dumping. The informal recycling industry has been negatively affected and thus the work done by waste pickers and recycling businesses has diminished.
- 8.1.21** The Minister of Forestry, Fisheries and the Environment initiated a food voucher initiative for waste pickers. Corporate bodies also sponsored similar items.
- 8.1.22** In terms of water and waste water management, the DEADP reported a decline in water usage and generated waste water in the City of Cape Town, attributed largely to the closure of industries during Level 5 lockdown.
- 8.1.23** The DEADP reported that the quality of tap water is safe for human consumption.
- 8.1.24** The use of communal or shared facilities increases the risk of COVID-19. This risk is particularly concerning in households and areas with shared toilets and shared water tanks.
- 8.1.25** There are five main crematoria in the province, namely, Maitland Crematorium, Drakenstein Crematorium, Worcester Crematorium, Durbanville Memorial Park and George Crematorium. All of these facilities have been granted special permission to operate 24 hours per day and seven days per week.

- 8.1.26 The Maitland Crematorium and the Durbanville Memorial Park have equipment that need repair.
- 8.1.27 The National Air Quality Index indicates that the air quality in the province is good.
- 8.1.28 There are indications of better air quality and therefore less air pollution during Level 5 lockdown due to the reduction in traffic activity and pollution from various industries in the province.
- 8.1.29 During Level 5 lockdown, all protected areas and parks were closed.
- 8.1.30 Staff responsible for conservation and enforcement were categorised as essential services and have continued to perform duties maintaining safety protocols.
- 8.1.31 Although revenue accrued from tourism and visitor activity to conservation areas has been halted during the restrictions, the budget to operate, maintain and protect the parks and marine resources have not been affected.
- 8.1.32 CapeNature reported that the pandemic has not impacted on all of its ecological projects as some are only expected to be undertaken later in the year. Projects include bird monitoring, post fire monitoring and invasive alien plant assessments. However, prolonged restrictions may impact on the completion of these projects.
- 8.1.33 CapeNature also stated that following the completion of the Post Fire Season Assessments, which are prescribed burns, are needed.
- 8.1.34 Since the commencement of the lockdown, there were six fires.
- 8.1.35 There is a total of 216 “green scorpions”, formally referred to as Environmental Management Inspectors, who are responsible for enforcement patrols around marine reserves and coastal reserves. The number of coast patrols have been increased especially in poaching hotspots.
- 8.1.36 There were 15 to 20 reported transgressions of illegal access to Cape Nature Reserves and illegal fishing during the lockdown.
- 8.1.37 CapeNature also reported delays in projects where contractors are needed to carry out work, due to the limitations imposed by the lockdown.
- 8.1.38 CapeNature stated that even though there is less ecotourism during winter months, there are ongoing marketing projects to encourage tourists to postpone travel plans to the sites rather than to cancel bookings.
- 8.1.39 Given that tourism facilities are closed during Level 2 to Level 5 Lockdown, there is a projected revenue loss of up to R17 million, during the first two quarters of the 2020/21 financial year.

## 9. Economic Recovery, Support and Livelihoods

- 9.1 **15 May 2020: Briefing from the Provincial Minister of Finance and Economic Opportunities, the Department of Economic Development and Tourism (DEDAT), the National Department of Small Business Development and the National Department of Employment and Labour to discuss assistance provided to fresh food markets, informal traders and Small, Medium and Micro-sized Enterprises (SMMEs), red tape reduction strategies, assistance provided to small-scale and large-scale businesses, digital assistance for businesses and individuals during the lockdown period, and assistance to employees, employers and other workers on labour-related issues and relief measures for essential workers**
- 9.1.1 One of DEDAT’s successes, as part of the Economic Cluster, has been its connection to the Risk Adjusted Strategy and its response to change as they have been happening in real time at a national level. DEDAT has engaged with 445 economic stakeholders across business and industry in the Western Cape, and has received over 40 submissions which were forwarded to the National Department of Cooperative Governance and Traditional Affairs (COGTA).

- 9.1.2** Because of the imminent need for Personal Protective Equipment (PPE), DEDAT formed part of a team that developed a database of manufacturers/suppliers of PPE that was made available online. DEDAT has also worked closely with small businesses, local government and organisations that serve small businesses to look at the regulatory changes, the interpretation of those regulations and how small businesses would need to adapt to the regulations. DEDAT has lobbied COGTA to respond to concerns from SMMEs and other small businesses. An SMME forum was launched to support SMMEs and traders with various needs.
- 9.1.3** As at 17 April 2020, 3 333 permits had been issued by municipalities for traders. DEDAT hoped to see permitting become a digital activity like in Gauteng.
- 9.1.4** Level 4 regulations stated that hot, cooked food may only be sold through delivery. This means that traders operating from trading sites needed a delivery mechanism and could not sell food at trading sites or along the road side. Municipalities were only prepared to permit traders that were suitably vetted (and adhere to all health, safety and land-use requirements) pre-COVID-19 pandemic. Municipalities have also indicated that their institutions were not geared and fully operational under lockdown conditions to perform inspections. This has since changed and all traders may now apply for work permits. Small businesses are now also being issued special COVID-19 informal trade permits.
- 9.1.5** The Spaza Shop and General Dealers Support Scheme has been implemented through the DSBD's funding as well as Small Enterprise Finance Agency (SEFA) funding. The DSBD in partnership with Nedbank will provide financial support to spaza shops and general dealers/traditional grocery stores in townships and villages. The intervention will allow small businesses such as spaza shops, general dealers and traditional grocery stores to benefit from the Spaza Shop and General Dealer Support Scheme. Small businesses will have access to R7 000, of which R3 500 is a grant and R3 500 is given as a loan. DEDAT has been working with other banks to make this service more widely available. DEDAT has also been in the process of developing a "Safety Toolkit", which will provide approximately 3 000 small businesses with face masks, information about keeping the workplace safe, and sanitiser to ensure businesses are safe when they open to the public. DEDAT has also engaged with every municipality in the Province to better understand the impact of the COVID-19 pandemic on all stakeholders and what their needs are.
- 9.1.6** In terms of approvals of spaza shops who have applied for assistance, only 23 applications had been submitted for the Western Cape, of which only 11 were approved. This number seemed to be very low, especially since there were so many spaza shops operating under difficult financial circumstances.
- 9.1.7** In terms of food insecurity in vulnerable communities, there was a concern about job losses and the ability of people to pay for food, rather than the availability of food. In terms of restrictions on wine exports, it was concerning that there could be significant job losses within the wine industry amounting to a loss of approximately between 4 335 and 8 305 jobs in the next five years, and a loss of between 13 830 and 27 440 jobs in the total value chain in the next five years. However, wine has now been allowed to be transported for export purposes under level 4 regulations.
- 9.1.8** According to DEDAT's information, the economy is in the process of shedding more than 240 000 jobs this year. The tourism sector has been the hardest hit in the pandemic due to restrictions on foreign travel and closure of borders. It was predicted that approximately 60% to 80% of the jobs in tourism will be lost. DEDAT will put programmes in place to support the rebuilding of the tourism industry. One of the ways that the tourism sector has supported the Province is with the provision of quarantine and isolation facilities and accommodation, especially in terms of the repatriation of foreign nationals and South Africans who have returned to the country.

- 9.1.9** An estimated R1 billion per day was lost for each day of lockdown in the Western Cape during level 5. However, this amount decreases as the restrictions are lifted and as the country moves to lower level restrictions.
- 9.1.10** The DSBD was responsible for designing interventions that were responsive to the challenges faced by SMMEs. The main purpose of the interventions was to keep businesses afloat during the lockdown as they were not generating income to sustain their businesses and were therefore unable to protect jobs. The SMME Debt Relief Fund assisted SMMEs with working capital to ensure that they did not close their doors, and therefore, were able to retain employees. The SMME Debt Relief Fund received a budget of R200 million. SMMEs that applied for funding could receive a maximum of R500 000 depending on their needs. The Fund also allowed for loan facilities with an interest rate of prime plus 5%. The DSBD also created the Business Growth Facility, which would give local manufacturers and suppliers the opportunity to produce and strengthen their place in the market.
- 9.1.11** In terms of Occupational Health and Safety (OHS), between 30 March and 12 May, the DoEL has performed 3 094 OHS inspections in workplaces in the Western Cape, with an average of 111 inspections per day. So far, there was a general compliance level of 56%, however, the ideal situation would have been 100%.
- 9.1.12** In terms of the Unemployment Insurance Fund (UIF) COVID-19 payment benefits, between the period of 26 March to 13 May 2020, 24 241 employers were covered in the Western Cape, while 362 129 employees were covered to the amount of R1 671 909 572.
- 9.1.13** There were a number of complaints from employees who said that their employers have applied for UIF on behalf of staff, however, only a few staff members receive payment while others did not. The UIF recently initiated a system that allows employees to view their employers' applications. The workers may use their own identity documents to access the system and check how far the application has gone, and whether they are covered.

## **10. Transport and Infrastructure**

- 10.1 20 May 2020: Briefing by the Department of Transport and Public Works (DTPW) on matters related to focusing particularly on traffic officer and road user safety to prevent infection from the virus, sanitisation measures for transport interchanges and public transport vehicles, adherence to the regulations imposed by the National Government under the National Disaster Management Act. Additionally, the briefing focused on the progress of quarantine sites in the Western Cape, the support to the construction industry, information sharing, updates on planned infrastructure projects, and the information on unspent transfers and subsidies**
- 10.1.1** The DTPW, together with the taxi industry, launched the *Red Dot Service* on 18 May 2020, to transport essential health care workers to and from work during the current pandemic. The service is also used to transport COVID-19 patients to quarantine facilities.
- 10.1.2** Traffic officials have been equipped with sufficient PPEs.
- 10.1.3** The appointed service provider cleans the vehicles and these vehicles are sanitised once a week. However, officials also ensure that vehicles are sanitised at the end of their shift.
- 10.1.4** Traffic officials continue to use the buddy system, however, each official is assigned a vehicle and would then operate within close proximity of their respective on-duty partner.
- 10.1.5** The use of technology allows for briefings/debriefings and so maintain social distancing measures are practiced.
- 10.1.6** The use of technology allows for briefings/debriefings and through this, social distancing measures are practiced.

- 10.1.7** All roadside alcohol breath testing sampling was suspended on 15 March 2020. Persons suspected of being under the influence of alcohol beyond the legal limit are transported and blood tests administered at the nearest hospital.
- 10.1.8** All eight weighbridges have been repurposed as vehicle checkout points as part of the joint law enforcement operations.
- 10.1.9** The cost for the initial rental of the Cape Town Convention Centre (CTICC) as a temporary hospital is R47 million.
- 10.1.10** The DTPW projects that it will provide isolation facilities for 11 500 people, and quarantine facilities for 53 000 people between June and July, when the peak for infections in the provincial is expected to be reached.
- 10.1.11** The cost for the isolation and quarantine measures is estimated to be R3 billion.
- 10.1.12** The DTPW reported that repurposing hospitality facilities with ready to use beds will roughly cost R1 050 per bed, depending on the location. However, beds will cost R400 each if state owned facilities are used. These are the expected unit costs to fully equip quarantine and isolation facilities.
- 10.1.13** As at 20 May 2020, the DTPW indicated that there is capacity for 3 559 beds for the purposes of quarantine and isolation.
- 10.1.14** The DTPW developed an Unstructured Supplementary Service Data (USSD) system to allow passengers to comment on compliance by transport operators. The system is free of charge and prompts passengers to comment on whether or not operators adhere to vehicle capacity restrictions, provide hand sanitiser on board the vehicles and whether or not the driver uses an appropriate face mask.
- 10.1.15** As of 18 May, the data reflects that 355 responses of the USSD system were completed, there were 285 responses about MBTs, and 226 responses stating that vehicles exceeded the 70% capacity requirement. The DTPW added that 31% of responses indicated that sanitisers were available for passenger use.
- 10.1.16** The DTPW stated that Mini-Bus Taxi (MBT) ranks and operations are monitored to ensure compliance at these interchanges. The surveillance of these sites is done at the Disaster Management Centre.
- 10.1.17** The DTPW stated that it distributed 8 000 flyers to create awareness of safety precautions and restrictions during the lockdown.
- 10.1.18** The DTPW reported on its role in the sanitisation and cleaning of facilities such as transport interchanges, bus stops and hygiene measures for the MyCiti, Georgelink, Golden Arrows Bus Service and SANTACO Western Cape vehicle fleet.
- 10.1.19** To date, the DTPW received donations of PPEs, in the form of hand sanitiser, from Distell, SA Taxi Finance and DMC Source.
- 10.1.20** The construction industry has been significantly impacted by the restrictions.
- 10.1.21** The DTPW reported on the criteria that contractors need to adhere to in order to qualify to be operational during Level 4 of the Lockdown.
- 10.1.22** The DTPW reported that maintenance of and renovations to Health Infrastructure was hindered by the restrictions on the global import and export industry. Given that countries initiated lockdown measures at different times, the procurement of necessary equipment was affected by indefinite delays. By way of example, an 11KV Generator Panel Upgrade for Tygerberg Hospital and the installation of eight lifts for various health facilities in the province, were delayed. The monetary impact of these two instances on the 2019/20 financial year was R25 million.
- 10.1.23** There were 44 construction projects halted because of the Lockdown, however five essential projects continued.
- 10.1.24** The impact of the delays in construction was estimated to be R47 million.
- 10.1.25** The DTPW indicated that it planned to use the R2, 271 million unspent transfers to offset expenditure on PPEs.

## **11. Schooling and Education**

**11.1 8 May 2020: The Committee requested a briefing from the Provincial Minister of Education and the Western Cape Education Department (WCED) to discuss matters relating to the theme “Schooling and Education”, in the context of the COVID-19 pandemic in respect of the re-opening of schools, distance learning and home schooling, school feeding schemes and assistance for special needs and vocational training institutions**

**11.1.1** The Minister stated that the Ministry and the WCED was feeling the weight of the responsibility on its shoulders as the education sector was a difficult space to be in during the COVID-19 pandemic. It was easy to close schools, but a difficult task to reopen schools as there were many factors that needed to be considered and many precautions that needed to be taken, especially when there was a lot of uncertainty around the decisions the National Command Council (NCC) would be making. However, the Minister thought that the Province had performed remarkably well during the lockdown period given the short notice, as the education sector is a large one that requires an extensive amount of planning, in addition to having to secure a large amount of Personal Protective Equipment (PPE).

**11.1.2** Schools were closed on 18 March 2020 and would reopen to Grade 7 and Grade 12 learners on 1 June 2020. This was a total loss of 42 days of teaching and learning, which is a challenge because of the long term impact on the economy because of potential loss of earning capacity later in life. There are parents who have said that they do not want their children to attend school, and would not mind holding their children back a year, however, this poses a challenge to schools next year, when there will be new learners entering the school system.

**11.1.3** The Head of the WCED informed the Committee that education will not be the same after the pandemic, on a global level, however, there were a number of positive factors that have emerged from the pandemic. Although the WCED has been working to limit the amount of inequality in the education system in the Western Cape, they have not been able to eradicate it completely. The WCED has been working on an e-learning strategy, which was a “pro poor strategy” for the Province, which is aimed at bridging the inequality gap faced by learners in the sector. The pandemic has allowed for technology enhancement to accelerate for learning, however, there is still a long way to go in the Province. Technology would not replace face-to-face learning, but the key was to implement a “blended” learning approach to education.

**11.1.4** Grade 7 and Grade 12 learners were set to return to school on 1 June 2020, while the rest of the grades would be phased in with 15 July 2020 being the last date of return, however, this was unclear as at 8 May 2020. Minister Schafer stated that it was feasible for learners to start returning to school on 1 June 2020 if the proper PPE was procured on time and all the necessary precautions were in place. The HOD of the WCED added that the decision to reopen schools was also based on the advice that young children were less susceptible to the effects of the virus. Teachers were more susceptible to the virus, however, no more so than if they were in a shopping mall or petrol stations.

**11.1.5** During lockdown, the WCED continued its vision of education for the Province, which included quality education for each child, in every classroom and every school in the Western Cape. Teachers all over the Province have worked tirelessly to ensure that education continues through distance learning, including using WhatsApp messaging and videos to assist learners and parents. The WCED has also adapted the curriculum to focus on core concepts and competencies because the curriculum will need to be trimmed, given the number of school days that were lost.

- 11.1.6** According to the National Department of Basic Education (DBE) all School Management Teams (SMTs), non-teaching and cleaning staff would be expected to resume duty on 11 May 2020, teachers should return to schools on 18 May 2020, and Grade 7 and 12 learners should return to school on 1 June 2020. At the time of the briefing on 8 May 2020, 1 June 2020 was still a tentative date issued by the National Minister of Education, Ms A Motshekga, which still had to be approved by Cabinet. During this discussion period, the WCED advised national government that they were concerned about foundation phase learners, who would have the longest break before being phased in to the schooling system again. These are the learners who needed to establish reading, counting and thinking patterns and skills. This was a gap that had to be addressed as it could continue into the rest of these learners' education and careers. The WCED had suggested that these learners return to school first as they were the least vulnerable to the effects of the pandemic. However, it was also understandable that Grade 7 and 12 learners would return first as they are the seniors of their schools and would play a leadership role once other grades return.
- 11.1.7** Once learners return to school there will be a need to adhere to COVID-19 requirements and safety guidelines for teachers and learners, especially around new teaching and assessment policy and protocols, in order to retain social distancing rules. The WCED would also pay close attention to teacher support, which includes wellbeing, psychosocial and mental support, as well as support in the form of lessons for teaching at home, Information, Communication and Technology (ICT) support and support for other methods of remote teaching.
- 11.1.8** The WCED has ordered sanitation and hygiene packs for all schools (approximately 1 500 schools), which include hand sanitisers, liquid soap, face masks, thermometers for screening and cleaning materials. The procurement for this was a challenge. The WCED needed approximately 2.4 million masks just for learners and teachers, which already amounted to over R50 million.
- 11.1.9** It was critical that both the learners and teachers were not overburdened by the curriculum due to the COVID-19 pandemic. Consequently, there was no such concept as "catching up" as it placed too much pressure on learners, teachers and parents. The curriculum needed to be adapted instead. The WCED would look at extracting the core activities from the curriculum and explain to teachers the flexibility they have within that curriculum. There would also be more focus on improving access to ICT for teachers and students. There have been conversations about expanding free Wi-Fi hotspots that already exist in the country.
- 11.1.10** As at 4 May 2020, there were 82 reported cases of burglary and vandalism at schools in the Province. The WCED has added additional day security and doubled night security for schools in high risk areas. Additional security costs amounted to R6,1 million for 470 schools as at 11 May 2020. The majority of the cases were for minor acts of vandalism.
- 11.1.11** In terms of distance learning and e-learning, the e-learning portal has thousands of lessons for learners. In terms of non-digital learning, there have been educational broadcasts through radio and television, printed worksheets as well as workbooks and revision papers, which were handed to learners as they collected food at schools. The WCED was aware that not all learners had access to digital learning. Although 60% of learners had access to cell phones, the cost of data and connectivity was an impediment to accessing learning materials. However, many learners, even in poorer communities, had access to televisions. There were a number of educational broadcasts on television.
- 11.1.12** In total, 912 988 learners were fed by the WCED from 8 to 30 April 2020. An average of 65 213 learners have been fed per day in 284 sites. Social distancing was practiced during the feeding scheme, where learners had to queue with spaces of 1.5 metres between each learner. Learners were instructed to wash their hands and to return home immediately once they received their meals. The WCED chose to feed learners with warm meals instead of food parcels as food parcels are between four and ten times more expensive than providing warm

meals to learners. Secondly, food parcels have become a source of desire and are easier for people to loot.

- 11.1.13** In respect of fee exemptions, parents and guardians of learners may apply at any point if they are experiencing financial difficulty. Schools may also apply to be No Fee Schools, however, this depends on whether the WCED has the available funding to allow for it to happen.
- 11.1.14** The WCED has been assured that schools do not have to be deep-cleaned as they have been closed for six weeks and the Corona virus does not live on surfaces for that long. The areas where learner feeding took place have been cleaned. Normal cleaning of schools will continue to take place.
- 11.1.15** Regulations to be released by National Government will define the comorbidities associated with whether a person is considered high risk or not. For example, the regulations will not merely list “high blood pressure” as a risk, it will list the level of hypertension that is associated with being high risk, and this will have to be accompanied by a medical certificate. Schools have been asked to identify vulnerable/high risk teachers.
- 11.1.16** The ability to manage social distancing while at the initial stage of phasing in learners at school is possible, however, this will become increasingly more difficult once schools have four or more grades back at school. In this case, social distancing may have to be ruled out for schools altogether, but only if every learner can be screened before he/she enters the school every day, and if schools maintain safety protocols such as cleaning of hands and wearing of masks. If social distancing remains a rule for schools once more grades are introduced then schooling will most likely not be able to continue in the Province.
- 11.1.17** In terms of transport for learners and the safety thereof in terms of COVID-19 regulations, the national government had not released any guidelines or regulations for school transport at this point in time.

## **12. Human Settlements**

### **12.1 Briefing by the Department of Human Settlements (DHS) on the prohibition of evictions during lockdown, departmental measures for residences living in congested housing structures, the de-densification of priority areas to combat the spread of COVID-19, partnerships with the private sector and government departments to identify the targeted areas such as rural settlements and water scarce towns**

- 12.1.1** The DHS reported that of the 503 informal settlements in the province, three informal settlements were identified as areas that needed to be de-densified, in light of the COVID-19. These areas were Du Noon, with 1500 inhabitants, Kosovo, with 2000 inhabitants and Khayelitsha, with 300 inhabitants.
- 12.1.2** The DHS, in collaboration with the Housing Development Agency and the City of Cape Town developed an implementation plan for the de-densification of Du Noon, Kosovo and Khayelitsha. The DHS indicated that these areas were in fact identified for de-densification, prior to the Lockdown. The conceptual layouts for the structural upgrades to these areas were also briefly illustrated.
- 12.1.3** The DHS stated that the Rental Housing Tribunal (RHT) received approximately 159 complaints during the lockdown. The RHT investigates and hears complaints of illegal evictions related to the rental housing sector and therefore does not deal with matters pertaining to farm dwellers, illegal invasions of vacant land, or matters akin to these instances.
- 12.1.4** The nature of the 159 complaints sent to the RHT ranged from, inter alia, the issuance of unlawful notices, arrear rental, termination of municipal services, unlawful evictions and lockouts, and general queries.

- 12.1.5 The DHS explained its protocol in the event of positive cases of COVID-19 in the congested housing structures. The protocol includes ensuring that individuals isolate properly, informing the appropriate structures such as the Department of Health, contact tracing mechanisms and establishing how the infections occurred, preventing further infections and sanitising contaminated areas.
- 12.1.6 The DHS stated that the distribution across Provinces of the R20 billion Relief Funding has not yet been clearly defined.
- 12.1.7 The DHS partnered with the Department of Water and Sanitation (DWS) to provide water tanks to densely populated informal settlements.
- 12.1.8 The DHS highlighted that the District Municipalities needed additional Water Tanks. The Garden Route, Cape Winelands, Overberg and West Coast were identified as the areas that require additional water tanks, customised to address the impact of the COVID-19 in these areas.
- 12.1.9 The DHS is partnering with the DLG to support municipalities with janitorial services and cleansing.
- 12.1.10 The DHS indicated that identifying land for densification, decanting, isolation and relocation is a challenge.

### 13. Citizen Surveillance

- 13.1 **17 July 2020: Briefing by the from the National Department of Health on the citizen surveillance programme to contact or trace suspected COVID-19 carriers, as Gazetted on 26 March 2020, and whether it was operational**
- 13.1.1 The National Department of Health indicated that the system announced by President Cyril Ramaphosa is a digitised contact tracing system moving from the current manual contact tracing which has health workers completely overwhelmed. It is a process that will assist the contact tracers in a digitised format. The launch of this system is eminent and it will be rolled out to all Provinces in the country even though all Provinces have contact tracing databases currently. The proof of concept has been tested in the Western Cape, however it still remains contact tracing.
- 13.1.2 With reference to Citizen Surveillance, the National Department of Health is not involved in a digitised system that is a surveillance programme to monitor the movement or the location of any citizen in the country. There was an attempt to develop a system to allow this, but due to the technical complexities and the privacy concerns around this matter and to protect the citizens of the country, they moved to a more active based contact tracing service rather than a surveillance system using the data of the mobile networking operators.
- 13.1.3 During the period 17 April to 14 May the National Health Department collected data from the mobile networking operators, but the database of this data received has been destroyed and the Department only has details of the individuals from data received from the monitoring stage and these individuals will be notified within six weeks, as per the Regulations, after the national state of disaster has been terminated.
- 13.1.4 The Department had numerous engagements with Judge O'Regan in order to comply with the privacy rules and she received data in an encrypted form. In terms of citizen surveillance whereby the movement and location of citizens are being tracked there is no system being implemented by the National Department of Health.
- 13.1.5 There is currently a system being considered via a blue tooth platform used on the blue tooth system such as in the UK with some success, with lesser success in Singapore and some success in Australia. These are opt-in systems and need to be downloaded as an application on a mobile phone and an individual need to agree to take part of this surveillance system.

## **14. Intergovernmental Relations and Community Cooperation**

### **14.1 Reports to the National Command Council**

- 14.1.1** The Director-General, on behalf of the WCG Corona Virus Coordination Council, provided weekly reports to the Presidency and the National Command Council (NCC) from 1 June 2020.
- 14.1.2** The reports are in response to COGTA directions requiring Offices of the Premier to monitor the impact of their COVID-19 interventions and submit reports to the national disaster management structures.
- 14.1.3** The reports detail WCG governance structures, a high level summary of the WCG response to the pandemic, updates on the “hot spot” strategy per health district and the identification of key risks.
- 14.1.4** The updates on the “hot spot” strategy includes weekly updates on the following information: case management, quarantine and isolation, civil compliance, humanitarian relief and food security, economic recovery and communication.
- 14.1.5** Key intergovernmental items are identified in these reports, such as the need for finalisation of budgeting and financial resource availability from the national treasury in order to implement planning; testing availability and backlogs at the national health laboratory; and the availability of oxygen.
- 14.1.6** In October 2020, these reports include detail on municipal services in the Western Cape, education outcomes, jobs and the economy and a humanitarian response- moving from providing relief to building dignity.
- 14.1.7** Municipal services are reported to be back to normal across the province, in line with COVID-19 health and safety measures. Community screenings, roadblocks and humanitarian relief efforts driven by municipalities, continue across the province.
- 14.1.8** The Western Cape Department of Education has launched a new campaign aimed at encouraging the Class of 2020 to finish their matric year. The #CommitToFinish campaign is aimed at encouraging, motivating and supporting Grade 12 learners up until the final NSC examinations.
- 14.1.9** The Quarterly Labour Force Survey Data for the period April to June, released by Stats SA on 29 September 2020, confirmed that the hard lockdown had a significant impact on employment in the Western Cape and South Africa. While the expanded unemployment rate in the province remains the lowest in the country, 321 000 jobs were lost in the province between the first and second quarters of 2020. Compared to this time last year, 318 000 jobs have been lost. Among the hardest hit sectors for the province were manufacturing which reported a loss of 85 000 jobs, trade which showed a decline of 68 000 jobs, finance which was down 67 000 jobs, construction which recorded a decline of 66 000 jobs and private households where 45 000 jobs were lost (all year on year). It is for this reason that the Western Cape Government has continuously lobbied for the safe reopening of the economy, to save jobs and to avoid a second pandemic of unemployment.
- 14.1.10** Moving into the recovery phase, the Western Cape Government has identified dignity and wellness as one of its three focus areas. The focus on dignity goes beyond providing meals or food and seeks to protect and uphold fundamental rights, while progressively working to realise socio-economic rights and to build a sense of belonging for residents.
- 14.2 22 May 2020: Briefing by the Premier and the Provincial Director-General on the “Whole of Society Approach” to the COVID-19 pandemic, and the aspects of legislation that assisted or hindered the efforts of various levels of government to fight the spread of the COVID-19 pandemic**

- 14.2.1** The conversion of the CTICC into a temporary hospital facility will provide approximately 850 additional beds. The facility will include four wards – medical, infectious disease, emergency and internal medicine specialists and volunteers will be available at the facility. It is estimated that 200 admissions and 200 discharges will be managed per day during the peak. Additional temporary hospitals will be opened along the R300 in the Metro, in Khayelitsha and in the Cape Winelands, which will provide an additional 616 beds.
- 14.2.2** So far, R350 million worth of PPE has been ordered so that healthcare workers have the protection they need to care for every sick person. The Red Dot Transport Service has also been launched, which will transport healthcare workers home when their shifts ends at 19h00.
- 14.2.3** The Covid-19 Content Centre for business was launched, aimed at supporting businesses by providing information that will ensure business continuity during the COVID-19 pandemic.
- 14.2.4** Western Cape Government has produced a range of information material for employers and their staff to utilise in the workplace such as posters, checklists and decals that remind people of health guidelines to stop the spread of COVID-19. Businesses have also been assisted with procuring the necessary PPE required to protect employees. WCG, together with the City of Cape Town and Wesgro, and in partnership with First National Bank/Rand Merchant Bank, launched a dedicated online PPE marketplace that provides a single place for small and large PPE manufacturers to promote their product ranges, and for businesses to secure masks and other PPE.
- 14.2.5** The COVID-19 Support Finder was launched together with the City of Cape Town and Wesgro to assist businesses to navigate and access the many support funds available to them. This online tool asks five questions, ranks the answers against pre-determined criteria, and provides a list of funds that businesses may qualify for.
- 14.2.6** In terms of assistance for the agricultural sector, WCG procured 100 000 cloth masks and 1 000 litres of hand-sanitiser and distributed them to agri-workers across the Province. 35 198 masks were distributed to agri-workers in the Witzenberg region. The WCG has also approved protocols for the transport of essential seasonal workers in the agriculture sector from the Western Cape to other provinces.
- 14.2.7** WCG has supported municipalities by ensuring that the delivery of basic services in all municipalities continue without interruption and by ensuring that frontline and essential workers are operational so services can continue. A Local Government Support Grant of R16,2 million was distributed to municipalities aimed at augmenting and supporting humanitarian initiatives.
- 14.2.8** The COVID-19 pandemic has had a severe economic impact on the waste industry, especially on the informal waste industry and waste pickers. A relief program for waste pickers, in the form of food vouchers, has been rolled out to assist, with support of National Government.
- 14.2.9** National testing and lab capacity has been under severe strain because of the sharp increase in cases in the Cape Metro region. This has affected testing for the Western Cape. There are a large number of undetected cases, which will continue to grow because of the limitations on testing. As the pandemic progresses, the limits of available capacity will ultimately be exceeded. In terms of rural districts, the Cape Winelands District has shown evidence of multiple clusters, which are fast spreading, having started in Witzenberg three weeks ago and having moved on to Drakenstein, Stellenbosch and Breede Valley in the past two weeks. Early clusters have been detected in Overberg and West Coast districts, however, there are many areas with no or sporadic cases.
- 14.2.10** All eight sub-districts in the City of Cape Town have established community transmission and have recorded increasing positive cases over the past month. Initial growth in cases has been linked to specific workplace clusters. Prioritised hotspots in the Cape Metro area

include Tygerberg, Khayelitsha, Klipfontein, Dunoon and Houtbay. The prioritised rural hotspot is the Cape Winelands (Drakenstein and Witzenberg).

- 14.2.11** In terms of the Hotspot Strategy, the identification for appropriate people for admission to designated isolation and quarantine facilities will have to be nuanced, in light of the testing capacity challenges, together with exploration of viable and feasible community-based isolation models (via community initiatives). Behaviour change in terms of social distancing, hand and surface hygiene and universal mask wearing, targeted in all areas of gathering in hotspot areas will be key to controlling the spread of the virus. Curbing the spread requires a Whole of Government Approach (WOGA) as well as a Whole of Society Approach (WOSA).
- 14.2.12** The Du Noon Metro Pilot project, if successful, will be rolled out to other hotspot areas. The approach looks at case management, quarantine and isolation, civil compliance, slowing the spread of the virus, humanitarian relief and food security and economic recovery. The biggest issue in this space is around funding uncertainty.
- 14.2.13** In terms of legislative challenges, the Disaster Management Act, 2002 (Act 57 of 2002), does not empower provincial governments and municipalities to issue regulations or directions to complement those issued at national level. It is a challenge for provincial governments to perform a supporting roles without any power to regulate where necessary. Additionally, there was minimum opportunity for citizens and businesses to raise queries or objections pertaining to regulatory matters.

**14.3 18 June 2020: Briefing by Adv R Maasdorp, the Western Cape Provincial Parliament's (WCPP) Legal Adviser, to the Committee on De Beer vs the Minister of Cooperative Governance and Traditional Affairs declaring certain lockdown regulations invalid (Annexure C)**

- 14.3.1** On 2 June 2020, the Pretoria High Court declared lockdown regulations for levels 4 and 3 to be unconstitutional and invalid<sup>18</sup>. The Minister of Cooperative Governance and Traditional Affairs was given 14 days to rectify this<sup>19</sup>.
- 14.3.2** At its meeting on Wednesday 3 June 2020, which was the day after the High Court ruling, the Committee resolved to request a legal advisory note from the WCPP's Legal Support unit on the Gauteng High Court (the Court) judgment in respect of De Beers versus the Minister of Cooperative Governance and Traditional Affairs (COGTA) concerning the Disaster Management Act Regulations governing activities during the lockdown(s). The Committee was interested to understand the consequences of the judgement for their constituents and the work of government. The judgment, stated the following:
- (i) The lockdown regulations promulgated by the Minister of COGTA were declared unconstitutional and invalid;
  - (ii) The Declaration of Invalidity was suspended until such time as the Minister reviewed, amended and republished the regulations; and
  - (iii) The Minister was directed to comply with the Court Order within 14 business days from the date of Order, or such longer time as the Court may, on good grounds shown, allow the Minister to report on the compliance. The Court provided the Minister the opportunity to apply for an extension of the period of suspension. There is also allowance for an appeal or an application for a review of the judgment.

<sup>18</sup> <https://www.news24.com/news24/southafrica/news/irrational-irrational-constitutional-crisis-as-judge-rules-lockdown-regulations-invalid-20200602>

<sup>19</sup> <https://www.bbc.com/news/world-africa-52904043>

- 14.3.3** On 18 June, Adv Maasdorp briefed the Committee on the legal note which had been circulated to prior. Observations and challenges included that:
- 14.3.4** The Minister has lodged an appeal against the judgment. This legal action by Government will culminate in the suspension of the Court Order. As a result, the legal status quo, in respect of the lockdown regulations, will remain until after the appeal has been heard.
- 14.3.5** It was advised that, pending the appeal, there are no immediate legal implications for the institution or the Committee itself.
- 14.3.6** The timeframe for the matter to be heard was subject to the Court’s roll. It was possible that the officials and relevant presiding officers would give due consideration to the urgency and need for legal clarity.
- 14.3.7** In terms of arrests made during the period where the regulations were enforced, if someone was arrested for having contravened particular regulations, then the arrest would stand. However, if the regulations were found to be unconstitutional then the person would have recourse.
- 14.3.8** The role of the National Council of Provinces (NCOP), in respect of the issuing of Regulations during the national lockdown, was also addressed in the judgment. The Court referred to Section 27(2) of the Disaster Management Act (Act 57 of 2002) (the Act), which provides that if a national state of disaster is declared, the Minister may, after consulting the responsible Cabinet member, make regulations or issue directions or authorise the issue of directions in respect of a number of “functional areas” as listed in that Section. The Court found that these “functional areas” fell within the areas of provincial legislative competence. Section 146(6) of the Constitution provides that a law made in terms of an Act of Parliament or a Provincial Act can prevail only if that law has been approved by the NCOP. However, Section 27(2) of the Disaster Management Act does not enjoin the Minister to first seek NCOP approval when making regulations in terms of this Section. Hence, the Court found that the provinces need not give prior approval for the regulations.

## **15. Government Finance and Budgets**

- 15.1 22 May 2020: Briefing by the Provincial Minister of Finance and Economic Opportunities and the Head of the Provincial Treasury on the impact of the COVID-19 pandemic on the finances and budgets of the Province, the plan to adjust and allocate budgets, the financial support provided by National Government, funding for COVID-19 allocated to municipalities and spending by municipalities during the lockdown period, provincial reserve funds, goods and services procured under emergency procurement regulations, procurement of Personal Protective Equipment, actions taken by Provincial Treasury to manage relevant departments, the impact of the lockdown on predominantly tourist economies and the relief packages available to these areas, and an update on the Public Private Partnership framework for the Province**
- 15.1.1** At the time of the provincial budget speech, the Province did not know the scale of the pandemic, nor the implications on the provincial budget. The Western Cape will have to make very deep budget cuts. The projections are subject to change over time, however, the provincial government estimates a R610 million own-revenue shortfall, at least a R3 billion provincial budget cut, and expenditure demand to fund the COVID-19 response to the amount of R2,4 billion in the Western Cape.
- 15.1.2** To date the provincial government has committed R1,14 billion to COVID-19 related expenditure, including but not limited to R628 million to the Western Cape Department of Health for Personal Protective Equipment (PPE), laboratory tests, hospital beds and ventilators. R273 million was allocated to the Western Cape Education Department (WCED) for PPE, thermometers, sanitisers and cleaning materials. R168 million was given to the

Western Cape Department of Transport and Public Works for the setting up of quarantine and isolation facilities and the field hospital at the Cape Town International Convention Centre (CTICC). R 35 million was allocated to the Western Cape Department of Social Development and R18 million was also allocated to the WCED for an initial humanitarian response, which included the provision of 50 000 food parcels, the re-initiation of school feeding schemes; and the delivery of 10 000 cooked meals per day for one month. R16,2 million was allocated to the Western Cape Department of Local Government in the form of a Local Government Support Grant to strengthen and support the current humanitarian initiatives within municipalities.

- 15.1.3** Provincial Treasury was committed to ensuring that healthcare workers and other frontline staff in the Province received proper PPE. The Provincial Treasury aimed to ensure that the healthcare system was had the necessary funding for acute and ICU bed facilities as well as quarantine and isolation facilities.
- 15.1.4** Provincial Treasury would continue to engage with the National Treasury on a weekly bases to ensure the Western Cape's actions were aligned with national government's response. National government will be tabling a mid-year adjustment budget in response to COVID-19, possibly on 24 June 2020.
- 15.1.5** Government is dealing with an unprecedented environment of both economic and fiscal uncertainty. The second quarter of the calendar year is likely to bring even greater economic disruption across the globe and there is massive financial market volatility, with resurgent trade tensions. Global economic recovery is going to be dependent on pandemic pathways across various countries. In South Africa, the contraction in the economy comes on the back of structural weaknesses in the domestic economy, with growth projections of between -5.8% and -7.4% in the economy in the current year. The deficit is now projected at 11.6% for 2020/21 (R508 billion), and 9% for 2021/22.
- 15.1.6** Provincial Treasury has predicted that the tourism and construction sectors are going to be hit the hardest, with significant job losses. However, the agricultural sector might remain stable, particularly if there is a resumption in international agricultural exports, and if there is continued weakness in the Rand.
- 15.1.7** President Ramaphosa announced a national fiscal response package of R500 billion. The vast majority of the package is targeted to be directly transferred to households and firms. Only R40 billion of the package has been allocated to provinces and municipalities. The Western Cape's allocation was not clear at this point. In terms of financing this R500 billion package, R130 billion will be from reprioritisation, including R30 billion from provinces. Using the Provincial Equitable Share (PES) formula, the Provincial Treasury predicted that this would amount to R3,09 billion for the Western Cape, which the Province would be required to generate from savings.
- 15.1.8** There are a number of risks that remain for the current fiscal year in terms of expenditure management. Wage increases for the public sphere will have a significant impact on the provincial budget. There are emerging impacts in relation to regulatory requirements across departments, for example, with school readiness or even preparing government's administrative buildings for employees to return to work. The costs are not fully known but they are projected to be very high, and are continuing to rise. There are also emerging labour conflicts over returning to work and arrangements for PPE.
- 15.1.9** Provincial Treasury has received requests from various provincial departments for funding. There is still uncertainty in some of the major frontline departments regarding expenditure, however, Provincial Treasury has been working with the departments to determine the costs of the impact of COVID-19 on the departments. In terms of actual expenditure and commitments by departments, this has amounted to R1,148 billion so far, as at 19 May 2020. This amount increases every week. Of the R1,148 billion spent, 82% was for goods and services procured, for example, nebulisers, face masks, PPE, linen and sanitizing equipment.

Expenditure for the Departments of Education and Transport and Public Works will increase significantly with the opening of schools.

- 15.1.10** There was confusion around procurement costs as the costs per department for goods and services that were procured varied considerably. This was partly due to procuring different sized units per department. The different supply costs also contributed to the varied costs per department. Some suppliers could not supply the quantities needed within the timeframes that were required. The Provincial Treasury encourages efficiencies and competition, which means they cannot procure from only one supplier at one price point. Additionally, some of the frontline departments procured goods early when goods were at lower prices, while other non-frontline departments procured goods later when prices had already escalated. This would be clarified in an updated presentation.
- 15.1.11** The lockdown had and will continue to have a massive impact on the local tourism sector. Tourism is a significant sector in the Province in terms of its contribution to Gross Value Added (GVA), as well as its contribution to employment. Provincial Treasury has predicted that there will be no international tourism for 12 months from the start of the lockdown and that the tourism sector could shed approximately 104 505 jobs, accounting for 43% of all employment losses. Many SMMEs in the tourism or tourism-related sectors will be under extreme pressure and it is predicted that 50% of all tourism businesses will close down. However, there is a broader, fiscal relief function available under National Government for tourism relief, which is integrated into the national disaster response package. Provincial Government's role is to support these businesses with access to relief packages, including UIF packages.

## **16. Public participation**

The Committee embarked upon a 3-pronged public participation programme between 22 July and 14 October 2020 namely: citizen engagement, oral submissions and request for public input. As per Section 118 1(a) of the Constitution of the Republic of South Africa read with Section 28(3) of the Constitution of the Western Cape, the Provincial Parliament must facilitate public participation in its activities and those of its committees.

**Citizen engagement:** The first public participation process was through a series of citizen engagements in the Committee based on the themes agreed upon by the Committee -from umbrella bodies, federations and organisations. The Citizen Engagement programme sought to include discussions with various stakeholders outside of government so that the Committee could engage with the private sector and civil society organisations. The Committee issued invitations to umbrella bodies/formations/federations that represented voices in various sectors of the Province in order to gain a broad understanding of the subject matter and the lived experiences of the pandemic and government's management thereof.

**Request for public input:** The second stage of the public participation process was a call for submissions from the public on the public's view of government's responses during the COVID-19 pandemic. This process was rolled out via a series of questions published on social media through infographics and an advert published in mainstream newspapers and community media. Interested stakeholders were encouraged to submit their comments via an email address and/or WhatsApp voice notes and messages. This stage also included deliberations on the written submissions received from approximately 17 000 stakeholders.

**Oral submissions:** The third stage of the public participation process was the public hearing held with civil society organisations and members of the public who expressed their

willingness to address the Committee and describe their experience of the pandemic and how it has affected their lives and those of the stakeholders they represent.

## 16.1 Citizen Engagement

### 16.1.1 **22 July 2020: Health Readiness - Engagement with the Hospital Association of South Africa (HASA) on the readiness and responsiveness of private hospitals in the Province, the bed capacity, testing data and challenges, cooperation with the Provincial Department of Health and the “new normal” health system post the peak**

#### **Attendees**

NAME	DESIGNATION
Dr B Valodia	Chairperson – HASA Board
Mr D Bomela	CEO - HASA
Dr A Laubscher	Clinic – HASA (Netcare)
Mr J Mtolo	Operations and Support - HASA

#### **Observations:**

- (a) HASA informed the Committee that the private hospital industry has formed a united front under the banner of Health Facilities Response work stream of the Business for South Africa (B4SA) initiative. This is a collaboration that includes non-affiliated private hospitals. These work streams meets regularly to discuss preparedness for the pandemic. Various engagements with critical role players such as the National and Provincial Health departments. They communicate about procuring appropriate protective wear, machinery etc.
- (b) Private hospitals focused on four areas of activities such as necessary systemic changes, collaboration with respective government departments, regional command councils, and then internal preparedness to look at disaster plans, command structures, occupational health, reporting systems and awareness campaigns, and lastly, clinical matters such as staff training, patient flow/treatment areas, additional staff, surge planning and equipment audits and procurement.
- (c) On 17 March 2020, private hospitals requested the Competition Commissioner for necessary exemptions to enable the coordination of pandemic response efforts.
- (d) On 18 March 2020, the Minister of Health was asked to allow hospitals to re-categorise beds in response to the pandemic. On 28 March 2020, letters were sent to the nine provincial Departments of Health making a similar request for the same reason.
- (e) In assisting with additional health resources, private hospitals engaged with the SA Nursing Council early in April 2020, to enable the temporary restoration of nurses who wished to volunteer for the pandemic response.
- (f) In terms of sharing information, private hospitals received requests for information from multiple sources and responded positively to each with some reports ongoing: the National Institute for Communicable Diseases C+ hospitalised cases; the National Department of Health for staff resources numbers, beds and equipment as well as healthcare worker (including doctor) infections, isolations, quarantines and deaths; Department of Trade and Industry for consolidated ventilators, anaesthetic machines and Continuous Positive Airway Pressure (CPAP) machines per facility statistics.

- (g) Private hospitals are actively participating in various committees within the various provinces, and similarly in the Western Cape to ensure a better collaboration with provinces.
- (h) In addressing the internal responses in the private sector HASA had to look at the COVID-19 plans for operations, employees and clinical interventions.
- (i) With reference to the partnership between the private hospitals network and the Western Cape Department of Health, private hospitals participate in the Western Cape Joint Operational Committee that was established to allow for discussions on operational matters within the healthcare sector. A Service Level Agreement was established for private hospitals to participate in the Western Cape Joint Operational Committee to allow for discussions on operational matters within the healthcare sector.
- (j) Certain challenges experienced in the private hospital sector are nurse shortages and the critical need to train more nurses especially in specialised skills. Sharing of nursing resources is currently happening between public and private hospitals but no formal agreement was concluded.
- (k) The private hospitals sector agreed on a set fee proposed by the National Health Department for patients referred from public hospitals to private hospitals and this agreed to fee is below the cost of normal rates charged in the private health sector. To this end, a Service Level Agreement (SLA) was signed with the private hospital sector and the Western Cape Department of Health. All other provinces will sign similar SLAs as well. COVID-19 positive cases or suspected COVID-19 patients will be transferred when the public sector facilities are unable to cope.
- (l) Elective surgeries were reduced in private hospitals due to the COVID-19 pandemic.
- (m) With reference to data and contact tracing the respective private hospital groups submits their data to the National Institute for Communicable Diseases (NICD) daily, the NICD sends this data to the provinces and districts and the districts then performs the contact tracing.
- (n) In terms of bed availability, the province has requested that private hospitals update their bed capacity twice a day to indicate bed availability at the respective hospitals.

**16.1.2 22 July 2020: Health Readiness - Engagement with the chairpersons of various Hospital Facility Boards across the Province on the management of health facilities and the needs of the patients and families during the pandemic**

**Attendees**

NAME	DESIGNATION
Mr Llewellyn Jones	Chairperson Victoria Hospital Facility Board
Mr Donovan Forbes	Chairperson Metro TB Hospital Complex (Brooklyn Chest)
Mr Paul Baartman	Chairperson Swellendam Hospital Facility Board
Dr Walter Willies	Chairperson Clanwilliam Hospital Facility Board
Ms Lorraine du Toit	Chairperson Otto Du Plessis Hospital Facility Board
Ms Johanna Gous	Matron at Prince Albert Hospital (representing Chairperson)

**Observations:**

- (a) Mr L Jones, Chairperson of the Victoria Hospital Facility Board reported that the Victoria Hospital had just under 300 admissions of COVID-19 cases and some deaths. 79 staff members tested positive for COVID-19 and as at 22 July 2020 they only had 8 positive cases and no deaths.

- (b) The Victoria Hospital Facility Board mobilised their fund raising resources and raised R2 million rand. They engaged with the hospital task team to identify the top priorities to supplement the equipment in the hospital and therefore bought two high flow oxygen machines to deal with the more critical patients, a paediatric ventilator with a paediatric incubation probe, additional Personal Protective Equipment (PPE) and installed Wi-Fi connectivity for patients to be in contact with family and friends in the outside environment.
- (c) Mr D Forbes from the Metro TB Hospital Complex and Brooklyn Chest Hospital Facility Board reported that in terms of both hospitals 48 persons tested positive, they had 24 recoveries and 24 staff members were in isolation. Mr Forbes mentioned that besides dealing with the COVID-19 pandemic they have to see to the needs of the Tuberculosis (TB) patients as well.
- (d) Ms L du Toit informed the Committee that the Otto du Plessis Hospital Board receives good support from the community and they in turn support the nursing staff daily. The hospital board presented the nursing staff with gift baskets to show their appreciation for supporting the hospital and patients during this time.

**16.1.3 22 July 2020: Health Readiness - Testimonies from three COVID-19 survivors in respect of their experiences with the health system as they recovered from the virus**

**(i) Chief Eric Galada:**

Chief Eric Galada is a Traditional Leader in Langa, who has always been active in the community with HIV/AIDS and TB awareness and was involved in helping with community screening. He tested positive for COVID-19 in May and spent 14 days in isolation, which he completed on 11 June 2020. He wants to speak out to remove the stigma attached to contracting the virus.

**(ii) Ms Nosisi Jacobs:**

Nosisi Jacobs a 33-year-old mother of three from Langa who tested positive for COVID-19. Nosisi required medical treatment in New Somerset Hospital and then isolated at a Western Cape Government Isolation facility. Her doctor at Langa CHC and the doctors at NSH arranged for her children to isolate with their mother at the Lagoon Beach Isolation Facility.

**(iii) Mr Danny Olyn**

Mr Danny Olyn is a 44 year old married with six children. Danny fell very ill with flu and was struggling to breathe. He did not know he had COVID-19. His condition worsened but he couldn't get an available ambulance until eventually an ambulance volunteer from his community took him to hospital in her car. He was stabilised at Retreat Clinic and then transferred to Victoria Hospital. His condition was so bad that they had to transfer him to Groote Schuur Hospital for specialised treatment. He was in ICU and on a ventilator over a period of 2-3 weeks in a very serious condition. He kept fighting and survived.

**Observations and Challenges:**

- (a) The Committee found that communities are stigmatising community members who are COVID-19 positive and they are not getting the support from their community structures as were conveyed by Ms Jacobs and Mr Olyn.
- (b) It was found that the community lacks understanding and empathy and the Committee made a special call that all public representatives and communities embark on a public education process in those communities that fail to understand the needs and support for a COVID-19 infected person.

- (c) The Committee noted that Mr Olyn reported that there was a delay in waiting time for the ambulance arrival which needs to be addressed since this could stop the unwarranted deaths.
- (d) The Committee encouraged Ms Jacobs and Mr Olyn to liaise with the Department of Social Development to assist with supporting them with the trauma they experienced, more especially Ms Jacobs who was separated from her three children for a period of time.
- (e) Chief Galada, Ms Jacobs and Mr Olyn expressed their satisfaction in the manner in which the Western Cape Department of Health treated them in the respective facilities where they were admitted.
- (f) The Committee appreciated the willingness and bravery of the three COVID-19 survivors to have had the courage to address the Committee and share their experiences with surviving COVID-19.

**16.1.4 14 August 2020: Protection of the Vulnerable - Engagement with umbrella bodies for homes for older persons on how they are managing to prevent the spread of COVID-19 within their facilities and the challenges they have encountered during the pandemic (BADISA, Cape Peninsula for the Aged (CPOA), Age-in-Action Western Cape, ACVV and Western Cape Older Persons Forum (WCOPF))**

**Attendees**

NAME	DESIGANTION
Ms Christine Quickfall	Chief Executive Officer of BADISA
Sister Louise Nix	Nursing Service Manager for CPOA
Ms Yolanda Adams	Human Resources Manager for CPOA
Ms Irene Snell-Carroll	Provincial Director for Age-in-Action Western Cape
Ms Ria Abel	Chairperson of the ACVV
Ms Mara Koornhof	Vice-Chairperson of ACVV
Ms Lucia Smuts	National Manager: Older Persons at ACVV
Ms Helen Kriel	Regional Manager: West Coast/Cape Winelands of ACVV
Ms Ida Nel	Cape Metropole/Overberg
Mr Vernon Hendricks	Chairperson of WCOPF
Ms Alvira Kleinhans	Board Member of the WCOPF
Mr Virgil Groepe	Treasurer of WCOPF
Ms Melonice Blanckenberg	Coordinator: Active Ageing for WCOPF
Ms Johannah Joshua	Coordinator: Ward Committees for WCOPF
Ms Shariefa Darries	Provincial Coordinator for WCOPF

**Observations:**

- (a) Ms Quickfall, representing BADISA, informed the Committee that the COVID-19 pandemic brought about financial challenges as organisations were unable to fundraise since the middle of March 2020 when the lockdown commenced. This also brought about donor fatigue as organisations for older persons were more reliant on donor funding.
- (b) The organisations acknowledged support from the DSD provided in the form of PPE, however, this provision was not sufficient as there was a constant need for PPE. Although the DSD provided R15 000 for PPE, facilities required more support as staff who tested positive for the virus had to be replaced at the facilities and this was a challenge due to lack of funds. There were a few residential facilities that had to buy their own PPE. Another

challenge was the trauma suffered by staff members working at facilities who had witnessed the impact of the virus on residents and other staff members. Staff members were exhausted

and suffering from burnout. Additionally, the general uncertainty about the virus hindered organisations from engaging in medium to long term planning for their facilities.

- (c) Mr Hendricks from the Western Cape Older Persons Forum (WCOPF) extended the organisation's gratitude to the first responders, essential employees, public health leaders, physicians and scientists who were continuing to work to treat COVID-19 patients, to protect vulnerable persons, and to minimise the spread of the virus. Although older persons were disproportionately affected, some older persons were coming out of retirement to assist in health facilities and run soup kitchens.
- (d) According to the WCOPF, more and more people are relying on SASSA beneficiaries as they are losing their jobs. Parents who previously relied on their children to supplement their SASSA grants, now have to assist their children who have become unemployed due to the pandemic. Older persons living in facilities have also experienced more instances of loneliness since they have not been able to receive visits from family members, and since they have not been able to attend religious gatherings. This isolation has impacted on the emotional wellbeing of persons living in facilities for older persons. The exclusion of SASSA beneficiaries as recipients of food parcels has placed an even greater burden on older persons who have become the only means of household income.
- (e) The WCOPF stated that not all residential facilities were able to create isolation facilities for residents who contracted the virus. Additionally, where there were isolation units, there were not enough staff members to oversee the facilities. Carers are trained to perform certain duties and when residents test positive, these carers are expected to perform duties outside of their job description, which was not fair to them.
- (f) The WCOPF found that the re-evaluation of persons on disability grants could not take place due to staff shortages. This meant that the financial burden would rest solely on older persons in households, who had to care for persons/children with disabilities while the parents were working.
- (g) Ms Snell-Carroll, representing Age-In-Action Western Cape (AIAWC), acknowledged that physical distancing was crucial, however, it had to be accompanied by social support measures and targeted care for older persons, including facilitating access to digital technologies. However, technology was a challenge for older persons who wanted to communicate with their loved ones. Many older persons thrive on social interaction, which was stopped during the lockdown. This has created a risk of older persons falling into depression. During the pandemic, older persons were unable to come to terms with the loss of their loved ones as they did not have the opportunity to say their farewells, causing additional trauma.
- (h) According to AIAWC older persons experienced a number of challenges during the pandemic such as not being able to fetch their chronic medication, and not being able to self-isolate due to extremely impossible circumstances where they were living in large households and low-cost housing with one bedroom. Additionally, there was a concern that the reason that elder abuse reports did not increase during the lockdown was because older persons were living with their abusers and did not have a safe space to go to if they wanted to report the abuse.
- (i) Sr Nix from the Cape Peninsula Organisation for the Aged (CPOA) informed the Committee that they currently had 48 active cases of the COVID-19 virus (36 residents in older persons facilities and 12 staff members that were infected), and 149 recoveries. So far, 47 residents and one staff member had succumbed to the virus. The oldest COVID-19 survivor in the CPOA facilities was 92 years old. The CPOA implemented a number of interventions including training on the use of PPE, which resulted in a recovery rate that exceeded the national rate. Similarly, the ACVV also established its own Occupational Health and Safety

policies to combat the spread of the pandemic in its homes. Some staff members at these facilities opted to stay at the facilities rather than stay in high-risk communities where the

use of public transport did not allow for proper social distancing. Some staff opted to use private transport to get to work, which resulted in additional costs for the facilities.

- (j) Ms Smuts, representing the ACVV, informed the Committee that the pandemic arrived after the facilities' budgets had been approved, which meant that facilities had to adapt the budgets to cope with additional COVID-19 expenses. The provision of proper PPE for staff, including the N95 masks, remained a challenge. The delay in testing and release of results caused a delay in implementing further preventative measures. Family co-payments also stopped when people became unemployed, which put facilities under immense pressure.

**16.1.5 14 August 2020: Protection of the Vulnerable - Engagement with the Western Cape Association for Persons with Disabilities (WCAPD) on the efforts the organisation has made to support COVID-19 management and awareness for persons with disabilities**

**Attendees**

NAME	DESIGNATION
Ms Erica Du Toit	Coordinator: Awareness and Sensitisation - WCAPD
Ms Elmien Grobbelaar	Director - WCAPD
Ms Celist Gerber	Regional Manager: Chief Social Worker

**Observations:**

- (a) Ms Du Toit from the Western Cape Association for Persons with Disabilities (WCAPD) informed the Committee that, similarly to the experience that other organisations had, there was very little time to prepare for the pandemic and lockdown in terms of the organisation's services and the impact the virus would have on persons with disabilities. As a provincial office, the WCAPD was not considered an essential service as it did not provide a direct service to persons with disabilities and therefore would not have received work permits. However, the organisation was able to continue its work remotely. The WCAPD provides support services to its branches that provide direct support to persons with disabilities.
- (b) The consequence of the lockdown was that the WCAPD was unable to fundraise, which resulted in the organisation's income decreasing dramatically. There was no additional income from special care centre fees nor from the sale of products made in workshops.
- (c) The WCAPD ensured the distribution of PPE to its branches, which included masks, shields and gloves, and provided its staff with online training for the correct use of PPE. The WCAPD also developed a home stimulation programme for children, in partnership with the Department of Basic Education, for children who would have been in special care centres, but could not be there due to closure during the lockdown. The WCAPD used radio and social media to highlight the effect of the pandemic on persons with disabilities.
- (d) During the initial phase of the lockdown social work services were not recognised as essential services and social workers could not continue to see their clients. However, there was still a need for support. Social workers then provided telephonic support where possible. During level 4 of the lockdown, social workers were able to render a service, and they began to engage in home and office visits where needed. These services were under strictly controlled circumstances.
- (e) The WCAPD used its own funding in various branches to provide food parcels and cooked meals for homes. This was not the organisation's core business but the pandemic forced branches to implement these services to relieve the desperate need for assistance.

- (f) During the beginning of the lockdown, the WCAPD could not engage in fundraising efforts, which meant that there were no incoming donations, which has resulted in budget deficits for many of the organisation's branches.
- (g) Corporate entities could not continue to fund or donate to the WCAPD branches, and as a result the organisation's branches are now fully dependent on subsidies, which does not provide sufficient funding for all the additional expenses caused by the pandemic.
- (h) The unemployment rate at the WCAPD has increased as some of the branches do not have the resources to pay unfunded salaries, and as a result, retrenchment processes have started at a few branches.

**16.1.6 14 August 2020: Protection of the Vulnerable - Engagement with Lifeline Western Cape and Jelly Beanz on bereavement counselling and psychosocial support for individuals and communities during the COVID-19 pandemic**

**Attendees**

NAME	DESIGNATION
Ms Glynis Depper	Counselling Consultant for Lifeline Western Cape
Ms Edith Kriel	Executive Director for Jelly Beanz

**Observations:**

- (a) Ms Depper from Lifeline Western Cape (Lifeline) informed the Committee that many of the calls they have received were for counselling in respect of GBV and other psychosocial issues because people are no longer distracted by work and everyday life, especially if an individual is prone to anger. There is a cost to counsellors on a psychological level as the work can be very difficult. The type of bereavement counselling that Lifeline has dealt with was in respect of loss of employment, loss of a sense of predictability, loss of control and loss of family interaction.
- (b) According to Lifeline, online counselling and texting has become more popular due to the lockdown because individuals are trapped in the house with their abuser and cannot leave. Lifeline has used WhatsApp to communicate with its clients. Lifeline has been in demand for trauma debriefing. The organisation has a specific team that goes out to clients.
- (c) Ms Kriel, representing Jelly Beanz, informed the Committee that the COVID-19 pandemic has added another layer of distress to children who already experience high levels of complex and developmental trauma. Many children did not have access to information about the virus, which caused additional fear and anxiety. When children are traumatised it impacts on their neurobiological functioning and development of the brain.
- (d) According to Jelly Beanz, children have been exposed to increased instances of violence in the homes during this period. The majority of cases referred to the organisation during the pandemic has been for crimes of sexual abuse. There were also instances of children who were traumatised by issues happening at community level such as witnessing violent acts from the army during the initial phase of the lockdown.
- (e) Jelly Beanz indicated that children have experienced anxiety due to exposure to the virus and deaths of loved ones, which has caused them to withdraw and shut down. Home-schooling and the disruption of schooling (opening and closing of schools) has been problematic and has seemed to affect children on an emotional level. Additionally, it was a challenge for children to access child protection services during lockdown where some services were inaccessible.

- (f) Jelly Beanz asked that communication between government and Non-Profit Organisations be improved to deal with disaster management, especially around food distribution. The organisation did not receive food parcels or extra funding from DSD.
- (g) During the lockdown Jelly Beanz distributed food parcels, developed messaging for radio broadcasts, continued to make contact with clients via telephone, WhatsApp and online platforms, developed training materials for telephone/online therapy, continued to report on the abuse of children, and ensured that services were rendered during a time when there were very few statutory child protection organisations available, amongst other things.
- (h) Jelly Beanz anticipates an increase in disclosures of abuse and neglect once schools reopen. Traumatized children rely on non-verbal communication to indicate abuse or safety issues. Wearing a mask could hinder this type of communication at schools. Teachers will need to be trained and supported to manage the emotional impact of the pandemic. Similarly, frontline workers and community leaders will also require training in respect of psychological first-aid, as there could be an increase in the number of children requiring psychosocial support.
- (i) Funding has been a challenge during the lockdown. Jelly Beanz has already had to retrench a staff member during the pandemic.

**16.1.7 19 August 2020: Education - Engagement with the Independent Schools Association of Southern Africa (ISASA) on the organisation’s work during the COVID-19 pandemic, social distancing measures in place at schools, the strategy to ensure that learners will cope with the syllabus, the challenges experienced, the teacher and learner infection rates and the “new normal” at schools**

**Attendees**

NAME	DESIGNATION
Mr L Montjane	Executive Director - ISASA
Ms A Barr-Saunders	Senior Officer: Research, Communications and Training – ISASA
Mr S Lee	ISASA

**Observations:**

- (a) ISASA is a non-profit organisation that provides its members with services to protect their interests, promote best practise and support equal education. ISASA is the largest and oldest independent schools’ association in Southern Africa. The body consists of over 15 000 Educators and over 200 000 Learners.
- (b) Mr Montjane informed the Committee that ISASA has 127 member schools in the Western Cape from a total of 273 independent schools which includes low fee and no-fee schools.
- (c) ISASA performs quality assurance of schools on application of membership and every six years thereafter. ISASA employed a strategic, measured approach and fostered a relationship with the National and Provincial Departments of Education.
- (d) The major change during the COVID-19 pandemic is that the Hybrid Educational Delivery method has been the norm and it seems as if remote teaching learning will remain. The ability of Independent Schools to successfully execute quality remote instruction which highlighted flexibility through various forms of virtual platforms like Google classrooms and Microsoft Teams, while the lower paying or no paying fee schools interacted with their learners via texts and WhatsApp and these schools were required to provide food parcels to its learners as well and in delivering the food parcels they disseminated the work to learners at the same

time. The Committee noted that certain schools will advocate for hybrid education, remote teaching and learning, but raised concern that this might widen the inequality gap between the various types of schools who can accommodate such practises.

- (e) The contentious role of the Teacher Unions have been experienced as in other international countries.
- (f) The members of ISASA indicated that they have not lost any school days during the COVID-19 pandemic. ISASA created a COVID-19 portal as an Open National Resource which is accessible to all and contains COVID-19 information and learning materials suitable for online learning supplied by member schools.
- (g) ISASA supported the movement that the Pre-primary schools reopened including Early Childhood Development Centres.
- (h) Directions came from the National Department of Education that schools needed to get consent from its Provincial Departments to allow more learners in the schools. Both the Western Cape Education Department and the Gauteng Department of Education succeeded well in getting approvals for consent for deviation. ISASA provided ongoing assistance to their Member schools with notification of the intention to deviate from the directions of the Regulations, compliance with all COVID-19 standard operating procedures and verification in allowing the relevant authorities to inspect schools.
- (i) ISASA has managed to negotiate special pricing on data and devices from South Africa's largest mobile networks, Vodacom and MTN. Both providers agreed to make standard data available at a reduced cost, as well as URL-linked (site-specific) data at a significantly reduced cost, for the duration of lockdown. Several device options were also available from each provider. They are currently also exploring the possibility of extending this special pricing beyond the lockdown period. The Committee welcomed this initiative by ISASA but however noted that these initiatives should benefit all schools and all pupils in the Province.
- (j) ISASA significantly ramped up its online presence and did frequent website updates, held many online meetings relating to COVID-19 regulations, wellness meetings for school principals and several meetings for schools to simply discuss issues amongst themselves. The organisation is planning online versions of main conferences for heads or principals and business managers.

**16.1.8 19 August 2020: Education - Engagement with the School Governing Body Associations and School Governing Bodies to understand the work the organisations have done during the pandemic and the challenges that have been experienced**

**Attendees**

NAME	DESIGNATION
Dr M Venter	Executive Officer: Governing Body Foundation (GBF)
Mr K Williams	Chairperson: Wellington District Governing Body Forum
Mr T Marshall	Deputy Provincial Manager: Federation of Governing Bodies of South African Schools (FEDSAS)

**Observations:**

- (a) Dr Venter informed the Committee that the GBF experienced lots of uncertainty with lack of information, late information, changing information and contradictory information from the various authorities.
- (b) The GBF indicated that the Student Governing Bodies are not at schools due to principals not allowing SGBs to visit schools, SGBs could not have virtual meetings at times due to

- connectivity problems, data and other issues. The SGBs seems to have been operating on their own.
- (c) School fee payments and fund-raising initiatives have declined during this time since some parents of learners were not able to pay schools either due to learners not being physically at school regularly and the parents not feeling the urge to pay schools due to either retrenchments or reduced salaries.
  - (d) There was an impact on staffing at schools where some schools dealt with reduced salaries and retrenchments. The schools therefore had to employ additional staff at times.
  - (e) The GBF tried to help schools in engaging with the Department of Basic Education (DBE) and the Western Cape Education Department (WCED) in many meetings for inputs and feedback on the situation at schools. The GBF supplied information and gave advice via personal interactions with schools, updating its website regularly and other largely COVID-19 related communications.
  - (f) The GBF's support system was mostly provided by WCED officials, a labour lawyer who could assist queries on labour matters, a litigation attorney, an industrial psychologists and their own experience and training to support the schools, respective SGBs and staff members.
  - (g) The GBF acknowledged that the WCED provided clear and timeous information in filling in gaps and taking a stand and leadership.
  - (h) Mr Williams from the Wellington District Governing Body Association identified challenges which include the filling of SGB posts since the schools does not have funding to continue with the SGB posts and the schools were not able to do fundraising for the salaries of the SGB posts. The return of the respective Grades since the 24th of August has been a concern since some schools have challenges of overcrowded classes and not being able to social distance adequately. They are also experiencing challenges with the reopening of ECD centres in the Wellington area.
  - (i) The learners are not returning to schools in Wellington as they should, which is becoming worrying. The educators in Wellington whose comorbidities were declined in some cases did not receive an answer from WCED yet. The schools lack resources which is limited, such as copy paper and due to not being able to do fundraising they have the lack of resources.
  - (j) The Wellington District Governing Body Association established an Education Crisis Committee to address the issues experienced which includes some of the Paarl schools as well. They try to support schools to distribute some of the school materials while the learners are still at home. Street Committees have been established for this purpose as well. Retired teachers have been approached to assist schools in teaching learners via the Education Crisis Committee to assist mostly matriculates during weekends and after school. The SGBs suggested that the more affluent schools in the area opt to share resources with the less privileged schools.
  - (k) Mr Marshall from the FEDSAS indicated that they are a national Non-profit Organisation (NPO) with head offices in Bloemfontein and branches in all provinces. The organisation focusses on developing effective and efficient school governing bodies to deliver quality education in public and independent schools. FEDSAS regularly meets with the WCED management at provincial and district levels, education labour unions and education sector stakeholders such as other NPOs and Non-government Organisations (NPOs). FEDSAS have numerous Zoom seminars with schools and members of the public to stay abreast of developments and provides support during this period.
  - (l) Western Cape FEDSAS has 550 members in all quintiles, half of which are no-fee paying schools. FEDSAS indicated that some parents have not realised the statutory obligations in place to pay school fees which has not taken place.
  - (m) FEDSAS identified the COVID-19 new realities in terms of information gathering and modes of interaction via national and provincial webinars, in addition they offer Zoom tailored

- sessions to upskill the SGBs, communicate via radio with both provincial and national stations and produces newsletters and newsflashes on social media platforms.
- (n) FEDSAS found that the WCED guidelines have been practical and useful. The WCED feeding scheme is vital but safety is required at all schools for collection of the food parcels. The online and distance learning depends on autodidacts, which means that it needs learners who are self-starters. Printed work provided for learners should be monitored. The SGB staff contracts have had to be renegotiated and the UIF-TERS was good at the time but has dwindled since payments were last made in April and May 2020. FEDSAS was alarmed with the fake news regarding education that have been doing the rounds and the anxiety it has created with the unnecessary disruption.
- (o) FEDSAS suggests that trustworthy support and sensible information and behaviour should be encouraged. In addition, the school feeding scheme should be supported and a trimmed curriculum delivery should be introduced. The ECD sector should be supported and schools should be supported to be financially fit to keep the SGB staff. Job opportunities should also be developed for the youth.

**16.1.9 26 August 2020: Economic Recovery, Support and Livelihood - Engagement with the Federation of Unions of South Africa (FEDUSA) on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work FEDUSA has done to support its members, innovation in the sector, and any concerns that FEDUSA wished to raise with the Committee relating to COVID-19 and the response to the pandemic**

*\*The Committee had also invited the Congress of South African Trade Unions (COSATU) and South African Federation of Trade Unions (SAFTU) to brief on the above, however the latter union federations were unable to participate at the meeting on 26 August 2020.*

**Attendees**

NAME	DESIGNATION
Ms Riefdah Ajam	General Manager - FEDUSA
Ms Marthnique Marinus	Provincial Executive Committee Member - FEDUSA
Ms Natalie Adams	Provincial Executive Committee Member - FEDUSA
Ms Yumna Abrahams	Provincial Executive Committee Member - FEDUSA

**Observations:**

- (a) FEDUSA informed the Committee that the pandemic has caused mental stress, anxiety, fear, depression and physical exhaustion for its members, which have affected members' duties towards their families. Healthcare workers have faced pressure from their families to resign because they fear they will lose their loved ones. There was also a stigma attached to healthcare workers, who were refused certain services because they were working in hotspot areas. Private sector members who could not work remotely faced hardships stemming from salary reductions on all levels.
- (b) According to FEDUSA, the National Treasury has forecasted that seven million jobs will be lost due to the pandemic. This is the worst-case projection. The industries most affected will be the automotive sectors, printing and packaging, personal care (hairdressing, cosmetology), retail and manufacturing, transport, aviation transport, tourism and hospitality, banking and insurance, and telecommunications (Telkom). More than 1 800

retrenchment cases have been referred to the CCMA during the lockdown. These cases could affect more than 100 000 workers. Approximately 14 747 private transport workers could lose their jobs and the hotel industry could see approximately 10 387 jobs lost. The retail sector has also been severely impacted with approximately 23 000 jobs that could be lost. FEDUSA stated that 36% of its members indicated that they were not confident that their businesses had the financial resources to continue operating through the pandemic.

- (c) There have been many interventions from FEDUSA to support its members, including being part of the Rapid Response Task Team on the National Economic Development and Labour Council to support job retention and creation, and to mitigate job losses. FEDUSA also has a number of joint efforts with different government departments and programmes. FEDUSA also launched its own Isibonolelo Fund on 1 May 2020 to assist its struggling members. FEDUSA unions distributed masks and are still distributing more masks throughout the Western Cape to assist with the fight against the pandemic.
- (d) FEDUSA found that during the pandemic, women and children continued to be faced with instances of GBV and are still living in abusive homes. The crime statistics continue to plague the Province. FEDUSA feels that the Province is not making the necessary positive strides in order to move forward. Another challenge was the disparity in the workplace in terms of the Occupational Health and Safety (OHS) Act. If the necessary OHS measures had been in place and been functional, the response to these functionalities would not have been as overwhelming as it was. Additionally, the payment of grants to beneficiaries was a challenge. The non-payment of UIF/TERS was a national concern that has affected FEDUSA's members. Collaboration with all levels of government was needed to resolve this challenge. There were a number of employer violations that were exposed during the pandemic/lockdown. There were gross violations in terms of the deductions that were made and money that was not paid to applicants. The consequence management of these matters were non-existent. Payments were found to be suspended, which contributed to the hardships experienced by FEDUSA's members.
- (e) In terms of the banning of alcohol and tobacco, there were a number of psychological impacts, an impact on the health response, and an impact on the private sector. According to FEDUSA, confiscations of alcohol and tobacco has only found its way back into the hands of corruption and recirculation.
- (f) Government will have a vital role to play in relation to awareness campaigns post the lockdown, as the World Health Organisation has warned that this virus will remain for approximately another year-and-a-half. Government's response to the social dilemmas faced by the country must be prioritised, especially for the health and wellness response. Healthcare remains a priority – critical posts must be filled and transport matters need to be resolved. FEDUSA is calling for an all-inclusive economic recovery strategy, with an unconditional commitment from government to saving jobs, a domestic tourism drive, sectoral interventions especially in hospitality, tourism and aviation transport, clear deliverables, outcomes and timeframes, and the appointment of a project manager to drive the economic recovery process.

**16.1.10 26 August 2020: Economic Recovery, Support and Livelihood - Engagement with the Cape Chamber of Commerce and Industry (CCCI), the Black Business Chamber (BBC) and the Mitchell's Plain Chamber of Commerce (MPCC) on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work the Chambers have done to support its members, innovation in the sector, and any concerns that the Chambers wished to raise with the Committee relating to COVID-19 and the response to the pandemic**

## Attendees

NAME	DESIGNATION
Mr Sid Peimer	Executive Director of Cape Chamber of Commerce and Industry
Mr Sizwe Ngqame	President of the Black Business Chamber
Mr Mntuwekhaya Cishe	Secretary General of the Black Business Chamber
Ms Renee Andrew	Treasurer General of the Black Business Chamber
Mr Sean Achim	Chief Executive Officer and Chairperson of the Mitchell's Plain Chamber of Commerce
Mr Igshaan Carstens	Chairman of the Strandbay Business Development and Forum and Member of the Mitchell's Plain Chamber of Commerce
Ms Karrima Jacobs	Committee Member of the ECD Forum and Member of the Mitchell's Plain Chamber of Commerce

## **Observations:**

- (a) Mr Peimer spoke on behalf of the Cape Chamber of Commerce and Industry (CCCI), stating that although mental health issues have always been serious matters, depression and anxiety were now “off the scale” during the pandemic. This has been due to social isolation, which was not healthy for anyone.
- (b) Mr Peimer stated that the pandemic has accelerated the move to the use of more digital platforms for work purposes. Within 24 hours of the lockdown announcement, the CCCI had moved its work online. Unfortunately, the cost of data is very high in South Africa. Even if the pandemic passes, there are still other challenges that will remain such as crime, unemployment, the social infrastructure that has been affected, and corruption.
- (c) According to members belonging to the CCCI, government support packages and assistance were not handled efficiently. Some of the COVID-19 regulations were irrational, such as not being able to transport alcohol to the harbour, banning of cigarettes, etc. If government continues to implement these types of regulations, then the country will remain uncompetitive.
- (d) Mr Cishe spoke on behalf of the Black Business Chamber (BBC), stating that the impact of COVID-19 on grassroots businesses was that many of its members had suffered massive reductions to their revenue, some businesses were struggling to operate normally since the lockdown, and others have not yet resumed work, while some of its members had closed their doors. Other challenges experienced by the BBC's members during the pandemic included the matter of skewed procurement policies that did not favour emerging entrepreneurs especially for PPE tenders, and non-existent food supply distribution centres managed by Small, Medium and Micro Enterprises (SMMEs).
- (e) The BBC realised that many of its members did not have access to government interventions. Many SMMEs did not have the privilege of having digital devices and internet connectivity at their homes and could not access or process application forms for relief funds from government, as all the internet cafes had also been closed according to the COVID-19 regulations. The BBC then lobbied government to make internet cafes essential service providers. The BBC encouraged their members to apply to the support schemes.
- (f) Mr Achim, spoke for the Mitchell's Plain Chamber of Commerce (MPCC), and informed the Committee that one of the greatest losses experienced during the pandemic was the death of the MPCC's Director of Tourism, Mr Cyril Williams. He stated that the pandemic had decimated the tourism industry in the Province, especially the Mitchell's Plain area.

- (g) Mr Achim informed the Committee that it was difficult to tell people living in areas such as Mitchell’s Plain, Khayelitsha, Nyanga, etc. to stay in their houses or to isolate, because when people have to go to the shops, they have to walk in pairs or in groups because of crime. Sometimes there are five families living in one-room houses, which did not allow for social distancing or isolation.
- (h) The MPCC found that some government departments had shut down during the pandemic, which brought certain administrative processes to a standstill. For example, people were unable to access their applications for bonds, which were still sitting in the deeds offices. Additional challenges included inaccessibility to internet or digital devices, high data costs and inaccessibility to IT assistance. This was extremely challenging for small businesses. When small businesses retrench one or more people, they in essence close their doors.
- (i) The MPCC informed Members that Early Childhood Development (ECD) centres were critical to support small businesses, as these services were needed while business owners were running their businesses from home. Many ECD centres in Mitchell’s Plain have closed their doors permanently.
- (j) The MPCC informed the Committee that many businesses had applied for UIF/TERS relief. However, the first payment to one of its members was six weeks late, and many were still waiting on payments from June 2020. The administrative process of applying for relief funds has been crippling for the MPCC’s members.

**16.1.11 26 August 2020: Economic Recovery, Support and Livelihood - Engagement with Agri Western Cape (AWK), Vinpro and the Master Builders and Allied Trades Association in the Western Cape (MBAWC) on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work the organisations have done to support its members, innovation in the sector, and any concerns that the organisations wished to raise with the Committee relating to COVID-19 and the response to the pandemic**

**Attendees**

NAME	DESIGNATION
Mr Jannie Strydom	Chief Executive Officer of Agri Western Cape
Ms Jeanne Boshoff	Corporate Communications Manager of Agri Western Cape
Mr Rico Basson	Managing Director of Vinpro
Ms Marisah Nieuwoudt	Wine Tourism Manager of Vinpro
Ms Des Paterson	Office Manager of Master Builders and Allied Trades Association Western Cape
Mr Deon Bester	Health and Safety Manager of Master Builders and Allied Trades Association Western Cape

**Observations:**

- (a) Mr Strydom representing Agri Western Cape (Agri WC), informed the Committee that the health and safety of farmworkers was the top priority for the organisation during the pandemic, and they did their best to keep all workers informed of matters related to COVID-19, especially around the regulations. Agriculture was declared an essential service from the beginning of the lockdown, however; there were certain commodities that were not allowed to continue during this period, which affected the finances of these businesses. The pandemic

and subsequent regulations impacted on certain commodities, which in turn impacted on the value chain of stakeholders in the agricultural sector, as many of the stakeholders in the sector were interconnected. The banning on alcohol sales impacted heavily on the wine value chain, which had a knock-on effect for many other businesses.

- (b) According to Agri WC, there were many regulations that were Gazetted, however; the interpretation of these regulations was a challenge. There were many regulations that had to be adhered to which made it difficult for businesses to function at optimal capacity. The additional cost of PPE was not necessarily budgeted for and impacted quite heavily on the finances of many businesses. Transport of farmworkers was essential for farmers and had to be prioritised. Various protocols had to be implemented to ensure that if workers tested positive for the virus that the entire operation would not shut down. Limiting access to the farms meant that farms could limit the spread of the virus.
- (c) Agri WC requested assistance from their members for food assistance and donations during the lockdown. Agri WC's members supplied Food Forward SA with more than 100 tons of fresh produce consisting of fruit and vegetables, etc.
- (d) According to Agri WC, there were many transport restrictions that were challenging for the sector, for example, in the informal market, where transporting produce from markets to consumers were restricted, this resulted in lower fresh produce market sales.
- (e) Agri WC informed the Committee that trade restrictions during the pandemic and lockdown continued to pose the biggest challenge for its members, followed by the lack of profitability, the global recession and the slow recovery of the tourism sector. Additional challenges that remained also included the drought, rural safety and the socio-economic impact of unemployment and crime, the maintenance and effective operation of infrastructure, and the lack of constant and affordable energy supply.
- (f) Mr Basson, representing Vinpro, informed the Committee that the country's wine industry had suffered major disruption during the pandemic. Wine manufacturing was not categorised as an essential service at first. This was announced on 23 March 2020. However, on 26 March 2020, this restriction was lifted and the sector was allowed to harvest and store wine products. On 7 April 2020, the sector was allowed to transport and export wine products, however, on 16 April 2020, the regulations banned the transport of wine to harbours. This created havoc for the sector's international supply chain as wine producers could not commit to supplying their importers, which resulted in a reputational challenge for suppliers.
- (g) Vinpro reported that an estimated R7,5 billion has been lost in direct revenue over the past 14 weeks within the wine industry, which is a severe impact for a fairly medium-sized industry. The lack of trade means that the revenue, turnover and sales of wine, will decrease severely. Another consequence is that there will be approximately 300 million litres of surplus stock by the end of the year, and that the sector will not be able to harvest a section of the 2021 crop. A decrease in cash flow meant that the price of wine could possibly decrease by 50 percent, which could also result in approximately 25 000 job losses. Vinpro stated that urgent financial dispensation was needed to assist the wine industry to recover from the impact of the pandemic. The wine industry is a significant employer of labour, much of which is in rural areas, which means that there will be a severe socio-economic impact on those areas.
- (h) Ms Nieuwoudt, representing Vinpro, stated that the wine tourism industry has been severely impacted by the pandemic and the lockdown regulations, specifically around the on-consumption sale of wine and the travel restrictions. Vinpro estimated that by July 2020, the country had lost R2,5 billion in revenue from wine tourism, and if the international borders do not open before 2021, the loss of revenue is estimated to be R4,9 billion.
- (i) Ms Paterson, representing the Master Builders and Allied Trades Association in the Western Cape (MBAWC), informed the Committee that the construction industry has been under enormous strain for various reasons over the past number of years, and the pandemic had

intensified the situation even more. MBAWC filtered and disseminated information relevant to its members on a weekly basis, especially around the COVID-19 regulations that impacted the sector. MBAWC was one of the organisations that lobbied government to allow the industry to recommence with its activities during level 3 of the lockdown.

- (j) The UIF/TERS applications and payments for the MBAWC's members was quite a challenge. It was estimated that approximately 86 percent of the employees in the construction sector were reliant on UIF and TERS payments. Unfortunately, many were unable to access these relief funds. However, the MBAWC was working with the Department of Economic Development and Tourism's Red Tape Reduction Unit to resolve these matters.
- (k) Mr Bester from the MBAWC stated that there were a minimal number of infections reported on sites since the construction sector has resumed its work, which was encouraging, as there were well-managed protocols in place on most sites. Protocols include screening on entry, keeping of records of persons on sites for contact tracing purposes, the strict use of masks, and distancing where possible. According to MBAWC, most of the infections were found to be with the younger, junior to middle management employees and junior engineers that were on site, which suggested that it could possibly be a matter of lifestyle factors and adhering to social distancing protocols.
- (l) The challenges dealt with by MBAWC included the transportation of workers to sites, the supply and increased cost of proper PPE, employers taking responsibility for the health and safety of their employees, employees monitoring their own health and symptoms, the decline in construction jobs over the years and major companies going into business rescue, inefficiencies in approval and payment processes, and the state of the economy, which has been exacerbated by the pandemic.

## **16.2 Oral Submissions**

### **16.2.1 Centre for Early Childhood Development in Cape Town – Prof Eric Atmore**

The Centre for Early Childhood Development indicated that the national government department of Social Development has failed the children and parents across the country during the COVID-19 lockdown by not setting a date for when ECD centres could open until forced to do so by the Gauteng High Court. This despite numerous calls, letters and requests to the department from ECD centres and ECD non-profit service providers, and a petition signed by 4,500 ECD activists submitted to the national Department of Social Development by the Centre for Early Childhood Development, in Cape Town. Nothing was forthcoming except a harsh instruction to ECD centres not to open under any circumstances.

This all changed when the Gauteng High Court ruled on 6<sup>th</sup> July 2020 that ECD centres may open provided that these ECD centres comply with health and safety protocols in combating COVID-19.

The consequences of the lockdown on children, parents and ECD workers across all provinces is significant. Children were required to stay at home, often in dangerous environments where they were and still are at considerable risk. In the Western Cape some 270,000 vulnerable children depend on attendance at an ECD centre for their main meal each day. This is not been available for four months now and has resulted in an increase in child hunger and malnutrition, as indicated by leading medical doctors.

A rapid survey was conducted in April under the auspices of BRIDGE to understand the possible severe and detrimental impact that the COVID-19 pandemic might have on ECD providers.

Responses were received from 8,500 ECD centres nationally and it was found that:

- 99% of ECD centre heads reported that parents had stopped paying fees owing to the lockdown;
- 83% of ECD centres have not been able to pay the full salaries of staff over the lockdown period;
- 96% of ECD centres reported that the ECD centre income was not sufficient to pay for operating costs; and
- 68% of ECD centres were concerned that they would not be able to reopen after the Lockdown.

There are some 4,500 ECD centres across the Western Cape Province, employing about 22,500 ECD teachers and providing early education and care for about 270,000 children each day. These ECD centres, children and staff have been adversely affected. Teachers are not getting paid and working parents need a secure and safe environment for their children now that about 95% of the workforce can go to work under advanced level 3 of the lockdown. The impact in our professional opinion is that about 500 to 800 ECD centres in the province will close, some 4,000 to 6,000 jobs in the provincial ECD sector will be lost, and 50,000 vulnerable young children will not get the important early learning opportunities and a nutritious meal, each day.

The ECD sector contributes about R 3 billion to the Western Cape economy this year. The results of national DSD delaying opening ECD centres will be felt for years to come as children get miss out on early learning opportunities, on a nutritious main meal, are placed in circumstances of possible neglect and abuse, and are not ready for Grade R and formal schooling.

With this as background, the Centre of Early Childhood Development suggest that the Provincial Treasury make an allocation to the provincial Department of Social Development to support 2,000 ECD centres as they open. This will ensure that Personal Protective Equipment (PPE) is available for staff at ECD centres and for children through a once-off grant of R 20,000 to every ECD centre across the Western Cape. This will enable ECD centres to be “ready” to receive children. This should be paid directly to the ECD centre, which centre would be required to procure the PPE and show evidence of having done so. The present allocation for PPE to ECD centres of R 10,2 million is unacceptable and totally inadequate. This is not even new funding but is a transfer from the infrastructure budget provision.

In addition, the provincial Treasury should support 2,000 of the poorest ECD centres to function optimally by making the current ECD subsidy of R 17 per qualifying child available to these ECD centres for an initial period of six months.

The cost of this proposal will be R 40 million for the once-off grant and R 450 million for the ECD subsidy, making a total of about R 490 million. This is a small cost to ensure the jobs of 6,000 ECD teachers, and to ensure meals and early learning to 270,000 vulnerable children. It is also less than one tenth of one percent of the national government Covid-19 recovery package announced by the President.

### **16.2.2 COVID-19 Survivor: Ms Leigh Ann Hellaby**

Ms Hellaby is a COVID-19 survivor and has not had an income since March 2020, since she is an artist. It’s been more than 60 days that Ms Hellaby has been treated for asthma. She is experiencing chest pains when she walk a lot or even do simple tasks in the house. Her chest pressure has not lifted; she has difficulty breathing if she laughs too much or do too much. She and her husband have

lost all income so it's been difficult since March 2020 for them to get by, having COVID-19 costed them so much in terms of all the medication needed to get to immune boost and self-medicate including the doctor visits, X-rays, blood tests. They however started visiting a public hospital as they could not afford more tests done privately. During her last visit to the doctor on Friday, a lung function test was conducted, which showed that she now have asthma, post COVID bronchitis and inflammation which they are treating.

Ms Hellaby and her husband did not receive any relief fund during this period but applied for the medical relief fund and received this to pay her PathCare and medical bills. As artists Ms Hellaby indicated that she and her husband need to know the way forward for them since they have not received any feedback regarding the relief fund for artists.

### **16.2.3 Freedom of Religion South Africa (FOR SA) – Ms Daniela Ellerbeck**

- (a) The Freedom of Religion SA NPC (2014/099286/08) (“FOR SA”) is a legal advocacy organisation, working to protect and promote the constitutional right to religious freedom and related rights in South Africa.
- (b) On this particular issue, FOR SA represents religious leaders and organisations representing 18.5 million people in South Africa (including over 10 million from African Indigenous and Spiritual Churches) from a cross-spectrum of denominations, churches and faith groups.
- (c) The religious community has been impacted by the Lockdown Regulations and Directions, however, we wish to state at the outset that FOR SA, has not, and is not specifically advocating for the religious community to be allowed to “re-open” at 100% capacity at this point. We are, however, explicit in our position that the religious community’s constitutional rights to religious freedom must be fully restored at the earliest opportunity this pandemic allows.
- (d) FOR SA’s concern is that Government’s response has been unequal, unreasonable and unfairly discriminatory against the religious sector. Furthermore, despite frequent requests for clarity, Government’s Regulations and Directions as they pertain to, and affect, the religious sector, remained opaque.

### **Comments relating to the substance of Government’s response**

- (e) When Government takes steps to systematically re-open our society, it must ensure that it treats all sectors of society fairly. It is constitutionally imperative that the Regulations and Directions to limit the spread of COVID-19, must treat (and be seen to be treating) the religious community equitably when compared to its treatment of the other sectors of our society and the economy.
- (f) The perception that the religious community is not as important to Government as other sectors of the society is unfortunately exacerbated by the inequitable and irrational treatment of the religious community which its members see happening around them – in the communities in which they daily live, work and serve.
- (g) This has contributed to a growing sense of frustration amongst the religious community across South Africa, including in the Western Cape that the religious sector is being unfairly discriminated against by the State, and being treated inequitably and unreasonably in comparison to other sectors of society.

### **FOR SA cited a few examples:**

- (1) Despite the President’s express identification of religious leaders as “essential frontline workers” for purposes of spiritual counselling (during his nationwide address on 28 May

- 2020), no amendment has been made to Table A: Alert Level 4 to reflect this, even though other sectors are expressly mentioned in the Table. Should South Africa and/or a province and/or be a “hot spot” that moves back to Level 4 and/or 5, religious leaders are not expressly allowed to provide the essential services, such as grief counselling, which they need to provide to their congregations.
- (2) Religious gatherings are restricted to a maximum of 50 people (inclusive of adults and children) irrespective of the size of the floor space of the religious premises. By contrast, casinos are allowed to operate at 50% of floor space, provided that there is a 1.5-meter distance between gamblers.
  - (3) Religious gatherings are strictly regulated with onerous administrative, and hygiene/sanitisation, rules being imposed upon faith-based organisations. No equivalent onerous requirements are being imposed on, for example, shopping malls.
  - (4) The Minister of the Department of Cooperative Governance and Tradition Affairs (the “Minister”) has indicated that faith-based organisations are not allowed to have “drive-in” services where cars are parked 2 metres apart from each other with people listening to the service via the car radio and with the windows closed in the organisations’ parking lots. By contrast, shopping centres’ car parks are full, with hundreds of people visiting the shops and their ablution facilities. This restriction makes absolutely no scientific or rational sense, given that listening to a sermon on your car radio with the windows closed, is indisputably significantly safer than attending a meeting inside a building. In this regard further, we note that from this month drive-in cinemas are taking place both in Durban, KwaZulu-Natal and at Loftus Park, Pretoria. There is no rational reason why this should be allowed for the entertainment sector, but not for the religious sector.
- In FOR SA’s various engagements with Government we have repeatedly pointed out that although the Risk Adjusted Framework now caters for the religious sector at Alert Level 3, to date the Framework has not been adjusted to give the religious sector any indication as to what it could look like for them at Levels 2 or 1 – or what the benchmarks and timelines are to move to those Levels.
  - We wish to clearly state and clarify that the religious community (in spite of being a sector of society that holds specific constitutional rights), is not asking for special privileges. What the religious leaders are asking for, however, is that equal rights and equal treatment be extended to the religious community. It should be borne in mind that the religious community has, from the outset of this pandemic, endeavoured to assist Government in serving and caring for South Africa’s people by making sure that food, masks and other necessities reach the most vulnerable in our society. This community also wishes to continue serving their members and communities (it should be noted at great cost to themselves), with love and care during this difficult time in our nation.

### **Comments relating to Procedural Aspects**

- (a) The process followed by the Government when promulgating Regulations and Directions is essential, because it is the means by which the State arrives at conclusions. Should the Government not have done enough to engage with the religious community and its leaders, the outcomes arrived at will likely not be consensual and therefore unacceptable to the people the Regulations and Directives affect.
- (b) FOR SA has actively been attempting to engage with multiple Government structures, on behalf of our constituency, to request that our legitimate questions, concerns and issues regarding Government’s apparent inconsistencies and ambiguities in the Regulations and/or Directions be properly addressed.

- (c) FOR SA has still not received a definitive response regarding all the issues raised with the Minister.
- (d) From a procedural point of view, FOR SA would be remiss if we did not point out that the lack of responsiveness from the Government in addressing the various issues, such as instances of inequality that have been raised, has left sections of the religious community with a sense that their voice, and their concerns, are not nearly as important to Government as other sectors of the society.

**FOR SA's Recommendations:**

In view of the foregoing, we recommend that the Western Cape Provincial Parliament:

- (a) Conduct an evaluation of the various restrictions the national Government has placed across sectors to ensure that some sectors are not getting preferential treatment over other sectors (or to put it differently, that some sectors are not being unfairly discriminated against), when there is no rational basis for doing so;
- (b) Bring to the national Government's attention any instances of irrationality, ambiguity and/or unfair discrimination and recommend immediate steps to rectify this; and
- (c) Consider easing restrictions on the religious community in the Western Cape Province to reflect the less onerous restrictions placed on other economic sectors, for example, by expressly allowing drive-in religious gatherings.

**16.2.4 Detention Justice Forum – Ms Doreen Gaura**

- (a) The Detention Justice Forum made numerous attempts to engage with the relevant government departments to get information regarding their plans regarding the situation in detention facilities and have made recommendations that could assist the government in controlling the spread of the virus in detention facilities while at the same time remaining committed to the mandate to ensure that the rights, safety and well-being of people in detention are upheld.
- (b) Over 7 000 South African Police Service (SAPS) members have tested positive for the virus and the Department of Correctional Services (DCS) has reported over 5 500 positive cases among inmates and staff and fears that these figures will continue to rise exponentially in places of detention in South Africa. We are equally concerned by the fact that similar statistics for other places of detention such as police cells, Lindela Repatriation Centre, child and youth-care centres and military detention facilities, for example, are not easily available and it is almost impossible to know what the situation is in those facilities or if any oversight or monitoring of the facilities is taking place.
- (c) While the DJF appreciate the preventative efforts that the government has taken to curb COVID-19, they have also noted the government's reluctance to disseminate information speedily and regularly, not only to people in detention but also to civil society, despite numerous requests for information from organisations such as the DJF. At the beginning of the lock-down, much information on the operation and COVID-19 Protocols pertaining to the operation of courts were gazetted but none was immediately available in the public domain on the operation of detention facilities besides the immediate cessation of visits to such places. In this regard there has also been a failure and lack of transparency on the part of some government institutions responsible for the detention of such persons (i.e. Police, Home Affairs, Social Development, Correctional Services, etc.) with no effort being made to immediately make publicly available their directives or standing operating procedures on managing the spread of COVID-19.

- (d) When the DCS eventually made public its Strategic Operational Plan, it was noted that it was almost exclusively concerned with health issues and did not touch on human rights issues that are not health related, but similarly critical—such as those of safety, justice, and effective oversight. Put differently, the measures that the DCS has implemented during this period seem to have been publicised on an ad hoc basis, in response to issues as they arose, with no engagement with other stakeholders—civil society, people in detention and their loved ones, and in some instances (according to media reports) even staff.
- (e) The DJF made numerous requests to the Ministers of Justice and Correctional Services, SANDF, SAPS, Home Affairs, and Health to furnish them with their Operational Plans in addressing COVID-19 in South Africa’s places of detention as well as the department’s Health Plan—especially as it relates to quarantine and the treatment of non-emergency medical needs during the pandemic. Unfortunately, these efforts were to no avail.
- (f) In addition, while they welcomed the Minister of Justice and Correctional Services’ eventual decision to release 19 000 low-risk incarcerated persons on parole as a way to reduce the overcrowding in South Africa’s prisons - an undeniable driver of the spread of disease in prisons. However the high number of arrests during the same period has resulted in the numbers of people in detention that were meant to have decreased as a result of the release of the 19 000 low-risk detainees, greatly increasing again - therefore leaving prisons as overcrowded as before. The volume of arrests for persons violating lockdown measures exacerbates the pressure on the already strained criminal justice system.
- (g) Furthermore, reports made on 24 June 2020 to the Portfolio Committee, the Minister and other senior departmental officials admitted that the process of releasing the 19 000 low-risk detainees had bottle-necked the system. As of 23 June 2020, only 3875 detainees had been released on this special parole. It goes without saying that this alarming situation is highly undesirable and needs to be addressed as a matter of urgency. Similarly, there needs to be more transparency - through regular updates as well as government engagement with civil society - than what there currently is regarding the progress on these releases and reintegration plans.
- (h) The imposition of criminal sanctions for numerous less serious, non-violent violations of lockdown measures will have severe consequences for persons in the future as they will have criminal records. They will likely be denied access to job opportunities and this may prevent them from providing for their families. This will further exacerbate the plight of the poor and vulnerable as a result of the pandemic and increase the burden on the state for grants and services.
- (i) The DCS, along with the NPA, SAPS and the judiciary, should be more committed than they have been to date, to significantly decrease prison and immigration detention populations during this period. As such, the intake of offenders into correctional and immigration detention centres should be reduced through consideration of alternative measures for those who qualify. Indeed, detention should be used as a last resort, beyond the pandemic as well.
- (j) The immediate cessation of the statutory obligation to monitor correctional facilities by the JICS Independent Correctional Centre Visitors has been deeply worrying for the DJF. It appears that the cessation of visits was imposed on JICS and the ICCVs by the State of Disaster regulations. The initial State of Disaster regulations promulgated prohibited all visits to detention centres and thus prevented them from fulfilling their oversight mandate. The updated regulations (29 April 2020) did not explicitly enable visits by JICS and ICCVs and left this to the discretion of the Minister of Justice and Correctional Services. Initially, JICS personnel (including ICCVs) remained excluded from “essential services” under the regulations which only made provision for DCS officials and Chapter 9 and other Constitutional institutions. Directives allowing explicit visits by the JICS and ICCVs were only published three months after the initial lock-down was imposed (22 June 2020). While we have been informed by the Inspecting Judge that there will be a phased-in return to work,

we remain critical of the government's initial response to drastically curtail the duties of oversight mechanisms-and for such an extended period-as it significantly jeopardised the safety, well-being, and rights of people in detention.

- (k) It is clear that the government failed to prioritise the oversight/visiting role of JICS as "essential services" in the gazetted regulations at the beginning of the lockdown to the detriment of ensuring that the rights and wellbeing of inmates are monitored. This should not have happened in the first place. The DJF member organizations received a number of calls from families, expressing their concern on this issue. The JICS could also have played a critical role in the engagement of families and civil society if it were allowed to continue its oversight visits.
- (l) The cessation of visits as a result of gazetted regulations at all other places where people are deprived of their liberty have also been concerning, particularly because there is very limited information available on the status of monitoring at immigration detention facilities, police cells, and child and youth care facilities, etc. The DJF has written to the SAHRC to garner clarity on the extent of monitoring of detention by the SAHRC (as NPM) but are still unclear on the extent of monitoring actually carried out.

### **16.2.5 African Criminal Justice Reform at the Dullah Omar Institute – Prof Lukas Muntingh**

- (a) The African Criminal Justice Reform believes that a fundamental failure in the drafting of the regulations that the Independent Correctional Centre Visitors of the Judicial Inspectorate for Correctional Services (JICS) was not included as an essential service and that monitoring consequently stopped. It is also apparent that the monitoring of other places of detention (e.g. police cells) also fell through the cracks.
- (b) It is their observation that JICS tried as best it could to engage in monitoring as best it could but that the situation only started to change by mid-June 2020. However, it remains unknown to this day who is or was monitoring other places of detentions such as child and youth care centres as is required under international law, i.e. OPCAT.

### **16.2.6 Ilitha Labantu – Ms Ella Mangisa**

As an organization that strives for the betterment of women and children Ilitha Labantu had tasked itself with ensuring people have access to a daily meal when it became evident to what extent the issue of food security was. The issue of food security affects the most vulnerable and this falls in line with Ilitha labantu core mandate.

The objectives of Ilitha Labantu's Comprehensive Food Security Programme include:

- Ensuring access to food for the poor and vulnerable members of our society
- Improve nutrition security of citizens
- Improve food production capacity of households
- Develop market channels for emerging farmers and communal gardens through bulk government procurement programmes of food and private sector markets
- Fostering partnerships with relevant stakeholders within the food supply chain
- Enhance safety nets and food emergency management systems

In the initial phase they had worked with the Solidarity fund and the National Department of Social Development and were then called upon by the National Department and Old Mutual. But being an internationally recognized UN ECOSOC organization, a call was made by UN Women to help women in the province deal with the effects of Domestic Violence, Femicide and Hunger.

## **Covid-19 and Violence against Women and Children/Gender-Based Violence**

The emergence of the corona virus pandemic in South Africa has exacerbated pre-existing social disparities and inequities in South Africa, this meant that those living in poorer communities were more disproportionately affected than those living in affluent communities. Women in the rural areas and township communities were adversely effected as a result of their poor economic status they could not leave their partners and at the same time there was increased difficulty in accessing support services, the courts and even the police, abusers exploited the inability of women to call for help or escape this placed many survivors in a predicament and having to choose between two evils; the COVID-19 pandemic or endure continued abuse and torment at the hands of their oppressor. With this in mind Ilitha Labantu embarked on a public awareness campaign to raising awareness about the emergence of the pandemic also recognized the need to focus on the issues gender based violence and particularly family violence and violence that is perpetrated against women and children.

Ilitha Labantu's public awareness campaign visited various communities in the Cape Flats region namely Philippi, Nyanga, Gugulethu, Langa, Athlone/Bridgetown, Khayelitsha, Elsies River, Delft, Mfuleni and Mitchells Plain. The abovementioned areas of the Cape Flats notorious for having high levels of crime and violence and in conjunction to this are also notorious for having high incident rates of violence that is perpetrated on women and children.

Since the beginning of the lockdown period the organization has received over 30 child abuse related cases from these communities alone further highlighting the effects the lockdown has had on children and call for the need to further prioritize the protection of children during this period and beyond. Despite the challenges posed by the COVID-19 pandemic the organization made its services readily available on all its online platforms so that survivors of abuse can assess services without the added risk of spreading COVID-19.

Throughout this period Ilitha Labantu has been at the forefront of addressing cases of violence against women and children, most noticeable cases that Ilitha Labantu has been directly involved in were the Amahle Quku and Sibongiseni Gabada. 36 year old Sibongiseni Gabada from Khayelitsha had gone missing for weeks until her decomposing body was discovered stuffed in a bag on 29 May 2020. The case against her boyfriend who was in custody for allegedly being linked to her death has been dropped due to inconclusive evidence in spite of the fact that he confessed that he discovered her lifeless body and proceeded to put her body in a bag and placed it behind his shack for no one to see until it was discovered by neighbours two weeks later.

Ilitha Labantu took it upon itself to challenge the immoral decision taken by the South African justice system to drop the case in light of the seriousness of the crime that was committed. The organisation then wrote a letter to the National Prosecuting Authority urging it to reconsider its decision and to look into the merits of the case into greater detail. This was then followed by an online petition titled #JusticeForSibongiseni. To this date the petition has received over 21 762 signatures.

It is important to note that during this particular period there were two other significant incidents that took place in South Africa, one involving the murder of 29 year old Tshhegofatso Pule, who was eight months pregnant when she was murdered, and the other involving 25 year old Naledi Phangindawo from Mossel Bay in the Western Cape. The three tiers that connects all of these incidents or cases is that they were all young women, they are black and they were murdered by their intimate partners or someone they knew. The Sibongiseni Gabada case brought attention to the manner in which many cases of violence against women and children were treated by the justice system highlighting the inconsistencies that the organization had encountered in the mistreatment of

cases citing the lack of adequate training by police and investigating officers as a fundamental concern which often results in cases being dropped.

### 16.3 Public Input

The Committee embarked on a public participation programme between 12 July and 12 August 2020 to solicit public input and test attitudes towards government and its response to the pandemic. The Committee requested comments/submissions from members of the public under the main question:

*“What has been your experience of the Government’s reaction to the COVID-19 pandemic?”*

Further sub-questions were determined, in line with the Committee’s themes. These were:

- Have you or a family member been exposed to the coronavirus? Share the experience you had of the health system.
- Were you able to access food support when you needed it?
- Do you understand why you need to wear a mask?
- Do you know how to access COVID-19 grants/support for small businesses?
- Did you feel safe when you went back to work?
- Does the public transport you use have sanitisers available?
- Is your child’s school practicing social distancing and conducting temperature checks every day?
- What are your thoughts about the reopening of early childhood development (ECD) centres?

The COVID-19 related questions were published via adverts in all three Western Cape languages, English, Afrikaans and isiXhosa in mainstream and community newspapers – Isolezwe, Die Burger, the Argus, George Herald, Weslander and Swartland Joernaal. (See annexure D).

A social media campaign was also run, with a social media graphic developed for platforms such as WhatsApp, Facebook and Twitter. Members of the public were invited to comment via email as well as WhatsApp messages and voice notes.

**Infographics were as follows:**

**(a) Health**

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IPalamente yePhondo leNtshona Koloni

**GOVERNMENT’S REACTION TO COVID-19**

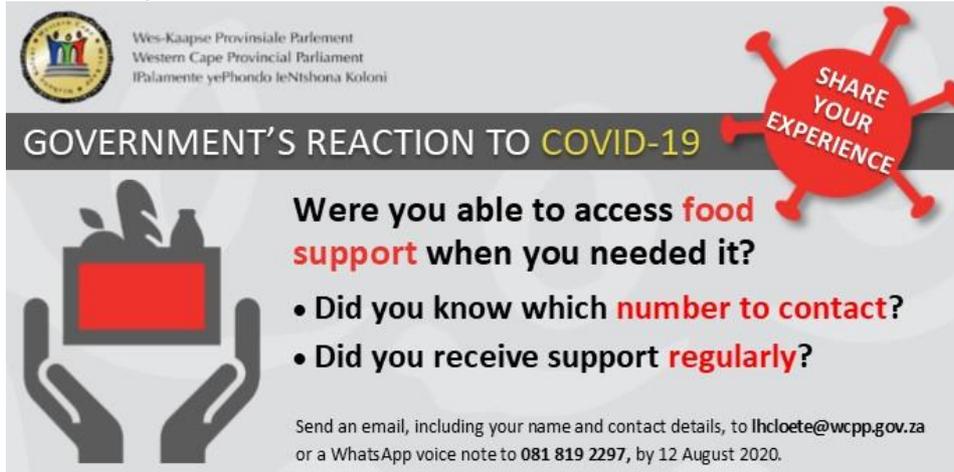
**SHARE YOUR EXPERIENCE**

**Have you or a family member been exposed to the coronavirus?**

- Were you tested at a **public or private** facility?
- How quickly were your **results** returned to you?
- Were you able to **self-isolate** or were you **offered a space** in a public facility and what kind of **support** did you receive?

Send an email, including your name and contact details, to [lhdioete@wcpp.gov.za](mailto:lhdioete@wcpp.gov.za) or a WhatsApp voice note to 081 819 2297, by 12 August 2020.

(b) Food Security



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**GOVERNMENT'S REACTION TO COVID-19**

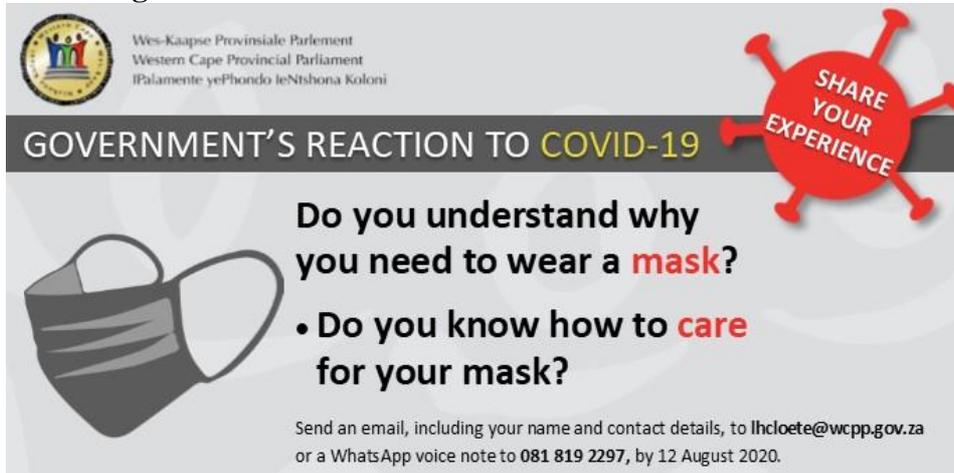
**SHARE YOUR EXPERIENCE**

**Were you able to access food support when you needed it?**

- Did you know which **number to contact**?
- Did you receive support **regularly**?

Send an email, including your name and contact details, to [Ihcloete@wcpp.gov.za](mailto:Ihcloete@wcpp.gov.za) or a WhatsApp voice note to **081 819 2297**, by 12 August 2020.

(c) Mask Wearing



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Western Cape Provincial Parliament  
IPalamente yePhondo leNtshona Koloni

**GOVERNMENT'S REACTION TO COVID-19**

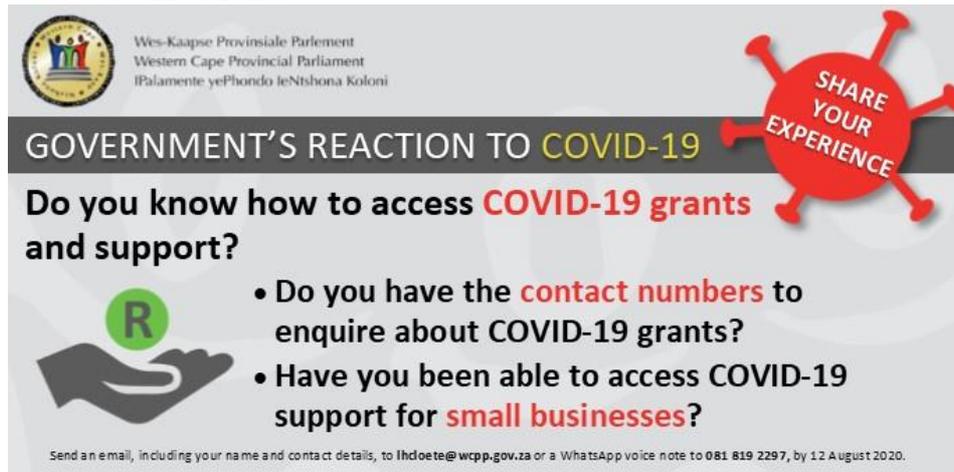
**SHARE YOUR EXPERIENCE**

**Do you understand why you need to wear a mask?**

- Do you know how to **care for your mask**?

Send an email, including your name and contact details, to [Ihcloete@wcpp.gov.za](mailto:Ihcloete@wcpp.gov.za) or a WhatsApp voice note to **081 819 2297**, by 12 August 2020.

(d) Access to COVID Grants



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**GOVERNMENT'S REACTION TO COVID-19**

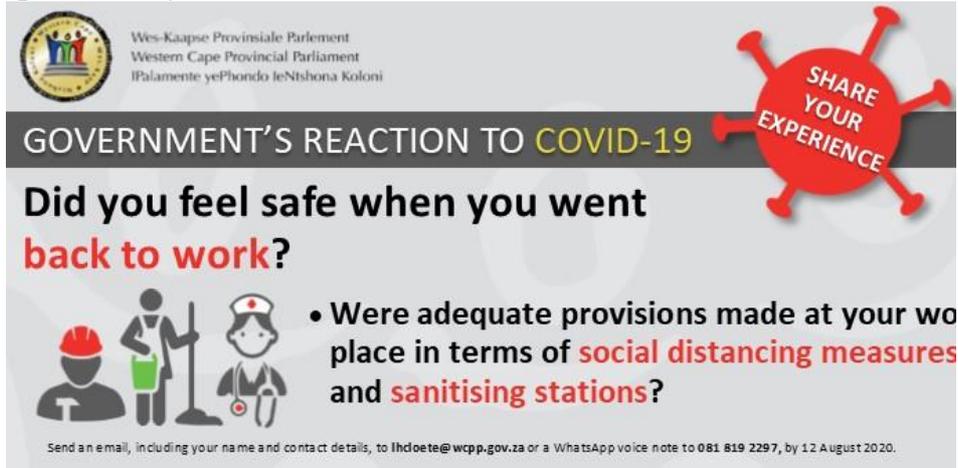
**SHARE YOUR EXPERIENCE**

**Do you know how to access COVID-19 grants and support?**

- Do you have the **contact numbers** to enquire about COVID-19 grants?
- Have you been able to access COVID-19 support for **small businesses**?

Send an email, including your name and contact details, to [Ihcloete@wcpp.gov.za](mailto:Ihcloete@wcpp.gov.za) or a WhatsApp voice note to **081 819 2297**, by 12 August 2020.

(e) **Workplace Safety**



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**GOVERNMENT'S REACTION TO COVID-19**

**Did you feel safe when you went back to work?**

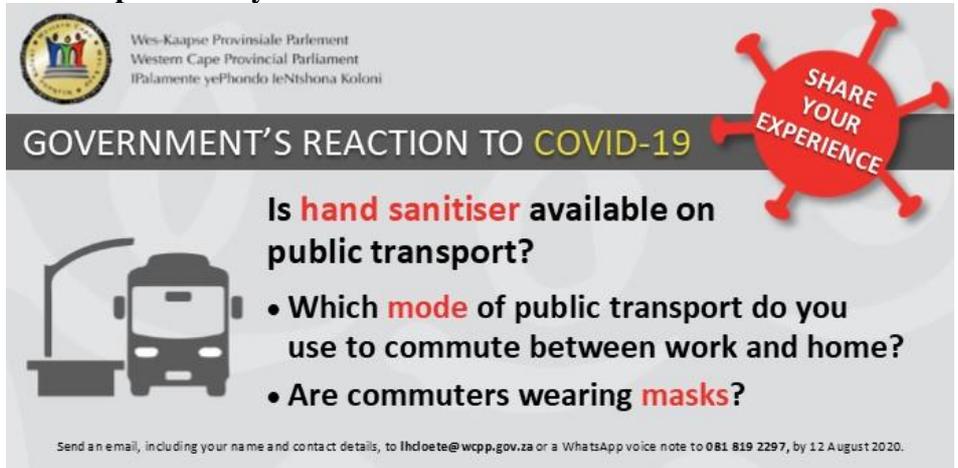


- Were adequate provisions made at your workplace in terms of **social distancing measures** and **sanitising stations**?

Send an email, including your name and contact details, to [Ihdoete@wcpp.gov.za](mailto:Ihdoete@wcpp.gov.za) or a WhatsApp voice note to 081 819 2297, by 12 August 2020.

**SHARE YOUR EXPERIENCE**

(f) **Public Transport Safety**



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**GOVERNMENT'S REACTION TO COVID-19**

**Is hand sanitiser available on public transport?**

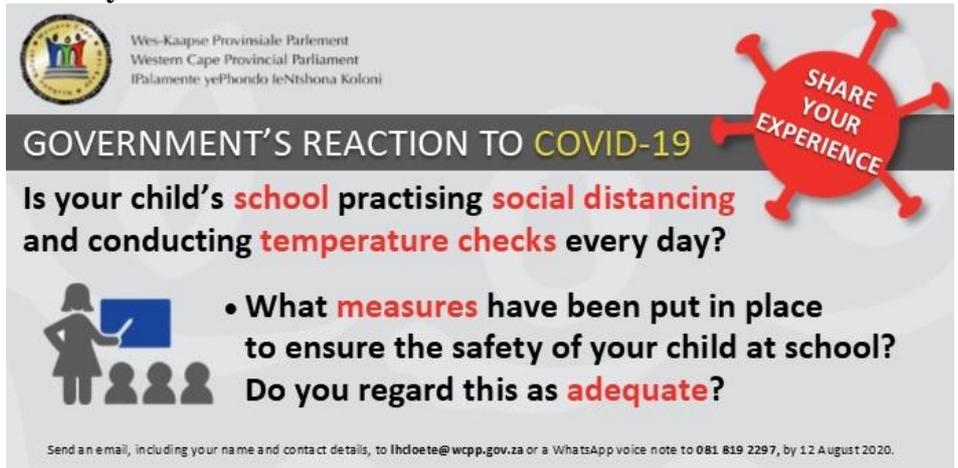


- Which **mode** of public transport do you use to commute between work and home?
- Are commuters wearing **masks**?

Send an email, including your name and contact details, to [Ihdoete@wcpp.gov.za](mailto:Ihdoete@wcpp.gov.za) or a WhatsApp voice note to 081 819 2297, by 12 August 2020.

**SHARE YOUR EXPERIENCE**

(g) **School Safety**



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**GOVERNMENT'S REACTION TO COVID-19**

**Is your child's school practising social distancing and conducting temperature checks every day?**

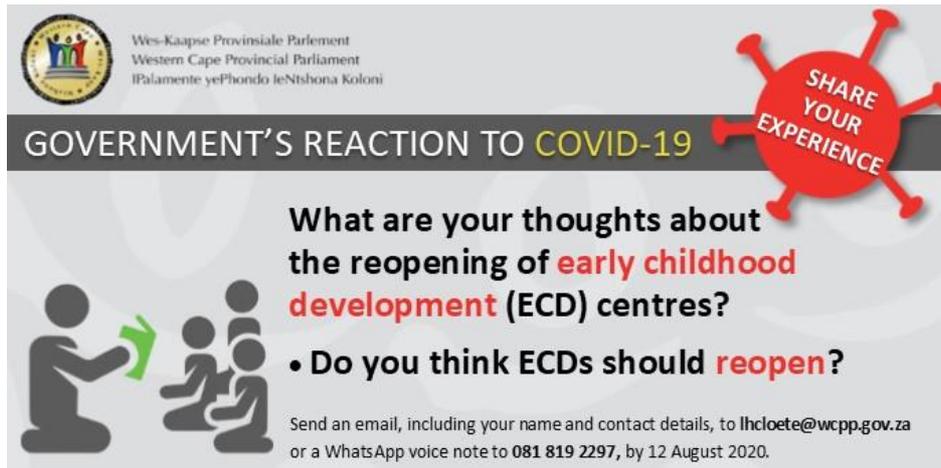


- What **measures** have been put in place to ensure the safety of your child at school? Do you regard this as **adequate**?

Send an email, including your name and contact details, to [Ihdoete@wcpp.gov.za](mailto:Ihdoete@wcpp.gov.za) or a WhatsApp voice note to 081 819 2297, by 12 August 2020.

**SHARE YOUR EXPERIENCE**

(h) ECD Centres



Approximately 17 000 submissions were received.

Committee Members were divided into five working groups and the submissions were divided amongst these groups to deliberate on, which were then reported on at the Committee meeting of 14 October 2020.

The working Groups were as follows:

	Group 1	Group 2	Group 3	Group 4	Group 5
<b>Lead Member</b>	M. Wenger	D. Mitchell	D. America	D. Baartman	A. van der Westhuizen
<b>Member 2</b>	C. Dugmore	R. Allen	W. Philander	R. Windvogel	G. Bosman
<b>Member 3</b>	F. Christians	B. Herron	M. Xego	P. Lekker	P. Marais
<b>Alt Member</b>	L. Botha		M. Maseko	R. Mackenzie	

### 16.3.1 Working Group Reports

#### Working Group 1

##### Exposure to the virus and experience of the health system

Comments from members of the public noted that support received after receiving a positive COVID-19 test result was inconsistent. Some received regular contact checks while others did not. Similarly some received food parcels while in isolation and others did not. Some commented that the COVID-19 medical test was painful to undertake, while several other comments made it clear that there was a lack of understanding of the testing regime, which also changed over time. One person commented that the private healthcare's x-ray screening protocols were poor. Some comments noted disappointment that COVID-19 testing in the private sector was not subsidised. Residents that commented received no remuneration during the self-isolation period.

## **Food support availability**

Stakeholders indicated that not only was the access to food challenging, but the accessing of sanitisers were also problematic. Concern was raised about the increase in starvation in South Africa due to the pandemic, as well as the unequal distribution of food parcels during the pandemic.

## **Attitudes towards mask wearing**

There was an overwhelming support for the wearing of masks, including some comments that those who were caught not wearing masks should be arrested and face prosecution. Although some stakeholders were against the wearing of masks, many expressed reluctance to wear masks, but would wear one anyway. Concerns were highlighted in terms of the correct use of masks, including not enough information being available on the use and management of masks. These included how often masks were to be worn and the frequency of the washing of masks.

## **Access to Covid-19 grants**

Stakeholders indicated that their applications were rejected without providing reasons, while there was a belief that there was an inconsistent approval and disbursement of grants. Older persons stood in long queues to draw their South African Social Security Agency (SASSA) grants. There were long waiting times for the SASSA grants and there was no social distancing in the queues. The SASSA call centre did not answer calls which queried SASSA grant pay-outs. Stakeholders also indicated that they were unsure of how to access grants, including how to access and apply for indigent grants. The Unemployment Insurance Fund (UIF) offices were also closed during the pandemic, which made it challenging to draw UIF pay-outs. The stakeholders also indicated their concerns around the corruption around the R350 COVID-19 relief grant pay-outs that were earmarked for unemployed and older persons. In addition, the stakeholders opined that there was an unfair disbursement of support which was based on race.

## **Workplace Safety**

Stakeholders indicated that small businesses were not recipients of any aid during the pandemic. There was also no employee contact tracing that was carried out by the businesses who indicated that their employees tested positive for COVID-19.

## **Availability and use of PPE on public transport**

Concerns were raised around the fact that sanitisers were not always available on public transport, including the use of questionable sanitising products by public transport providers. Some stakeholders were of the opinion that public transport providers used their own self-made “concoctions” as sanitisers. There was also a belief that the public transport providers were not adhering to the PPE protocols as communicated by government. Many inputs received thought it unfair that taxis could operate at 100% while there were restrictions on other sorts of gatherings or visiting family members.

## **Social distancing and temperature checks at schools**

Stakeholders raised concern around the fact that school fees has to be paid while the children were home-schooling. There was also disapproval around the fact that when children were requested to attend school, that government employees were working virtually from home and was not required

to return to their offices. Some stakeholders noted that the distribution of PPE at schools was satisfactory.

### **Views on the reopening of ECD centres**

Stakeholders indicated their disappointment that parents were left stranded without support for their child-care needs as ECD centres remained closed during the COVID-19 pandemic.

### **Other major recurring inputs on issues outside of the themes**

- The ban on alcohol and cigarettes was unfair and caused a loss of revenue for the South African government.
- An overwhelming amount of input that the regulations were either irrational or completely unnecessary, or that some of the regulations were not necessary. Few submissions indicated support for the regulations.
- The lockdown regulations destroyed the economy, as well as incurring financial loss of the country and its citizens.
- Stakeholders raised concerns that the regulations had violated certain human rights and eroded freedoms afforded by the Constitution.
- The South African Broadcasting Corporation (SABC) could have played a bigger role in online learning for children when schools were closed.
- Residents experienced a loss of income or were put on furlough.
- Loss of life occurred through the rapid spread of COVID-19.
- COVID-19 also caused fear of being in contact with each other, due to the risk that they might become infected.
- The Western Cape Government did a good job during the pandemic to keep its citizens informed through awareness programmes and executing good governance practices.
- The information from national Government was conflicting between the presidential address and the address of the ministers.
- The information provided to citizens by the President on the status of the pandemic was infrequent.
- Stakeholders raised concerns on the psychological and emotional impact the pandemic had on the citizens, children and marriages. Moreover, there were concerns raised on potential suicides due to job losses. There were psychological impacts on families not being able to see one another.
- Corruption and self-enrichment by some officials and politicians were unethical.
- Stakeholders were in agreement with the initial lockdown period that was initiated by President Ramaphosa. But the subsequent lockdown(s) and regulations caused a loss of trust in the national government, as well as the National Command Council.
- The night curfew imposed reduced crime, pollution and noise.
- Concerns were raised over the inability of the Department of Home Affairs to register and processes key life documents.
- There was a failure in the criminal justice system. Arrests have been irrational under the lockdown, including the excessive force that was used by the South African National Defence Force and South African Police Services on civilians. Concerns were raised regarding the release of prisoners during the lockdown period.
- A major concern for stakeholders was the increase in gender-based violence during the lockdown.
- Municipal rates have increased, which put a strain on the finances of citizens.

- The ban on the use of nature reserves during the lockdown was unfair. The ban on exercise, especially for healthcare workers, was seen as unfair.
- Stakeholders indicated anger through their submissions.
- The vulnerable and sick should have been isolated.
- The fitness, tourism, music and arts and culture industries were negatively impacted by the lockdown. The real estate and film industries were also negatively affected by the lockdown.
- The salaries and care to nurses should be reviewed.
- Stakeholders could not print any grant applications or regulation forms as the internet cafes were all closed during the lockdown.
- The citizens who were dependent on chronic medication experienced challenges in accessing their prescriptions.
- There was a lack of financial assistance from financial institutions.
- There was no support given to the middle class citizens.
- Stakeholders raised concerns that some of them were unable to obtain permits to feed the hungry during the pandemic.
- The closing of the e-commerce sector during the pandemic was ill-conceived.
- There was confusion on how to apply to access funds through the Solidarity Fund. Stakeholders also believed that the Solidarity Fund only benefitted some citizens and not everyone.
- Not all schools provided feeding schemes to the learners who were negatively affected by the lockdown.
- There were inadequate public education initiatives and drives around the COVID-19 pandemic.

## **Working Group 2**

### **Response to Regulations**

Most of the Responses indicated that the regulations were unnecessary. However some of the responses were in agreement with the regulations and indicated that the regulations should have been more strictly enforced.

The overwhelming sentiments were that some of the regulations did not make sense when it came to the following matters:

- Closed municipalities and government services;
- Curfew;
- Queues at government pay points (SASSA grants);
- Taxi 100% occupancy allowed vs family/religious gatherings limitations;
- The freedom of choice relating to smoking and drinking;
- Travel ban within a country; and
- Opening of schools versus not to open schools until the peak is over.

### **Exposure to the virus and experience of the health system**

The overall response was that the health system in South Africa was not fully functional and prepared for the pandemic. The initial lockdown announced by the President should have been utilised to adequately prepare the health system to deal with the pandemic but which highlighted the mismanagement of the health care systems.

### **Food support availability**

- Food parcels were promised but not delivered;
- There was clear mismanagement of the manner in which the food parcels distribution process was handled;
- Food parcels were not received by the correct /identified recipients, with no consequences to the persons who managed the process;
- Theft of food parcels are despicable;
- Food parcels were used for personal and political gain; and
- Food parcels were distributed in certain areas only and were not made available to all poor and needy people.

### **Attitudes towards mask wearing**

Most submissions received indicated that masks should be worn with the odd submission indicating a refusal to wear a mask. A few submissions indicated that it is unnecessary to wear masks, however, the individuals would still wear them.

### **Access to COVID-19 grants**

- Grants are being stolen;
- Social grants were not enough or adequate;
- Grants should be paid electronically and people should not be standing in queues for hours;
- Hardly any transparency occurred in respect of where the funds were allocated in terms of beneficiaries of these funds;
- Chaos at social grant pay-out points; and
- The process of applying for grants and UIF is difficult, especially for those persons living in rural areas.

### **Availability and use of PPE on public transport**

There was a vast concern from the public that taxis are allowed to operate at 100% capacity, as this could increase the COVID-19 infection rate.

### **Views on the reopening of Early Childhood Development (ECD) centres**

One submission was received to request the reopening of ECD centres, crèches, etc., with the view that the parents should decide if their children are safe at these facilities or not.

### **Working Group 3**

#### **Exposure to the virus and experience of the health system**

- A high percentage of respondents were not directly exposed to the virus and very few of the respondents were tested.
- The tests results for the majority of the people who had been tested were negative.
- Concerns were raised about the waiting times for results and about the manner in which the testing was done.
- The overall response to the way in which the government reacted to the pandemic was extremely poor.

- In preparation for the pandemic more attention should have been given to the upgrading of existing health facilities rather than building temporary health facilities.
- The response with regard to the quality of health care and frontline workers was excellent.
- The decisions that were made by government were erratic and the lack of proper consideration of the circumstances of the public eroded the trust in government.
- There was no logic in the decision-making by government, especially with regard to the sale of alcohol and cigarettes.
- Appreciation was expressed for the President's briefings on the pandemic but there was a feeling that the briefings should have been more regular.
- The regulations that were made to deal with the pandemic had a negative effect on small businesses.

### **Food support availability**

- The government could have done more to ensure proper food security and there should have been better control over the distribution of food parcels.
- Job losses grew faster than the spread of the coronavirus and the pandemic had a negative impact not only on the economy but also on food security.

### **Attitudes towards the wearing of mask**

- The majority of the respondents indicated that they found the wearing of masks unnecessary but that they would wear masks.

### **Access to COVID-19 grants**

- The grant of R350 per month was inadequate in the light of the size of some families and it was a frustrating experience to apply for the UIF grant and then to access the funds once the grant was approved.
- The level of corruption and theft of UIF funds and of food parcels is a major concern and there should be better control.
- Accusations of racism were raised with regard to the pay-out of relief funds for small businesses.

### **Workplace safety:**

- Respondents could not understand why they could not go to work but they could go to the shops. Positive feedback was received about access control (including the taking of temperatures, sanitising and the wearing of masks) at shops on shopping centres.

### **Availability and use of PPE on public transport:**

- There should be stricter control of the delinquent and lawless taxi industry. It was clear that the responsible people did not understand the regulations that were applicable to the taxi industry.

### **Social distancing and temperature checks at schools:**

- The majority conformed to the requirements of temperature checks, social distancing and the wearing of masks.

## **Other major recurring inputs on issues outside of the themes**

- Lockdown regulations were not clear enough and too strict, especially with regard to family visits;
- During the strict lockdown there should have been more education about the wearing of masks, the sanitising of hands and the pandemic in general;
- The rationale for the prohibition of the sale of cigarettes and alcohol was not clear;
- The pandemic had a negative impact on the economic environment and small businesses are still struggling to recover;
- The people in more densely populated areas such as Khayelitsha did not adhere to government interventions; and
- Incidents of police brutality were more prevalent in rural and township areas than in suburban areas.

## **Working Group 4**

### **Exposure to the virus and experience of the health system**

- People in private hospitals received better service than those who went to public hospitals/facilities.
- The lockdown was about getting the healthcare system ready, but there is a question of whether the healthcare sector is ready for the second wave.

### **Food support availability**

- People were promised food parcels but this promise was not delivered;
- Communication around food security and availability was poor;
- People are concerned about the food availability strategy going forward; and
- No clear distinction about who received food parcels or criteria used to identify people who were entitled to food parcels.

### **Attitudes towards mask wearing**

- Many submissions indicated that individuals refused to wear masks. In stark contrast, some submissions indicated that people should be arrested for not wearing masks.

### **Access to COVID-19 grants:**

- There were many instances where UIF/TERS was applied for by employers and not paid over to employees, which could be classified as UIF fraud; and
- There were broken promises where UIF/TERS was promised, but not delivered as well as stolen grant money. Some employers applied for UIF for their employees at the same time but only some employees received money from UIF. Employers tried to share the money received between employees, which upset some employees.

### **Availability and use of PPE on public transport**

- Concerns were raised that there could be 100% capacity in public transport, especially school transport, which was a major concern in respect of the spread of the virus.

## **Views on the reopening of Early Childhood Development (ECD) centres**

- The economy opened slowly but ECD centres remained closed. This had an impact on parents who needed to return to work but did not have anywhere to send their children while they were at work.

## **Other major recurring inputs on issues outside of the themes**

- **Regulations:**

- Government's handling of the pandemic was extremely poor. Some people thought that the questions posed by the Committee were related to national government. The majority of the inputs received related to national government mandates. This was in respect of government regulations. The Disaster Management Act regulations can only be gazetted by national government.
- Many people did not understand the scientific reasons used to declare the ban on alcohol and cigarettes. Some people called it "unreasonable" and "irrational". Emotive language was used. The result was that the regulations (ban on the sale of cigarettes and alcohol) turned ordinary people into criminals. The money used to buy illegal cigarettes and alcohol went to the black market, and as a result, the black market has flourished.
- Many people objected to the curfews imposed, saying they were unnecessary.
- Many people objected to social distancing regulations and the contradictions related to these regulations. Taxis could have 100% capacity, but people could not visit family. There was no social distancing at state funerals but attendance was regulated at other funerals and events. Enforcement of regulations in suburban areas versus rural and township areas by police was different. Incidents of police brutality were more prevalent in rural and township areas than in suburban areas. Police were more involved in enforcing regulations than looking at incidents of Gender-Based Violence.
- Loss of business during the pandemic and many businesses are still struggling to keep their doors open because of the impact of the regulations, especially businesses in the retail sector.
- Some people thought the initial lockdown was necessary but the continued hard lockdown was unnecessary and a violation of their rights.

- **Health Matters**

- There was secrecy around deaths and lack of clarity around reporting of deaths, particularly in respect of COVID.
- Mental health concerns and assistance – government must be more aware of mental health challenges over the next few months, especially for all frontline workers (nurses, doctors, police etc.).
- South African doctors and nurses needed more assistance but foreign doctors (Cuban doctors) were brought in to the country to assist and were given certain privileges that South African doctors were not, such as laptops.

- **Economy and Business**

- The homeless were uncared for, as well as foreign citizens who are not part of the formal social development system. These include foreign citizens who are involved in informal businesses.
- Load shedding compounded the impact of COVID-19 and broke an already struggling economy. No provision was made during the lockdown for cheaper electricity.
- Impact on the tourism sector – what is the government going to do going forward? Small businesses in the tourism sector (as well as other small businesses) are impacted more than

large businesses. International borders were closed for the lockdown and this is being lifted, slowly. Tourists from high risk countries are not allowed into the country, however, tourists from low-risk countries are allowed into South Africa. All international tourists, who test negative for the virus, should be allowed to enter the country.

- The Level of corruption and abuse in government during the pandemic – people are concerned about the level of corruption and looting by public officials. The government must look at the consequences for these individuals.
- **Education**
- The quality of teaching and learning from home, especially in underprivileged areas, was concerning. Some learners did not have enough tuition time, and some learners felt that their parents did not have the experience and knowledge to assist them with their school work. The result is that some learners might choose to repeat grades and even drop out of school if their assessments show poor results.

## Working Group 5

### Government's Response to COVID-19

- Recognition was given for government's early response to the pandemic.
- The overwhelming majority of the comments received rated government's response to the pandemic as poor. A significant number of responses criticised government for not moving quickly to prepare for the pandemic during the first few weeks when there were strict lockdown regulations in place.
- Some of those that criticized governments' response time as poor, qualified their statement by contrasting it to Western Cape. The Western Cape received accolades for the swiftness within which the health care facilities were upgraded in response to the COVID-19 pandemic.
- The overall consensus was that the population's best interest was not taken into consideration by government in that economic hardships such as bankruptcy, retrenchment, loss of income and short pay were not adequately considered when businesses were forced to suspend activities.
- The general view on government's position on the banning of the sale of alcohol and cigarettes was that these regulations did little to prevent the spread of the virus, and that it was punitive and unnecessary. Reference was made to the vast amounts of money that were spent on illegal cigarettes and alcohol which were sold at exorbitant prices. The perception was that the ban on the sale of these products created the ideal circumstances for the illicit trade to flourish.
- People felt that government has failed them with draconian laws which penalised ordinary citizens instead of focusing on strategies to provide psychological and economic support to citizens who had to deal with abuse, death of primary caregivers and loss of business and income.
- Concern was raised that there was no consensus on the decisions by government in terms of the banning of specific items. There seemed to be a conflict in relaying the message to the population. This was compounded by the fact that the president did not allow for questions from the media regarding decisions that were taken when he addressed the nation.
- A significant number of submissions expressed the view that many regulations were not based on health and risk considerations, but that they were drafted to suite certain lobby groups. Examples cited were taxi and religious groups that were allowed traveling at full capacity and having a higher number of people present than what was allowed for social

meetings. Reference was also made to the fact that restaurants were allowed to receive clients and serve people not wearing masks, but families were not allowed to visit or provide care for the elderly.

- Anger was directed at the fact that politicians were receiving a full salary when the population was suffering economically, due to the decisions by the politicians.

### **Submissions regarding the Regulations**

- The general consensus was that the pandemic required extraordinary measures to curb the spread of the virus.
- Predominantly it was submitted that the regulations were arbitrary, illogical and unnecessarily harsh, and not in the best interests of South Africa. The view was that the regulations were not solely motivated by the need to provide protection, but to grab more power and to enforce draconian regulations.
- Attention was drawn to the fact that public input was not sought before certain decisions were made. Health information on the virus was not made available to verify the authenticity and effectiveness of the decisions taken by government. The regulations should have been adapted to suit the specific needs of each province as the virus affected provinces differently. People were of the opinion that government did not have a smart approach when formulating the regulations.
- The regulations were criticised for the ban and regulation of feeding schemes and soup kitchens. Mention was made that ordinary citizens had to step in with feeding schemes, to ensure that there was food for the needy.
- The government could not effectively enforce the regulations that they have announced.
- There is a feeling that members of the public were treated like children.
- Certain regulations were perceived as if the population was not trusted.
- The closing of beaches was cited as an example of a regulation that was not based on any objective evidence that linked the spread of the virus to outdoor activities. Some submissions linked these regulations with political considerations.
- The fact that taxis were allowed to transport passengers at 100% capacity was repeatedly referred to as an example of illogical decision-making.
- Some criticism was directed at the fact that casinos were effectively allowed a higher number of clients, than the number of people allowed to attend a funeral.
- A number of submissions felt that the regulations contained numerous inconsistencies. Examples cited referred to schools that were opened, while many parents were still not allowed to return to work.

### **About the compulsory wearing of face masks**

- The general view was that people were willing to wear face masks, on the other hand, a much smaller number indicated that they were not at all willing to wear masks.
- There is a general feeling that the wearing of masks is unnecessary, but that they will comply.
- Complaints were raised regarding the negative aspects of wearing a mask, but most have ultimately accepted that wearing a mask is the new normal.
- There is a minority view that masks provide a health risk to those that do wear them. Some submissions even referred to websites that deal with the infection dangers brought about by face masks.
- Mention was made that there were no standardised designs of what the mask should adhere to.
- The submissions were silent on the cost of masks.

- Very few people indicated that masks should be provided by government or employers or schools.
- The fact that people are allowed to take off masks in public, such as in restaurants, seemed to be a thorn in the flesh for some respondents.
- Some people indicated that they felt suffocated wearing a mask.
- Some indicated that they knew of people that contracted the virus, despite them diligently wearing masks in public.
- Very little evidence is available to indicate that the mask protects you, as the wearer.
- In general people expressed their willingness to wear masks but nothing was raised regarding the maintenance of the mask; guidelines were needed regarding the maintenance of masks and the design of the mask.
- The regulation that masks should be worn when outside of one's residence, and therefore when in a car by oneself or with family, was seen as silly. It was notable that submissions did not refer to the advantages that the wearing of a mask held for others with whom an infected person may come into contact with. This seems to be an area that should be addressed in a public information campaign.

### **Have you and/or your family members been tested**

- The vast majority of submissions indicated that the respondents have not been tested.
- Quite a large percentage of respondents that indicated that they were tested, had this done through private laboratories. Many of them referred to the significant costs for the tests.
- At least one submission mentioned that the person was held liable for the cost by the employer, when the test result was negative.

### **Other major recurring inputs on issues outside of the themes**

- The perception of high-handedness, and that government used the pandemic and the regulations to infringe on people's rights;
- That many regulations were too strict and illogical;
- That the regulations fuelled illegal activities and that many other-wise law-abiding citizens (such as smokers) felt the need to circumvent the regulations;
- The lack of effective economic support for those that suffered economically;
- The fact that social needs were not appreciated;
- The perception of inconsistency in the regulations and the actions of government;
- The lack of evidence linking certain regulations to the spread of the virus; and
- Some individual cases required exceptions (for example on the travel ban), which the regulations did not allow for.

## **17. Recommendations**

Each working group was asked by the Chairperson of the Committee to consider how the concerns and aspirations raised by the public during the public participation process could be reflected in the Committee's recommendations. These recommendations aim to reflect this.

1. That this report be considered by the House.
2. That a copy of the report be sent to: the Premier and Director-General of the Western Cape, and all organisations and entities that participated in the work of the committee.
3. There should be continued communication campaigns on the wearing of masks, as well as on how to use them; including social distancing.

4. Government should communicate clearly on the Covid-19 testing regime, and especially if any changes are effected in these protocols.
5. In all levels of lockdown, the UIF offices should remain open in order for stakeholders to access their funds.
6. Outstanding UIF grants and backlogs should be addressed and paid out and further the UIF should be easily contactable by applicants.
7. SASSA should assist beneficiaries with applications and be transparent in its application processes. SASSA should ensure that safety protocols are implemented and maintained at pay point queues.
8. Financial support should be given to all affected people, not just on the basis of race – as was raised by the tourism sector in regard to the Tourism Support Fund.
9. Traffic or law enforcement officials should enforce the implementation and use of sanitisers on public transport and the taxi industry should play an active role to enforce PPE compliance in taxis.
10. The SABC should play a bigger role in home learning. Psychological support should be provided to children, elderly and the disabled who reside in care facilities.
11. Public Education on the grant process and socio-economic support from government should be offered to communities.
12. There must be a clear and strong stance against corruption.
13. A differentiated approach needs to be followed during the various levels of the lockdown as not all areas are affected in the same way.
14. Request that the Department of Economic Development and Tourism assist small and medium-sized businesses that are closing down, with business rescue procedures.
15. The Department of Economic Development and Tourism assist informal businesses with cutting red tape in order to continue trading.
16. There must be proper, clear communication to the public on accessing the Solidarity Fund. Small, local businesses must be prioritised instead of larger companies.
17. If businesses can prove that they have sustainable businesses plans, then government loans should be converted to grants.
18. The research and evidence for the respective health regulations that were Gazetted should be published so that members of the public can understand the rationale behind the enforcement of the regulations.
19. Government should allow Non-Governmental Organisations and members of the public to distribute food to the public.
20. Should there be a return to hard lockdowns government should review regulations relating to social distancing and visitations to family members, to avoid contradictory regulations.
21. The closure of ECD Centres through regulations was flawed and had unintended consequences and should be reconsidered if there are regulations imposed in the future.
22. The filling of taxis to 100% capacity must be informed by health evidence and research.
23. Foreign tourists that test negative for the virus should be allowed to travel to South Africa.
24. The rebuilding of the post-Covid-19 economy should now be government's priority. This will require drastic action in the review of economic and employment policies and legislation to support labour-intensive economic growth.
25. Those that were already vulnerable before the pandemic, suffered the most. Government support should now be focussed even stronger on the needs of the poor.
26. Some of the innovations developed during the pandemic should be retained and further developed. This include actions such as the distribution of chronic medicine to homes.
27. The Western Cape Government should summarise strategies implemented to innovatively deal with the provision of emergency services dealing with COVID-19 patients and infection "hot spots". This should then be escalated to National Government as a form of best practice should similar pandemics occur in the future.

28. Government should review the social aspect of providing better support to vulnerable populations (e.g. Social support in homes for abused women and children etc.)
29. Future actions and decisions by government should follow public-participation and not create the impression that government decisions are only influenced by certain lobby groups close to government.

## **18. Concluding remarks**

Across South Africa, and the Western Cape, Covid-19 is arguably the greatest challenge we have endured in our lifetime.

The pandemic has had widespread effects on every aspect of our daily lives. It has impacted our health; the education of our children; our businesses and finance; our mental wellbeing; our futures; and our governments at all levels.

Every resource at our disposal has and must continue to be combined and concentrated in achieving safety for both our lives and our livelihoods. The task before us may seem insurmountable, but the resilience of the South African people has seen us through unthinkable difficulties.

Our thanks could never adequately express the deep gratitude we hold toward the thousands of healthcare workers, doctors, nurses, government officials and civil society members that worked, and continue to work so hard, to ensure our survival. We also acknowledge the great sacrifices our leaders and the Premier have made to carry us as safely as possible to where we are now.

The pandemic is very much still with us, and we tragically lose residents each day to this killer virus. May we – as governments and as duly elected representatives – rise to the occasion in support of overcoming this challenge of our lifetime.

Report to be considered.

## 19. Postscript: A Second Wave?

The Western Cape, by all accounts passed its first peak of infections in approximately July 2020. That being said, the data suggests that not all areas of the Western Cape ‘peaked’ at the same time nor to the same extent. While the number of infections and deaths in the province have been decreasing since this peak, countries in the northern hemisphere may be a cautionary tale. Several European countries are experiencing a second wave and have gone into another lockdown.<sup>20</sup>

The South African Centre for Epidemiologic Modelling and Analysis (SACEMA) conducted an assessment of the likelihood of a second wave of COVID-19 for a National Ministerial Advisory sub-committee in September and October 2019<sup>21</sup>. This study looked at 113 countries with populations of >1 million people. Some countries had completed their first waves (49), and of which approximately half had experienced a second wave (24) and 5 of which had seen the end of a second wave.

In some instances there were more cases in the second wave than the first wave. Second waves generally started within 2-3 months of the end of a first wave.

The Western Cape Health Department, reporting to the Committee on the possibility of a second wave in the Western Cape, notes several factors to consider in this regard:

- a) Seroprevalence: seroprevalence indicates the proportion of the population with antibodies to SARS-CoV-2. In countries experiencing additional COVID-19 waves, seroprevalence has been less than 10% overall, reaching 15% in areas such as Madrid, Spain that had a particularly severe first COVID-19 wave, indicating that population-level immunity has not played a major role in curtailing the first COVID-19 wave; and
- b) Easing of restrictions: a resurgence in transmission in other countries may be due to factors such as the easing of restrictions, the resumption of mass gatherings, summer vacation activities and poor adherence to social distancing measures and quarantine.

The Western Cape Health Department notes that in contrast to several other countries, the South African and Western Cape epidemics declined from July to September despite progressive easing of restrictions during this time. In addition, serological data from a sentinel surveillance study in the Western Cape indicates that relatively high proportions of some communities have already been infected with SARS-CoV-2, suggesting that the factors causing decline in the first wave of COVID-19 in our setting may differ from other countries. The DoH informs us that there is likely substantial heterogeneity in COVID-19 attack rates both within and between different communities across the province, however some degree of population-level immunity has likely played a role in the reductions in transmission observed. The Health Department report to the ad hoc Committee on a possible second wave points out that more affluent middle class communities as well as rural areas outside of the metro have been relatively shielded and therefore these communities are vulnerable to COVID-19.

According to the DoH, Communities at risk of future resurgence include those with the following characteristics:

- few laboratory-confirmed cases per population to date
- few tests per population performed to date
- low cumulative SARS-CoV-2 PCR positivity rate to date
- high population mobility

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<sup>20</sup> <https://ewn.co.za/2020/11/03/sa-can-learn-from-europe-s-covid-19-second-wave-say-experts>

<sup>21</sup> Western Cape Department of Health report to the *ad hoc* Committee on a possible second wave 14 Nov 2020

- high population density
- high social vulnerability

Risk factors that could increase the possibility of COVID-19 resurgence include reduced adherence to prevention protocols, especially over the festive season, widespread travel over the season as well as social gatherings and the return to full capacity of schools in the new year.

The Department of Health has assured the committee that measures are being put in place to prevent and prepare for a possible second wave. These measures include:

- **Surveillance:** a surveillance strategy overseen by the interdisciplinary technical Surveillance and Testing Advisory Group. The strategy aims to enable rapid detection and management of COVID-19 cases, guide the implementation of control measures and detecting and containing outbreaks. Surveillance includes wastewater surveillance as an early warning system.
- **Data management:** this allows managers to identify geographic areas of concern as well as a dashboard with special reporting for easy detection of possible clusters of cases
- **Communication and primary prevention:** “Stay safe. Move forward” is the provincial tagline to promote personal protective behaviours while safely re-introducing comprehensive healthcare and economic activity. The province has developed the 3 “Cs” to avoid, crowded places, close contact settings, confined enclosed spaces.
- **Outbreak containment:** containment rests on the 4 pillars of find, test, isolate, quarantine. Currently diagnostic testing capacity for both private and public is at 45 000 per week.
- **Providing health care for patients in a second wave:** additional hospital bed capacity is available and will be retained over the next 6-12 months to enable a rapid response should there be a resurgence. The acute and critical care capacity in the public sector is expected to manage any future resurgence.
- **Staff safety:** recognition that frontline staff are essential to provide health care to patients in a second wave and their safety is of utmost concern. Various occupational health and safety interventions have been implemented as well as the procurement of sufficient PPE equipment.

The Health Department warns that resurgences are to be expected and a second wave may occur in South Africa, however given our unique factors and the above data, it is considered unlikely that a second wave will occur in the short term (6-8 months) in the same communities that experienced widespread initial waves of infection, unless immunity wanes extremely rapidly. If a second wave does occur, it is expected to peak at a lower level than the first wave, as the most densely populated communities with highest risk of transmission have already experienced relatively pervasive outbreaks as indicated by seroprevalence data.

## **20. Annexures**

- **Annexure A:**  
ATC 14 April 2020 - Establishment of Ad Hoc Committee on COVID-19 and Membership  
ATC 16 April 2020 - Revised Membership  
ATC 20 April 2020 - Election of Chairperson
- **Annexure B:** Western Cape Provincial Parliament Research Report – data on various matters over the period March to October 2020
- **Annexure C:** Western Cape Provincial Parliament Legal Opinion (Adv. R Maasdorp) on the De Beer vs the Minister of Cooperative Governance and Traditional Affairs court judgment declaring certain lockdown regulations invalid

- Annexure D: Adverts – Weekend Argus, Die Burger, Weslander, Swartland Joernaal, I'solezwe and George Herald
- Annexure E: News Articles featuring the Ad Hoc Committee on COVID-19
- Annexure F: List of Disaster Management Regulations relating to the COVID-19 pandemic

**PARLIAMENT OF THE  
PROVINCE OF THE  
WESTERN CAPE**  
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**ANNOUNCEMENTS,  
TABLINGS AND  
COMMITTEE REPORTS**  
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TUESDAY, 14 APRIL 2020

**ANNOUNCEMENT**

The Speaker:

**Establishment of an ad-hoc committee by the Speaker in accordance with Standing Rule 119(1)(b) with the following assignment:**

To perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any provincial organ of state and any provincial entity involved in activities dealing with the pandemic.

After consulting all seven (7) political parties represented in the Western Cape Provincial Parliament and all input considered, it has been resolved that the committee shall consist of fifteen (15) Members, as follows:

- Democratic Alliance: Eight (8) Members (Hon R I Allen, Hon D America, Hon D M Baartman, Hon G Bosman, Hon D G Mitchell, Hon W F Philander, Hon A P van der Westhuizen, Hon M M Wenger; Alternates: Hon L J Botha, Hon R D MacKenzie, Hon L M Maseko)
- African National Congress: Three (3) Members, but elected not to participate
- Economic Freedom Fighters: One (1) Member (Hon M Xego)
- Other smaller opposition parties: Three (3) Members jointly (Hon B N Herron [GOOD], Hon F C Christians [African Christian Democratic Party], Hon P J Marais [Freedom Front Plus], Al Jama-ah elected not to participate)

The ad-hoc committee shall have all the general powers conferred upon committees in accordance with the Standing Rules (Rule 91), as well as any other power, where applicable, conferred upon committees generally in accordance with the Standing Rules (Rules 77–95).

The Committee shall meet by way of electronic means until such time as the spread of the virus has been adequately contained so as to render in-person meetings safe.

The Committee is instructed to report regularly on its findings.

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Thursday, 16 April 2020]

33

No 23- 2020] SECOND SESSION, SIXTH PARLIAMENT

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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THURSDAY, 16 APRIL 2020

### ANNOUNCEMENT

The Speaker:

Updated list of ad-hoc committee membership (\* denotes a change)

**Establishment of an ad-hoc committee by the Speaker in accordance with Standing Rule 119(1)(b) with the following assignment:**

To perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any provincial organ of state and any provincial entity involved in activities dealing with the pandemic.

After consulting all seven (7) political parties represented in the Western Cape Provincial Parliament and all input considered, it has been resolved that the committee shall consist of fifteen (15) Members, as follows:

- Democratic Alliance: Eight (8) Members (Hon R I Allen, Hon D America, Hon D M Baartman, Hon G Bosman, Hon D G Mitchell, Hon W F Philander, Hon A P van der Westhuizen, Hon M M Wenger; Alternates: Hon L J Botha, Hon R D MacKenzie, Hon L M Maseko)
- \*African National Congress: Three (3) Members, (Hon C M Dugmore, Hon P Z Lekker, Hon R Windvogel; Alternates: Hon N G Nkondlo, Hon M K Sayed, Hon D Smith)
- Economic Freedom Fighters: One (1) Member (Hon M Xego)
- Other smaller opposition parties: Three (3) Members jointly (Hon B N Herron [GOOD], Hon F C Christians [African Christian Democratic Party], Hon P J Marais [Freedom Front Plus], Al Jama-ah elected not to participate)

The ad-hoc committee shall have all the general powers conferred upon committees in accordance with the Standing Rules (Rule 91), as well as any other power, where applicable, conferred upon committees generally in accordance with the Standing Rules (Rules 77–95).

The Committee shall meet by way of electronic means until such time as the spread of the virus has been adequately contained so as to render in-person meetings safe.

The Committee is instructed to report regularly on its findings.

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*Monday, 20 April 2020]*

35

No 25 - 2020] SECOND SESSION, SIXTH PARLIAMENT

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

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## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

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MONDAY, 20 APRIL 2020

### ANNOUNCEMENTS

The Speaker:

- **Referral of document to committee in terms of section 54(1) and (2) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:**

#### **Parliamentary Oversight Committee**

Western Cape Provincial Parliament – Monthly financial statements (In-year Monitoring Report) for the period ended 31 March 2020.

- **Ad-hoc Committee on COVID-19**

Ms M M Wenger has duly been elected as the chairperson of the Committee with effect from 17 April 2020.

## TABLING

The Speaker:

### Tabling of document in terms of section 54(1) and (2) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:

Western Cape Provincial Parliament – Monthly financial statements (In-year Monitoring Report) for the period ended 31 March 2020.

## ANNEXURE B

Research provided by the Western Cape Provincial Parliament’s Research Unit:

### (1) Number of new provincial COVID-19 cases per day from 5 March to 31 October 2020 (Green and red coloured cells indicate lowest and highest rates respectively)

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
05 March 2020	0	0	0	1	0	0	0	0	0	1
06 March 2020	0	0	0	0	0	0	0	0	0	0
07 March 2020	0	1	0	0	0	0	0	0	0	1
08 March 2020	0	0	0	1	0	0	0	0	0	1
09 March 2020	0	0	0	4	0	0	0	0	0	4
10 March 2020	0	0	0	0	0	0	0	0	0	0
11 March 2020	1	4	0	1	0	0	0	0	0	6
12 March 2020	0	1	0	1	0	1	0	0	0	3
13 March 2020	2	4	0	2	0	0	0	0	0	8
14 March 2020	6	7	0	1	0	0	0	0	0	14
15 March 2020	5	7	0	1	0	0	0	0	0	13
16 March 2020	2	7	0	0	0	1	0	1	0	11
17 March 2020	5	14	0	4	0	0	0	0	0	23
18 March 2020	10	16	0	3	0	2	0	0	0	31
19 March 2020	15	15	0	3	0	1	0	0	0	34
20 March 2020	11	33	0	1	7	0	0	0	0	52
21 March 2020	18	16	1	3	0	0	0	0	0	38
22 March 2020	14	7	1	9	2	1	0	0	0	34
23 March 2020	12	75	0	24	4	4	4	2	2	128
24 March 2020	30	95	0	21	5	0	1	0	0	152
25 March 2020	61	64	0	11	15	0	0	0	0	155
26 March 2020	37	43	3	43	16	-1	1	3	0	219
27 March 2020	0	0	0	0	0	0	0	0	0	0
28 March 2020	42	124	5	22	19	1	0	5	3	259
29 March 2020	39	51	2	11	4	1	0	1	1	93
30 March 2020	14	34	0	4	0	0	2	-1	-3	46
31 March 2020	1	15	0	8	2	1	0	3	3	27

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
01 April 2020	1	12	3	7	2	0	1	0	1	27
02 April 2020	27	18	2	20	8	1	0	2	0	82
03 April 2020	21	9	4	9	0	0	0	0	0	43
04 April 2020	59	21	4	17	1	5	2	2	0	80
05 April 2020	21	11	6	14	2	0	0	1	1	70
06 April 2020	8	9	1	11	2	0	0	0	0	31
07 April 2020	0	0	0	0	0	0	0	0	0	0
08 April 2020	33	69	13	97	-1	3	4	2	5	159
09 April 2020	20	13	16	33	5	-1	0	1	2	89
10 April 2020	26	6	7	25	1	0	3	2	0	69
11 April 2020	5	12	1	6	0	0	1	-1	1	25
12 April 2020	41	52	19	25	2	1	0	0	0	145
13 April 2020	30	25	16	22	0	1	3	0	0	99
14 April 2020	26	19	70	24	2	0	0	1	0	143
15 April 2020	14	21	25	30	-1	0	1	1	0	91
16 April 2020	18	39	21	20	1	0	1	1	0	99
17 April 2020	42	49	26	52	2	1	0	0	0	178
18 April 2020	119	83	24	13	0	2	0	0	0	251
19 April 2020	32	47	23	13	0	-2	0	1	0	124
20 April 2020	72	22	17	22	5	0	1	0	2	142
21 April 2020	70	29	35	32	1	1	-1	0	-2	165
22 April 2020	69	25	32	87	0	-1	0	0	0	170
23 April 2020	200	28	40	49	0	0	1	0	0	318
24 April 2020	134	29	63	34	5	1	0	2	0	267
25 April 2020	101	23	8	6	0	-1	3	1	0	141
26 April 2020	94	27	47	16	-1	0	0	1	1	185
27 April 2020	129	22	53	39	1	3	0	0	0	247
28 April 2020	133	24	28	17	2	-2	1	0	0	203
29 April 2020	265	31	14	37	0	7	0	0	0	354
30 April 2020	207	38	17	24	3	5	2	1	0	297
01 May 2020	165	61	44	26	2	-1	4	2	1	304
02 May 2020	193	91	41	45	3	5	0	2	5	385
03 May 2020	344	26	42	25	1	6	1	1	1	447
04 May 2020	318	37	40	30	3	7	-1	2	1	437

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
05 May 2020	247	36	24	36	3	4	0	1	1	352
06 May 2020	151	23	11	47	2	0	2	0	0	236
07 May 2020	234	84	80	15	4	2	3	1	1	424
08 May 2020	503	47	60	49	-1	1	2	2	0	663
09 May 2020	312	59	89	55	1	1	-1	8	1	525
10 May 2020	359	42	140	45	1	0	4	3	1	595
11 May 2020	453	19	138	19	0	2	5	0	1	637
12 May 2020	484	43	148	22	0	0	1	0	0	698
13 May 2020	608	60	30	19	3	3	1	0	0	724
14 May 2020	522	61	35	31	7	1	6	1	1	665
15 May 2020	563	75	93	38	6	0	5	2	3	785
16 May 2020	606	52	150	16	2	1	1	2	1	831
17 May 2020	890	67	124	45	5	3	6	18	2	1 160
18 May 2020	741	14	116	24	5	5	2	11	0	918
19 May 2020	604	18	83	49	5	2	0	6	0	767
20 May 2020	623	39	80	34	12	15	0	-1	1	803
21 May 2020	891	53	109	43	4	2	5	28	-1	1 134
22 May 2020	735	68	135	42	1	3	3	-1	2	988
23 May 2020	938	112	110	42	11	-1	1	4	1	1 218
24 May 2020	914	140	121	38	6	4	13	4	0	1 240
25 May 2020	656	220	58	67	6	1	15	4	5	1 032
26 May 2020	433	50	116	45	-2	1	6	0	0	649
27 May 2020	1 064	124	183	259	15	3	13	9	3	1 673
28 May 2020	861	162	259	163	4	5	6	3	3	1 466
29 May 2020	1 152	254	277	79	6	1	9	26	1	1 837
30 May 2020	1 254	190	176	48	30	1	19	3	5	1 727
31 May 2020	1 222	230	168	69	17	8	13	4	12	1 716
01 June 2020	1 185	228	184	20	7	10	12	15	13	1 674
02 June 2020	1 016	45	213	72	14	1	84	1	9	1 455
03 June 2020	1 074	291	202	70	20	5	43	7	2	1 713
04 June 2020	2 349	278	410	162	3	7	50	6	2	3 267
05 June 2020	1 801	370	304	67	14	25	45	9	7	2 642
06 June 2020	1 572	411	389	80	12	12	59	1	3	2 539
07 June 2020	1 445	320	345	92	13	8	55	11	9	2 312
08 June 2020	1 744	312	367	67	12	-6	57	17	4	2 594

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
09 June 2020	1 251	288	419	80	18	1	24	9	4	2 112
10 June 2020	1 202	649	394	92	10	23	53	4	3	2 430
11 June 2020	1 401	758	714	125	5	21	100	10	7	3 147
12 June 2020	1 504	828	747	101	29	15	108	21	6	3 359
13 June 2020	1 679	1 116	635	190	22	28	112	21	6	3 809
14 June 2020	1 934	1 267	777	111	38	26	120	17	12	4 302
15 June 2020	1 604	1 029	570	85	17	25	80	36	49	3 495
16 June 2020	1 214	830	442	89	66	21	104	29	6	2 801
17 June 2020	1 198	1 597	880	190	30	48	121	25	0	4 078
18 June 2020	967	1 278	720	122	41	70	204	73	3	3 478
19 June 2020	1 184	1 363	867	188	9	44	152	14	4	3 825
20 June 2020	1 467	1 717	1 215	258	42	39	199	18	14	4 966
21 June 2020	1 268	1 844	1 030	224	33	29	191	43	5	4 621
22 June 2020	1 113	1 519	1 144	248	39	23	167	18	17	4 288
23 June 2020	958	1 700	1 213	347	42	66	139	40	16	4 518
24 June 2020	1 650	2 115	1 106	450	75	51	164	48	29	5 688
25 June 2020	1 618	2 590	1 273	515	87	70	347	60	19	6 579
26 June 2020	1 161	2 598	1 451	500	93	72	253	68	19	6 215
27 June 2020	1 374	2 941	1 720	696	91	70	236	64	18	7 210
28 June 2020	1 130	2 610	1 441	647	119	91	193	73	30	6 334
29 June 2020	930	2 946	1 096	608	98	73	284	76	19	6 130
30 June 2020	1 106	3 040	1 491	633	137	101	256	120	61	6 945
01 July 2020	1 896	3 063	1 654	958	158	116	206	44	29	8 124
02 July 2020	1 464	3 993	1 263	1 037	214	172	395	111	79	8 728
03 July 2020	1 095	4 394	1 554	1 088	244	133	380	122	53	9 063
04 July 2020	1 440	5 042	2 004	1 227	246	207	476	151	60	10 853
05 July 2020	1 155	4 031	1 487	1 162	177	147	419	147	48	8 773
06 July 2020	1 407	3 487	2 433	673	251	208	347	79	86	8 971
07 July 2020	1 218	4 597	2 320	924	230	180	432	165	68	10 134
08 July 2020	1 136	3 527	1 956	1 219	225	175	305	181	86	8 810
09 July 2020	1 523	6 531	2 075	1 668	465	374	723	250	65	13 674
10 July 2020	1 252	5 487	1 852	1 756	497	371	806	198	129	12 348
11 July 2020	1 269	6 011	1 948	2 367	458	348	742	256	98	13 497
12 July 2020	1 063	5 387	2 068	1 819	545	356	506	179	135	12 058
13 July 2020	945	5 282	1 758	1 815	408	322	601	302	121	11 554

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
14 July 2020	855	3 357	1 901	3 200	341	277	259	142	57	10 496
15 July 2020	1 357	5 644	1 625	2 352	588	475	441	187	88	12 757
16 July 2020	1 430	5 181	1 602	2 665	751	521	666	238	164	13 172
17 July 2020	1 268	5 513	1 674	2 118	978	501	831	277	213	13 373
18 July 2020	1 157	5 196	2 116	2 364	714	571	678	330	153	13 285
19 July 2020	515	5 013	2 205	3 129	989	485	606	438	69	13 449
20 July 2020	-154	3 262	2 135	2 399	734	295	331	228	85	9 300
21 July 2020	557	2 556	1 443	2 071	625	240	297	199	188	8 170
22 July 2020	1 518	5 147	1 059	2 836	980	622	439	357	188	13 150
23 July 2020	1 081	4 272	1 627	2 885	1 111	701	828	356	243	13 104
24 July 2020	1 083	4 166	1 893	3 756	1 099	769	647	326	205	13 944
25 July 2020	1 022	3 801	1 434	3 370	970	661	394	338	214	12 204
26 July 2020	1 046	3 333	813	3 529	970	591	396	344	211	11 233
27 July 2020	521	2 165	646	1 921	740	378	266	184	275	7 096
28 July 2020	383	2 265	836	2 119	912	166	187	242	122	7 232
29 July 2020	754	3 785	805	3 139	1 073	890	440	338	138	11 362
30 July 2020	703	3 205	1 183	2 679	1 191	838	580	400	267	11 046
31 July 2020	783	3 698	883	2 787	864	821	514	325	339	11 014
01 August 2020	966	2 847	844	2 901	1 046	580	389	314	220	10 107
02 August 2020	649	2 413	628	2 693	791	439	247	165	170	8 195
03 August 2020	238	1 414	264	2 061	606	275	188	160	171	5 377
04 August 2020	185	1 144	170	1 625	628	321	121	185	77	4 456
05 August 2020	770	2 192	556	1 812	899	1 419	416	236	259	8 559
06 August 2020	568	2 349	614	2 317	891	668	358	248	294	8 307
07 August 2020	428	1 528	601	2 729	754	463	271	265	253	7 292
08 August 2020	561	1 840	459	2 804	865	468	327	207	181	7 712
09 August 2020	371	1 768	327	2 420	628	505	195	201	255	6 670
10 August 2020	254	794	177	1 318	539	216	96	165	181	3 740
11 August 2020	103	532	137	1 108	300	78	98	96	59	2 511
12 August 2020	220	592	64	1 005	369	222	174	68	96	2 810
13 August 2020	440	1 135	223	734	471	356	278	144	165	3 946
14 August 2020	603	1 711	370	1 511	788	443	333	195	321	6 275
15 August 2020	410	1 140	299	875	628	361	277	231	292	4 513
16 August 2020	460	964	335	764	405	374	157	128	105	3 692
17 August 2020	160	602	86	654	434	185	55	184	181	2 541

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
18 August 2020	130	712	52	528	289	243	140	56	108	2 258
19 August 2020	471	1 062	218	706	570	350	196	131	212	3 916
20 August 2020	406	944	224	809	502	392	227	142	234	3 880
21 August 2020	326	877	201	708	471	242	135	195	243	3 398
22 August 2020	343	1 414	252	544	485	201	182	108	178	3 707
23 August 2020	303	772	164	509	359	198	116	174	133	2 728
24 August 2020	79	507	37	261	387	63	70	80	193	1 677
25 August 2020	114	367	71	419	236	173	74	60	53	1 567
26 August 2020	216	718	161	575	377	219	201	92	125	2 684
27 August 2020	276	546	153	489	439	122	159	72	329	2 585
28 August 2020	234	423	76	278	323	88	117	93	214	1 846
29 August 2020	169	544	198	428	415	181	164	79	241	2 419
30 August 2020	232	525	161	435	400	186	154	128	284	2 505
31 August 2020	113	521	103	280	331	273	108	98	158	1 985
01 September 2020	93	349	54	231	237	65	42	36	111	1 218
02 September 2020	239	639	105	424	348	135	214	99	183	2 336
03 September 2020	229	521	167	373	396	141	212	88	293	2 420
04 September 2020	205	508	146	326	323	90	149	108	208	2 063
05 September 2020	195	378	120	286	294	140	127	69	197	1 806
06 September 2020	205	334	94	178	295	100	153	69	205	1 633
07 September 2020	57	189	19	80	205	49	49	35	162	845
08 September 2020	87	246	58	177	168	73	105	28	137	1 079
09 September 2020	293	408	114	291	302	113	181	103	185	1 990
10 September 2020	243	411	88	286	376	114	187	79	223	2 007
11 September 2020	181	334	94	281	418	115	168	80	289	1 960
12 September 2020	231	345	101	228	354	140	159	54	204	1 816
13 September 2020	152	309	92	222	271	70	125	70	268	1 579
14 September 2020	55	167	41	124	245	75	43	33	173	956
15 September 2020	52	174	57	162	135	35	59	47	52	773
16 September 2020	229	417	150	235	347	126	206	101	111	1 922
17 September 2020	228	443	113	237	439	118	194	80	276	2 128
18 September 2020	162	449	118	213	334	158	135	113	373	2 055
19 September 2020	201	326	140	209	401	127	169	101	355	2 029
20 September 2020	149	254	130	174	261	90	146	45	306	1 555
21 September 2020	19	115	41	90	254	46	16	18	126	725

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
22 September 2020	90	274	114	139	325	87	144	56	117	1346
23 September 2020	214	356	101	202	327	100	197	129	280	1906
24 September 2020	250	305	148	176	410	130	160	97	185	1861
25 September 2020	144	230	112	139	325	72	121	136	201	1480
26 September 2020	71	211	96	119	199	20	82	52	119	969
27 September 2020	135	178	116	123	251	87	121	79	178	1268
28 September 2020	63	163	83	66	221	48	66	39	154	903
29 September 2020	48	171	101	92	209	94	82	34	72	903
30 September 2020	198	331	128	183	389	104	158	84	192	1767
01 October 2020	149	352	155	140	369	109	145	94	232	1745
02 October 2020	172	309	193	134	360	65	167	121	228	1749
03 October 2020	193	331	141	143	412	84	204	84	291	1883
04 October 2020	195	214	160	119	315	66	93	77	334	1573
05 October 2020	69	151	111	86	259	34	52	34	130	926
06 October 2020	79	259	27	75	203	93	124	43	124	1027
07 October 2020	230	399	174	161	405	82	185	70	207	1913
08 October 2020	186	319	174	114	413	125	120	104	181	1736
09 October 2020	252	336	140	116	283	81	114	79	240	1641
10 October 2020	403	371	207	135	586	109	193	100	260	2364
11 October 2020	271	266	181	123	299	53	99	93	190	1575
12 October 2020	94	158	110	59	227	43	83	20	94	888
13 October 2020	67	267	72	89	361	75	116	38	93	1178
14 October 2020	325	427	170	154	351	93	152	88	117	1877
15 October 2020	204	295	154	139	377	87	191	75	248	1770
16 October 2020	326	376	153	190	427	127	160	76	184	2019
17 October 2020	227	329	295	125	499	67	173	77	136	1928
18 October 2020	226	318	185	170	291	92	94	77	209	1662
19 October 2020	127	378	116	92	295	78	81	72	222	1461
20 October 2020	133	175	124	92	219	69	142	29	67	1050
21 October 2020	297	339	320	119	340	124	196	78	242	2055
22 October 2020	330	290	370	155	453	86	213	62	197	2156
23 October 2020	244	332	267	168	324	86	132	80	264	1897
24 October 2020	353	268	365	168	290	86	123	75	106	1834
25 October 2020	259	230	418	125	310	52	68	42	118	1622
26 October 2020	92	147	196	79	228	51	21	19	58	891

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
27 October 2020	76	219	315	105	175	89	45	43	25	1092
28 October 2020	250	274	553	177	178	80	152	97	102	1863
29 October 2020	284	295	509	183	349	99	141	65	131	2056
30 October 2020	253	304	534	147	201	111	159	58	145	1912
31 October 2020	221	324	582	170	175	66	70	86	76	1770

Source: WITS University Covid-19 Dashboard, Provincial Breakdown, <https://www.covid19sa.org/provincial-breakdown>.

**(2) Deaths per day for all nine provinces from 27 March to 31 October 2020 (Green & red coloured cells indicate lowest and highest rates, respectively)**

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
27 March 2020	1	0	0	0	0	0	0	0	0	1
28 March 2020	0	0	0	0	0	0	0	0	0	0
29 March 2020	0	0	0	1	0	0	0	0	0	1
30 March 2020	0	0	0	0	1	0	0	0	0	1
31 March 2020	0	1	0	1	0	0	0	0	0	2
01 April 2020	0	0	0	0	0	0	0	0	0	0
02 April 2020	0	0	0	0	0	0	0	0	0	0
03 April 2020	0	0	0	2	0	0	0	0	0	2
04 April 2020	0	0	0	2	0	0	0	0	0	2
05 April 2020	1	0	0	1	0	0	0	0	0	2
06 April 2020	1	0	0	0	0	0	0	0	0	1
07 April 2020	0	0	0	1	0	0	0	0	0	1
08 April 2020	0	2	0	1	2	0	0	0	0	5
09 April 2020	0	0	0	0	0	0	0	0	0	0
10 April 2020	3	0	0	3	0	0	0	0	0	6
11 April 2020	1	0	0	0	0	0	0	0	0	1
12 April 2020	0	0	0	0	0	0	0	0	0	0
13 April 2020	1	1	0	0	0	0	0	0	0	2
14 April 2020	0	0	0	0	0	0	0	0	0	0
15 April 2020	0	1	0	6	0	0	0	0	0	7
16 April 2020	5	1	4	2	1	0	0	1	0	14
17 April 2020	2	0	0	0	0	0	0	0	0	2
18 April 2020	1	0	0	1	0	0	0	0	0	2
19 April 2020	1	0	0	1	0	0	0	0	0	2
20 April 2020	0	1	1	1	1	0	0	0	0	4
21 April 2020	0	0	0	0	0	0	0	0	0	0
22 April 2020	5	0	0	2	0	0	0	0	0	7
23 April 2020	6	1	1	2	0	0	0	0	0	10
24 April 2020	2	0	0	2	0	0	0	0	0	4
25 April 2020	2	0	4	0	0	0	0	1	0	7
26 April 2020	1	0	0	0	0	0	0	0	0	1
27 April 2020	2	0	0	1	0	0	0	0	0	3
28 April 2020	3	0	0	0	0	0	0	0	0	3
29 April 2020	4	3	1	2	0	0	0	0	0	10
30 April 2020	0	0	0	0	0	0	0	0	0	0
01 May 2020	13	0	0	0	0	0	0	0	0	13
02 May 2020	1	1	2	2	1	0	0	0	0	7
03 May 2020	2	2	4	0	0	0	0	0	0	8
04 May 2020	6	0	0	1	0	0	0	0	0	7
05 May 2020	7	1	1	1	0	0	0	0	0	10
06 May 2020	2	0	0	2	0	0	0	1	0	5
07 May 2020	6	0	0	2	0	0	0	0	0	8
08 May 2020	9	3	3	2	0	0	0	0	0	17
09 May 2020	7	0	0	1	0	0	0	0	0	8
10 May 2020	3	4	1	0	0	0	0	0	0	8
11 May 2020	8	0	2	1	0	0	1	0	0	12
12 May 2020	0	0	0	0	0	0	0	0	0	0
13 May 2020	11	2	0	0	0	0	0	0	0	13
14 May 2020	12	0	7	0	0	0	0	0	0	19
15 May 2020	8	0	0	1	0	0	0	0	0	9
16 May 2020	12	1	1	0	0	0	0	0	0	14
17 May 2020	0	0	3	0	0	0	0	0	0	3
18 May 2020	17	1	4	0	0	0	0	0	0	22
19 May 2020	21	1	2	1	0	0	0	0	1	26
20 May 2020	23	0	4	0	0	0	0	0	0	27
21 May 2020	25	0	5	0	0	0	0	0	0	30
22 May 2020	22	2	3	1	0	0	0	0	0	28
23 May 2020	4	0	5	1	0	0	0	0	0	10
24 May 2020	20	0	1	1	0	0	0	0	0	22
25 May 2020	49	1	2	0	0	0	0	0	0	52
26 May 2020	33	1	9	0	0	0	0	0	0	43
27 May 2020	28	0	0	0	0	0	0	0	0	28
28 May 2020	15	0	7	1	2	0	0	0	0	25
29 May 2020	31	0	3	0	0	0	0	0	0	34
30 May 2020	28	0	2	2	0	0	0	0	0	32
31 May 2020	38	2	0	0	0	0	0	0	0	40
01 June 2020	22	0	0	0	0	0	0	0	0	22
02 June 2020	43	0	6	1	0	0	0	0	0	50
03 June 2020	29	0	7	1	0	0	0	0	0	37
04 June 2020	54	0	0	1	1	0	0	0	0	56
05 June 2020	53	7	0	0	0	0	0	0	0	60
06 June 2020	25	7	6	6	0	0	0	0	0	44
07 June 2020	45	0	0	0	0	1	0	0	0	46
08 June 2020	55	0	26	1	0	0	0	0	0	82

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
09 June 2020	61	10	11	0	0	0	0	0	0	82
10 June 2020	37	0	9	2	0	0	0	0	0	48
11 June 2020	39	0	31	0	0	0	4	0	0	74
12 June 2020	39	0	30	0	0	0	0	1	0	70
13 June 2020	36	24	9	0	0	0	0	0	0	69
14 June 2020	42	0	10	5	0	0	0	0	0	57
15 June 2020	73	6	9	0	0	0	0	0	0	88
16 June 2020	44	0	9	4	0	0	0	0	0	57
17 June 2020	43	0	6	0	0	0	0	0	0	49
18 June 2020	57	0	6	0	0	0	0	0	0	63
19 June 2020	60	27	0	7	0	0	0	0	0	94
20 June 2020	32	0	11	3	0	0	0	0	0	46
21 June 2020	27	8	17	1	0	0	0	0	0	53
22 June 2020	39	0	18	3	0	0	0	1	0	61
23 June 2020	78	0	28	4	0	1	0	0	0	111
24 June 2020	63	25	15	0	0	0	0	0	0	103
25 June 2020	53	2	17	15	0	0	0	0	0	87
26 June 2020	40	0	8	0	0	0	0	0	0	48
27 June 2020	40	17	13	3	0	0	0	0	0	73
28 June 2020	32	8	3	0	0	0	0	0	0	43
29 June 2020	43	6	10	6	0	1	2	5	0	73
30 June 2020	52	36	25	11	0	4	0	0	0	128
01 July 2020	37	28	17	10	0	0	0	0	0	92
02 July 2020	29	38	12	16	0	0	0	0	0	95
03 July 2020	58	0	8	10	0	0	29	0	3	108
04 July 2020	43	0	31	0	0	0	0	0	0	74
05 July 2020	40	71	29	21	10	0	0	0	2	173
06 July 2020	35	50	9	0	0	0	0	17	0	111
07 July 2020	44	75	36	22	0	0	0	15	0	192
08 July 2020	47	0	18	18	0	15	0	2	0	100
09 July 2020	37	37	28	26	0	0	0	-11	1	118
10 July 2020	66	39	24	11	0	0	0	0	0	140
11 July 2020	38	26	30	13	0	0	0	0	4	111
12 July 2020	15	64	22	7	0	0	0	0	0	108
13 July 2020	37	0	23	6	16	11	0	0	0	93
14 July 2020	44	82	17	27	0	0	0	0	4	174
15 July 2020	38	41	12	4	0	0	12	0	0	107

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
16 July 2020	47	86	25	41	10	7	0	0	0	216
17 July 2020	36	64	9	20	2	4	0	0	0	135
18 July 2020	43	39	39	23	0	0	0	0	0	144
19 July 2020	26	30	14	15	0	0	0	0	0	85
20 July 2020	50	13	46	13	10	8	0	0	0	140
21 July 2020	48	43	74	30	0	0	0	0	0	195
22 July 2020	35	114	400	18	5	0	0	0	0	572
23 July 2020	28	31	48	38	0	0	0	0	8	153
24 July 2020	47	139	13	50	1	0	0	0	0	250
25 July 2020	18	209	44	37	0	0	0	0	4	312
26 July 2020	30	29	7	12	0	0	0	34	2	114
27 July 2020	36	61	77	9	91	13	11	0	0	298
28 July 2020	49	55	11	62	0	0	13	0	0	190
29 July 2020	23	156	34	27	0	0	0	0	0	240
30 July 2020	34	96	121	55	0	0	9	0	0	315
31 July 2020	33	103	8	36	0	13	0	0	0	193
01 August 2020	24	40	36	41	0	0	0	0	7	148
02 August 2020	43	40	25	31	51	0	0	23	0	213
03 August 2020	31	37	20	12	0	45	28	0	0	173
04 August 2020	97	116	43	89	0	0	0	0	0	345
05 August 2020	34	45	135	62	122	16	0	0	0	414
06 August 2020	46	75	66	78	23	0	0	0	18	306
07 August 2020	29	136	57	76	0	0	0	0	7	305
08 August 2020	22	23	39	154	0	0	21	37	5	301
09 August 2020	23	32	80	63	0	0	0	0	0	198
10 August 2020	30	39	57	11	64	10	0	0	2	213
11 August 2020	25	35	20	30	0	0	20	0	0	130
12 August 2020	31	108	46	74	0	0	0	0	0	259
13 August 2020	21	30	68	39	62	18	0	14	8	260
14 August 2020	28	76	42	54	20	22	26	0	18	286
15 August 2020	26	21	5	34	17	0	0	18	0	121
16 August 2020	20	27	70	21	6	0	18	0	0	162
17 August 2020	32	14	50	14	5	25	0	0	3	143
18 August 2020	34	89	66	57	13	0	20	0	3	282
19 August 2020	29	43	37	45	5	0	0	0	0	159
20 August 2020	13	83	26	36	25	0	0	12	0	195
21 August 2020	25	46	57	81	0	0	10	0	6	225

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
22 August 2020	5	37	25	31	0	46	0	0	0	144
23 August 2020	8	41	11	12	0	0	0	0	0	72
24 August 2020	19	12	11	14	0	36	0	8	0	100
25 August 2020	18	54	16	35	0	16	0	0	10	149
26 August 2020	60	61	12	57	0	0	0	0	4	194
27 August 2020	20	33	25	48	0	0	0	0	0	126
28 August 2020	10	47	10	14	0	18	16	0	0	115
29 August 2020	9	81	6	19	123	0	0	0	0	238
30 August 2020	7	16	7	3	3	11	0	0	0	47
31 August 2020	24	20	20	1	16	0	8	23	9	121
01 September 2020	20	39	7	13	7	10	18	0	0	114
02 September 2020	16	49	29	12	15	0	0	0	5	126
03 September 2020	17	50	24	39	8	27	9	0	0	174
04 September 2020	4	43	12	15	18	0	0	12	11	115
05 September 2020	10	16	11	45	19	0	0	0	0	101
06 September 2020	1	24	7	31	9	38	0	0	0	110
07 September 2020	13	5	12	25	7	0	10	43	0	115
08 September 2020	20	15	9	27	6	0	0	0	5	82
09 September 2020	22	27	5	10	8	0	10	0	0	82
10 September 2020	6	21	7	17	4	26	15	1	0	97
11 September 2020	18	19	16	19	2	24	0	0	15	113
12 September 2020	13	12	8	11	5	0	0	0	0	49
13 September 2020	6	6	4	4	0	0	0	0	0	20
14 September 2020	7	3	4	2	21	0	15	0	0	52
15 September 2020	13	12	4	16	0	19	0	67	11	142
16 September 2020	9	14	0	24	0	11	0	0	6	64
17 September 2020	12	13	3	20	0	0	0	19	0	67
18 September 2020	7	62	5	9	0	0	0	0	2	85
19 September 2020	4	5	4	52	0	0	0	18	0	83
20 September 2020	6	3	3	1	0	0	0	0	0	13
21 September 2020	4	9	9	1	0	0	16	0	0	39
22 September 2020	17	45	5	54	0	0	0	0	5	126
23 September 2020	13	11	2	18	0	13	9	22	0	88
24 September 2020	4	58	7	8	0	0	0	0	0	77
25 September 2020	4	5	5	5	0	0	0	2	8	29
26 September 2020	1	43	5	4	0	11	0	0	0	64
27 September 2020	3	2	7	5	0	0	5	0	0	22

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
28 September 2020	4	2	3	1	178	0	0	0	0	188
29 September 2020	6	28	8	11	5	0	8	5	10	81
30 September 2020	9	11	3	37	7	0	0	0	0	67
01 October 2020	6	8	0	49	14	41	7	0	7	132
02 October 2020	8	8	3	8	9	0	0	0	7	43
03 October 2020	7	2	1	11	8	0	0	0	0	29
04 October 2020	1	37	0	0	0	0	0	0	0	38
05 October 2020	4	5	12	0	14	5	0	0	0	40
06 October 2020	15	28	4	35	0	0	5	0	0	87
07 October 2020	8	41	1	42	11	11	0	24	7	145
08 October 2020	8	13	18	105	6	4	0	6	0	160
09 October 2020	5	28	23	65	3	0	7	4	4	139
10 October 2020	8	30	39	10	35	4	0	0	0	126
11 October 2020	1	6	58	4	38	0	0	0	0	107
12 October 2020	7	11	17	2	43	0	3	0	0	83
13 October 2020	11	31	31	50	28	4	0	5	5	165
14 October 2020	5	35	44	17	14	0	8	0	0	123
15 October 2020	4	70	22	38	19	0	0	5	0	158
16 October 2020	0	4	14	11	21	0	0	0	11	61
17 October 2020	0	17	10	0	10	1	0	0	0	38
18 October 2020	0	0	9	54	0	0	0	0	0	63
19 October 2020	8	3	21	-37	19	1	0	0	6	21
20 October 2020	8	52	46	9	41	1	0	5	2	164
21 October 2020	5	6	11	12	41	0	10	0	0	85
22 October 2020	15	14	5	17	49	2	0	0	0	102
23 October 2020	1	3	11	6	16	0	0	11	0	48
24 October 2020	6	5	12	7	8	0	15	0	0	53
25 October 2020	2	2	16	1	3	0	0	0	0	24
26 October 2020	7	4	8	1	0	4	16	0	0	40
27 October 2020	11	4	10	5	12	3	0	0	0	45
28 October 2020	10	2	18	12	3	0	0	7	6	58
29 October 2020	0	4	37	5	5	2	0	0	0	53
30 October 2020	4	2	21	8	7	2	18	0	4	66
31 October 2020	4	2	35	3	2	0	0	0	0	46
Grand Totals	4,361	4,721	3,681	3,225	1,507	605	452	458	266	19,276

Source: WITS University Covid-19 Dashboard, Provincial Breakdown, <https://www.covid19sa.org/provincial-breakdown>.

**(3) Provincial active Covid-19 cases per day from 5 March to 31 October 2020 (Green & red coloured cells indicate lowest and highest rates, respectively)**

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
05 March 2020	0	0	0	1	0	0	0	0	0	1
06 March 2020	0	0	0	1	0	0	0	0	0	1
07 March 2020	0	1	0	1	0	0	0	0	0	2
08 March 2020	0	1	0	2	0	0	0	0	0	3
09 March 2020	0	1	0	6	0	0	0	0	0	7
10 March 2020	0	1	0	6	0	0	0	0	0	7
11 March 2020	1	5	0	7	0	0	0	0	0	13
12 March 2020	1	6	0	8	0	1	0	0	0	16
13 March 2020	3	10	0	10	0	1	0	0	0	24
14 March 2020	9	17	0	11	0	1	0	0	0	38
15 March 2020	14	24	0	12	0	1	0	0	0	51
16 March 2020	16	31	0	12	0	2	0	1	0	62
17 March 2020	21	45	0	16	0	2	0	1	0	85
18 March 2020	31	61	0	19	0	4	0	1	0	116
19 March 2020	46	76	0	22	0	5	0	1	0	150
20 March 2020	57	109	0	23	7	5	0	1	0	202
21 March 2020	75	125	1	26	7	5	0	1	0	238
22 March 2020	89	132	2	35	9	6	0	1	0	272
23 March 2020	101	207	2	59	13	10	4	3	2	400
24 March 2020	131	302	2	80	18	10	5	3	2	552
25 March 2020	192	366	2	91	33	10	5	3	2	697
26 March 2020	229	409	5	134	49	9	6	6	2	916
27 March 2020	228	409	5	134	49	9	6	6	2	896
28 March 2020	270	533	10	156	68	10	6	11	5	1155
29 March 2020	309	584	12	166	72	11	6	12	6	1247
30 March 2020	323	618	12	170	71	11	8	11	3	1292
31 March 2020	324	632	12	177	73	12	8	14	6	1317

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
01 April 2020	325	644	15	184	75	12	9	14	7	1344
02 April 2020	352	662	17	204	83	13	9	16	7	1412
03 April 2020	373	671	21	211	83	13	9	16	7	1453
04 April 2020	432	692	25	226	84	18	11	18	7	1531
05 April 2020	452	703	31	239	86	18	11	19	8	1599
06 April 2020	459	712	32	250	88	18	11	19	8	1629
07 April 2020	459	712	32	249	88	18	11	19	8	1628
08 April 2020	492	779	45	345	85	21	15	21	13	1782
09 April 2020	512	792	61	378	90	20	15	22	15	1871
10 April 2020	535	798	68	400	91	20	18	24	15	1569
11 April 2020	539	810	69	406	91	20	19	23	16	1593
12 April 2020	580	862	88	431	93	21	19	23	16	1738
13 April 2020	609	886	104	453	93	22	22	23	16	1835
14 April 2020	635	905	174	477	95	22	22	24	16	1978
15 April 2020	649	925	199	501	94	22	23	25	16	2062
16 April 2020	662	963	216	519	94	22	24	25	16	2147
17 April 2020	497	533	233	475	25	14	14	7	10	1830
18 April 2020	615	616	257	487	25	16	14	7	10	2079
19 April 2020	646	663	280	499	25	14	14	8	10	2201
20 April 2020	707	618	290	465	26	9	12	5	12	2187
21 April 2020	777	647	325	497	27	10	11	5	10	2352
22 April 2020	841	672	357	582	27	9	11	5	10	2515
23 April 2020	1 015	401	392	539	25	8	12	2	10	2405
24 April 2020	1 147	430	455	571	30	9	12	4	10	2668
25 April 2020	1 246	453	459	577	30	8	15	4	10	2802
26 April 2020	1 339	480	506	593	29	8	15	5	11	2986
27 April 2020	1 466	502	559	631	30	11	15	5	11	3230
28 April 2020	1 227	472	560	525	16	6	13	4	7	2830
29 April 2020	1 452	449	365	552	13	13	13	4	4	2865
30 April 2020	1 659	487	382	576	16	18	15	5	4	3162
01 May 2020	1 811	548	426	602	18	17	19	7	5	3453
02 May 2020	1 865	638	444	642	19	22	15	9	10	3664
03 May 2020	2 207	662	482	667	20	28	16	10	11	4103
04 May 2020	2 465	668	456	656	23	31	15	10	12	4336

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
05 May 2020	2 705	703	479	691	26	35	15	11	13	4 678
06 May 2020	2 565	669	443	731	22	35	17	10	10	4 502
07 May 2020	2 793	753	523	744	26	37	20	11	11	4 918
08 May 2020	3 287	797	580	791	25	38	22	13	11	5 564
09 May 2020	3 592	856	669	845	26	39	21	21	12	6 081
10 May 2020	3 463	683	677	704	24	39	22	23	13	5 648
11 May 2020	3 908	702	813	722	24	41	26	23	14	6 273
12 May 2020	4 392	745	961	744	24	41	27	23	14	6 971
13 May 2020	4 646	707	878	751	25	42	27	21	13	7 110
14 May 2020	4 533	564	895	711	31	33	29	17	12	6 825
15 May 2020	4 804	634	988	642	37	23	34	18	14	7 194
16 May 2020	5 158	654	1 034	647	39	19	35	19	11	7 616
17 May 2020	5 624	721	1 062	681	44	22	41	37	13	8 245
18 May 2020	6 138	660	1 174	704	49	23	43	48	10	8 849
19 May 2020	6 089	663	1 255	752	44	21	43	52	9	8 928
20 May 2020	5 947	679	1 134	762	56	35	43	48	10	8 714
21 May 2020	6 813	732	1 238	805	60	37	48	76	9	9 818
22 May 2020	6 505	716	1 370	808	58	40	50	66	11	9 624
23 May 2020	7 439	828	1 475	849	69	39	51	70	12	10 832
24 May 2020	7 934	904	1 296	655	75	43	64	72	11	11 054
25 May 2020	7 845	1 064	1 352	665	81	41	79	74	16	11 217
26 May 2020	7 622	1 093	1 303	698	77	42	85	64	15	10 999
27 May 2020	7 998	1 181	1 486	957	92	44	88	71	17	11 934
28 May 2020	8 191	1 305	1 529	1 119	94	44	88	66	20	12 456
29 May 2020	8 639	1 533	1 803	1 198	99	45	97	70	20	13 536
30 May 2020	9 187	1 707	1 690	1 244	130	46	116	30	25	14 208
31 May 2020	9 780	1 910	1 858	1 245	146	49	129	31	37	15 191
01 June 2020	10 611	2 138	1 906	1 265	154	45	141	45	50	16 361
02 June 2020	10 579	2 183	2 113	1 336	168	46	211	45	57	16 744
03 June 2020	10 364	2 365	2 308	1 405	188	51	254	52	59	17 051
04 June 2020	11 438	2 590	2 381	1 554	185	58	304	57	61	18 633
05 June 2020	11 670	2 831	2 685	1 503	204	75	335	63	67	19 438
06 June 2020	12 295	3 235	2 862	1 577	187	87	394	55	66	20 763
07 June 2020	13 684	3 471	3 207	1 669	200	86	449	66	72	22 923
08 June 2020	13 638	3 783	3 548	1 735	212	80	506	83	76	23 700

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
09 June 2020	13 138	3 914	3 108	1 627	220	72	515	92	80	22 823
10 June 2020	12 232	4 313	3 360	1 711	230	90	552	79	82	22 706
11 June 2020	12 406	5 006	3 583	1 836	235	111	624	89	79	24 032
12 June 2020	12 486	5 776	4 014	1 937	237	126	732	109	85	25 565
13 June 2020	12 828	6 741	4 474	1 889	259	154	844	120	91	27 463
14 June 2020	13 929	7 876	4 556	1 995	264	164	940	137	103	30 027
15 June 2020	14 372	8 758	5 030	2 080	281	183	1 020	159	152	32 098
16 June 2020	13 921	9 494	5 319	1 842	347	204	1 124	174	158	32 646
17 June 2020	13 488	10 817	5 823	2 032	377	244	1 222	194	158	34 407
18 June 2020	14 398	12 055	6 051	2 154	405	304	1 426	256	132	37 233
19 June 2020	13 279	13 146	6 918	1 941	414	348	1 578	263	120	38 059
20 June 2020	13 625	14 591	6 983	2 196	455	387	1 777	281	134	40 478
21 June 2020	14 463	16 027	7 728	2 352	460	396	1 895	314	126	43 764
22 June 2020	15 138	16 599	8 557	2 422	499	414	2 062	320	141	46 155
23 June 2020	14 742	18 299	9 518	2 685	541	479	2 193	347	157	48 961
24 June 2020	16 329	20 153	9 200	3 037	616	512	2 322	362	186	52 717
25 June 2020	15 653	22 741	9 685	3 537	649	574	2 669	396	205	56 109
26 June 2020	15 270	24 063	10 218	3 787	742	614	2 792	445	208	58 139
27 June 2020	15 411	26 407	11 082	4 260	795	684	3 016	470	168	62 293
28 June 2020	16 045	28 141	12 145	4 907	914	677	3 209	517	198	66 753
29 June 2020	16 932	29 923	12 974	5 324	983	710	3 491	567	217	71 121
30 June 2020	17 502	32 131	13 183	5 946	1 120	719	3 529	601	278	75 009
01 July 2020	17 543	35 166	14 517	6 726	1 277	812	3 584	645	289	80 559
02 July 2020	17 401	36 698	14 309	7 406	1 491	951	3 916	706	340	83 218
03 July 2020	17 024	39 952	14 295	8 398	1 725	1 019	4 267	804	390	87 874
04 July 2020	16 988	43 156	14 691	9 625	1 930	1 190	4 743	955	446	93 724
05 July 2020	17 537	46 164	15 639	10 766	2 079	1 337	5 162	1 061	491	100 236
06 July 2020	18 566	46 709	17 690	10 825	2 306	1 515	5 270	1 105	577	104 563
07 July 2020	17 836	51 231	17 815	11 648	2 487	1 678	5 471	1 243	645	110 054
08 July 2020	17 219	54 758	17 471	12 432	2 712	1 838	5 655	1 422	714	114 221
09 July 2020	17 052	57 227	19 518	13 876	3 076	2 101	6 260	1 683	765	121 558
10 July 2020	18 238	62 675	16 747	15 173	3 573	2 472	6 952	1 881	884	128 595
11 July 2020	17 869	63 426	16 651	17 459	3 979	2 689	7 667	1 811	947	132 498
12 July 2020	16 981	64 829	18 028	19 271	4 524	3 045	7 697	1 834	1 080	137 289
13 July 2020	17 467	69 555	19 266	19 580	4 851	3 356	8 015	2 136	1 157	145 383

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
14 July 2020	16 014	70 198	18 527	22 753	5 192	3 364	8 173	2 278	1 061	147 667
15 July 2020	17 333	66 204	17 466	23 654	5 558	3 718	8 599	2 120	1 144	145 903
16 July 2020	16 741	71 299	16 558	26 278	6 234	4 068	9 149	2 358	1 215	153 961
17 July 2020	14 523	71 235	16 381	26 941	7 210	4 432	9 980	2 442	1 402	154 607
18 July 2020	14 408	76 392	16 480	29 061	7 924	4 807	10 513	2 590	1 459	163 701
19 July 2020	14 897	74 119	18 039	31 744	8 843	5 127	11 068	2 853	1 479	168 236
20 July 2020	14 693	77 368	19 638	31 691	9 542	5 213	11 048	2 979	1 366	173 590
21 July 2020	13 551	71 959	18 551	33 306	10 023	5 264	11 345	2 804	1 554	168 403
22 July 2020	13 604	66 029	16 535	31 977	10 955	4 799	11 111	3 161	1 612	159 833
23 July 2020	13 453	70 270	14 461	34 105	11 560	4 917	11 834	3 254	1 795	165 699
24 July 2020	13 287	69 568	14 240	37 811	12 606	5 301	11 705	3 339	1 975	169 882
25 July 2020	13 201	62 940	13 791	38 679	13 385	5 370	11 447	3 456	2 172	164 491
26 July 2020	13 849	66 244	13 838	42 196	14 344	5 961	11 214	3 543	2 348	173 587
27 July 2020	14 094	63 209	14 012	41 009	14 981	5 827	11 104	3 628	2 623	170 537
28 July 2020	13 188	60 290	12 777	39 734	15 802	5 675	11 081	3 870	2 724	165 191
29 July 2020	13 919	60 919	11 922	38 045	16 875	5 984	10 978	4 136	2 831	165 659
30 July 2020	12 502	58 581	11 452	40 669	18 066	6 361	10 570	3 473	3 032	164 756
31 July 2020	12 332	56 138	10 718	40 790	14 045	7 169	10 988	3 454	3 323	159 007
01 August 2020	12 365	49 260	10 495	42 405	13 257	6 479	11 189	3 768	3 408	152 676
02 August 2020	12 765	51 633	8 989	44 298	13 997	6 368	11 129	3 442	3 221	155 892
03 August 2020	12 615	53 010	7 811	39 208	13 351	6 598	11 168	3 590	2 885	150 286
04 August 2020	11 569	54 038	6 592	40 346	13 546	4 857	10 955	3 775	2 955	148 683
05 August 2020	11 224	53 594	5 863	34 903	14 323	5 364	11 334	3 915	2 743	143 313
06 August 2020	10 745	53 241	4 977	35 555	14 198	5 374	11 408	2 907	2 809	141 264
07 August 2020	10 145	51 150	4 589	38 143	14 695	4 805	11 024	3 172	3 035	140 808
08 August 2020	9 797	48 707	5 004	40 141	15 237	4 338	9 589	2 405	3 142	138 410
09 August 2020	9 883	47 120	4 131	41 594	15 378	4 508	9 784	2 606	3 249	138 303
10 August 2020	9 923	45 167	3 426	42 811	15 456	3 473	9 667	2 377	3 427	135 777
11 August 2020	8 864	41 358	2 879	42 286	15 317	2 968	9 636	2 473	3 402	129 233
12 August 2020	8 316	39 863	2 237	43 217	14 642	2 948	9 569	1 847	3 191	125 880
13 August 2020	7 941	38 637	2 217	43 145	14 662	3 150	9 774	1 150	3 252	123 978
14 August 2020	7 930	38 262	2 068	24 826	15 124	2 961	10 081	1 136	3 412	105 850
15 August 2020	7 777	37 078	2 362	25 130	15 133	2 757	9 844	1 247	3 657	105 035
16 August 2020	8 000	37 008	2 627	24 802	15 532	2 670	8 076	1 133	3 231	103 129
17 August 2020	7 956	36 230	1 578	24 396	14 780	2 599	8 131	1 317	3 196	100 233

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
18 August 2020	7 216	31 788	1 564	24 138	14 509	2 251	8 251	1 373	3 272	94 412
19 August 2020	7 658	31 138	1 745	22 884	13 073	2 417	8 447	1 504	3 280	92 196
20 August 2020	7 036	30 512	1 943	23 162	13 319	2 715	6 706	1 389	3 321	90 153
21 August 2020	7 337	30 307	1 420	23 401	13 126	2 838	6 831	1 574	3 509	90 393
22 August 2020	7 184	30 180	1 647	22 866	13 413	2 388	6 954	1 659	3 590	89 931
23 August 2020	7 479	30 138	1 800	22 838	13 735	2 133	7 070	1 799	3 202	90 244
24 August 2020	7 134	28 997	1 826	15 798	14 122	1 818	7 139	1 803	3 110	81 797
25 August 2020	7 098	28 151	1 881	15 505	13 862	1 654	7 213	1 036	2 878	79 328
26 August 2020	6 674	27 702	2 030	15 228	12 673	1 873	6 720	1 036	2 971	76 957
27 August 2020	5 316	26 249	1 399	14 803	13 023	1 774	6 588	1 049	3 069	73 320
28 August 2020	5 540	25 473	1 465	14 736	13 144	1 441	6 517	949	3 139	72 454
29 August 2020	4 893	25 222	1 657	14 724	13 420	1 325	6 409	899	3 277	71 876
30 August 2020	4 982	24 777	1 811	14 935	13 772	1 228	6 508	885	3 476	72 424
31 August 2020	4 992	24 111	1 894	14 874	13 999	1 326	6 464	665	3 594	71 969
01 September 2020	4 564	23 098	1 081	10 701	12 945	1 180	6 238	613	3 533	64 003
02 September 2020	4 377	23 203	1 157	10 892	11 743	1 250	5 950	712	3 466	62 750
03 September 2020	4 589	23 410	1 300	11 065	12 074	1 322	5 513	639	3 653	63 565
04 September 2020	4 148	23 221	1 434	11 108	11 306	1 143	5 662	735	3 825	62 582
05 September 2020	4 012	22 044	1 543	10 586	11 581	1 123	5 263	749	4 000	60 901
06 September 2020	4 129	21 784	1 630	10 541	11 867	1 050	4 937	738	3 061	59 737
07 September 2020	4 094	21 282	1 028	10 267	12 065	943	4 479	638	3 007	57 803
08 September 2020	3 775	21 133	1 077	10 261	12 227	865	4 584	588	3 116	57 626
09 September 2020	3 722	20 894	1 186	9 579	12 521	978	4 612	654	3 182	57 328
10 September 2020	3 625	21 063	1 267	7 891	12 793	987	4 784	596	3 164	56 170
11 September 2020	3 562	20 761	1 345	8 017	12 922	907	4 952	660	3 307	56 433
12 September 2020	3 562	20 640	1 438	7 420	13 197	925	5 111	612	3 459	56 364
13 September 2020	3 657	20 461	1 526	7 583	13 452	883	5 236	612	3 030	56 440
14 September 2020	3 641	20 188	1 563	7 564	13 604	890	4 723	645	3 143	55 961
15 September 2020	3 415	19 880	829	7 101	12 965	778	4 234	525	3 028	52 755
16 September 2020	3 404	20 028	979	7 179	13 178	837	4 254	626	3 059	53 544
17 September 2020	3 443	20 300	1 089	6 946	13 444	933	4 448	589	3 305	54 497
18 September 2020	3 400	20 321	1 202	7 105	13 603	953	4 149	641	3 552	54 926
19 September 2020	3 408	20 203	859	7 090	13 919	1 039	3 871	666	3 227	54 282
20 September 2020	3 494	20 187	986	7 208	14 150	934	4 017	711	3 500	55 187
21 September 2020	3 444	20 017	1 018	7 238	14 360	873	3 745	603	3 438	54 736

Date	Western Cape	Gauteng	Eastern Cape	KwaZulu Natal	Free State	Mpumalanga	North West	Limpopo	Northern Cape	South African Total
22 September 2020	3 212	19 974	1 127	6 702	14 495	835	3 889	659	3 367	54 260
23 September 2020	3 208	20 131	1 226	6 731	14 660	886	3 652	732	3 527	54 753
24 September 2020	3 283	20 276	1 367	6 772	14 737	995	3 812	667	2 941	54 850
25 September 2020	3 213	20 075	1 474	6 879	13 552	926	3 456	703	2 790	53 068
26 September 2020	3 092	19 725	1 099	6 383	13 471	799	3 075	751	2 909	51 304
27 September 2020	3 159	19 419	1 208	6 145	13 688	701	2 857	649	2 821	50 647
28 September 2020	3 161	19 268	1 288	6 210	13 692	525	2 853	633	2 975	50 605
29 September 2020	2 940	19 161	1 381	5 783	13 588	672	2 413	626	2 821	49 385
30 September 2020	2 945	19 291	1 506	5 898	12 902	728	2 571	694	2 958	49 493
01 October 2020	2 863	19 537	934	5 853	13 255	793	2 553	637	2 939	49 364
02 October 2020	2 886	19 467	1 124	5 941	13 492	720	2 668	659	2 923	49 880
03 October 2020	3 072	19 496	1 264	5 857	13 391	691	2 872	743	2 629	50 015
04 October 2020	3 053	19 417	1 424	5 949	12 765	656	2 719	734	2 815	49 532
05 October 2020	3 036	19 204	1 523	6 013	12 781	661	2 663	729	2 905	49 515
06 October 2020	2 902	19 276	1 546	5 707	12 984	660	2 594	648	2 965	49 282
07 October 2020	2 905	19 454	1 719	5 792	12 991	698	2 641	674	2 906	49 780
08 October 2020	2 934	19 630	1 875	5 716	13 322	790	2 761	646	3 038	50 712
09 October 2020	3 113	19 669	1 992	5 661	13 456	871	2 519	615	3 008	50 904
10 October 2020	3 360	19 719	1 061	5 710	13 887	729	2 712	715	3 177	51 070
11 October 2020	3 589	19 685	1 184	5 706	14 148	701	2 514	640	2 759	50 926
12 October 2020	3 636	19 592	1 277	5 728	14 332	630	2 297	595	2 750	50 837
13 October 2020	3 481	19 592	1 318	5 679	14 665	657	2 243	628	2 672	50 935
14 October 2020	3 638	19 822	1 444	5 726	14 441	750	2 219	659	2 666	51 365
15 October 2020	3 670	19 905	1 049	5 795	14 594	779	2 374	598	2 810	51 574
16 October 2020	3 996	19 844	1 188	5 928	14 851	781	2 534	579	2 872	52 573
17 October 2020	3 822	19 892	1 473	5 988	15 168	732	2 707	575	2 930	53 287
18 October 2020	3 993	16 473	1 649	6 046	15 424	746	2 801	583	3 064	50 779
19 October 2020	4 062	16 514	1 744	6 092	15 657	705	2 882	655	3 194	51 505
20 October 2020	3 931	16 339	1 003	6 144	13 090	674	3 024	679	3 196	48 080
21 October 2020	4 020	16 329	1 312	6 191	12 260	767	3 072	626	3 335	47 912
22 October 2020	3 999	16 454	1 677	6 205	12 606	831	3 285	587	3 468	49 112
23 October 2020	4 242	16 356	1 933	6 332	12 725	768	3 417	656	3 569	49 998
24 October 2020	4 321	16 258	2 286	6 489	12 873	745	3 525	571	3 593	50 661
25 October 2020	4 484	16 128	1 997	6 604	13 157	683	3 516	546	3 615	50 730
26 October 2020	4 522	15 883	2 185	6 682	13 374	625	3 521	565	3 673	51 030
27 October 2020	4 288	15 788	2 490	6 659	13 537	627	3 529	608	3 439	50 965
28 October 2020	4 257	15 909	3 025	6 772	13 413	707	3 681	698	3 487	51 949
29 October 2020	4 298	16 095	2 776	6 821	13 757	725	3 822	763	3 614	52 671
30 October 2020	4 320	16 016	3 289	6 892	12 583	695	3 448	519	3 638	51 400
31 October 2020	4 313	15 992	3 836	7 030	12 545	665	3 491	537	3 585	51 994

## ANNEXURE C

### ADVISORY NOTE in respect of the recent Judgement in re DE BEER v MINISTER OF COGTA

- (1) In summary, in the matter of *De Beer vs The Minister of Co-operative Governance & Traditional Affairs* the High Court ruled as follows:
  - a) The Lockdown Regulations promulgated by the Minister of Co-operative Governance & Traditional Affairs have been declared unconstitutional and invalid;
  - b) This **Declaration of Invalidity is suspended** until such time as the Minister reviews, amends, and republishes the Regulations;
  - c) The Minister is directed to comply with the Court Order within **14 business days** from the date of the Order,
  - d) or such **longer time** as the Court may, on good grounds shown, allow the Minister to report on the compliance.
- (2) What is therefore of importance to note is that the Court Order has been suspended.
- (3) It is trite that, when a High Court, or even the Constitutional Court, makes a finding that some or other law is unconstitutional, that the Legislature is, ordinarily, granted a reasonable opportunity to amend or review the impugned legislation.
- (4) This is simply because, as an extension of the “*Separation of Powers*” doctrine, Courts interpret and enforce laws, to the extent that those laws are consistent with the letter and spirit of the Constitution.

- (5) Following a Court Judgement in respect of legislative constitutionality, the Legislature is usually, first, granted an opportunity to amend and/or review impugned legislation.
- (6) In the De Beer-matter, the Executive was indeed granted an opportunity to reconsider the Regulations which fall within the purview of the Minister's authority.
- (7) It follows then that until the expiry of the 14-business day suspension, the legal status quo, in respect of the validity and applicability of the Regulations, remains.
- (8) In fact, this period of suspension can conceivably be longer than the initial 14 business days, as the Court also provided the Minister the opportunity to apply for an extension of the period of suspension.
- (9) It is also trite, as is the case after every Judgement, that there may be an Appeal or an application for Review of the Judgement.
- (10) And, true to expectation, following reliable news reports, there seems to be an indication that the Government will indeed lodge an Appeal against the Judgement.
- (11) This legal action by Government will invariably have the effect of extending the suspension of the Court Order.
- (12) As a result, the legal status quo, in respect of the Lockdown Regulations, will remain until after the Appeal has been heard.
- (13) In effect, then, the law, in respect of the Lockdown Regulations, is currently very much in flux and unsettled, at least until a Court of higher jurisdiction has ruled on the matter/s in dispute.
- (14) Further, this Judgement was delivered on the 2nd June 2020. The WCPP "*Ad Hoc Committee on COVID-19*" had a meeting on the 3rd June 2020.
- (15) From this meeting, presumably, emanated a request for an advice on the "*implications of the Judgement*".
- (16) Mindful of what I have outlined above, and mindful also of the number of possible legal avenues that may still be explored or exhausted by any of the litigants, and since the effect of this Judgement was merely to unlock a number of "moving parts" as it were, it is advised that, pending the appeal, there are no immediate legal implications for the institution or the Committee itself.
- (17) Accordingly, it would be imprudent to, at this stage, advise on "*the implications*" of a matter where the material facts and applicable Law are not fully legally ventilated and settled.
- (18) It was also indicated that this advice is needed in anticipation of a follow-up meeting this Committee is scheduled to have on the 10th June 2020.
- (19) Again, mindful of what I have outlined above, in respect of the legal status quo prevailing, and the continued applicability of the Regulations as it currently stand, it is submitted that during the period of suspension of the Court Order, and pending the appeal of the Judgement, there is still a national Lockdown in place, with "live" and applicable Regulations.
- (20) Therefore, the WCPP's *Ad Hoc COVID-19 Committee*, as was the case before the De Beer Judgement, is still seized with its responsibility to give effect to its mandate and terms of reference, in terms of those Regulations, and is advised accordingly.

## **ROLE OF THE NCOP REGARDING THE ISSUING OF REGULATIONS**

- (1) The role of the National Council of Provinces (NCOP), in respect of the issuing of Regulations during a national Lockdown, was also addressed in the De Beer Judgement.
- (2) In this regard, in paragraph 5.3 of the Judgement, the Court started out with an overview of the relevant provisions of the Disaster Management Act (2002).
- (3) In particular, the Court referred to Section 27(2), which provides that if a national state of disaster has been declared, the Minister may, after consulting the responsible Cabinet member, make Regulations or issue directions or authorise the issue of directions in respect of a number of "functional areas" as listed in Section 27(2)(a) until Section 27(2)(n).

- (4) Reminding itself of the provisions of Schedule 5 of the Constitution, the Court finds that these “functional areas” referred to in Section 27(2) fall within the areas of provincial legislative competence.
- (5) Yet, much as Section 146(6) of the Constitution provides that a law made in terms of an Act of Parliament or a provincial Act can prevail only if that law has been approved by the National Council of Provinces, Section 27(2), though, does not enjoin the Minister to first seek NCOP approval when making Regulations in terms of this Section.
- (6) The Court then finds that, as Section 27(2) stands, Provinces need not give prior approval for those Regulations.
- (7) In support of this view and interpretation, the Court resorts to Section 59(1) of the Disaster Management Act.
- (8) This Section provides that the Minister may make Regulations not inconsistent with this Act:
  - (a) concerning any matter that- (i) may or must be prescribed in terms of a provision of this Act; or (ii) is necessary to prescribe for the effective carrying out of the objects of this Act, and
  - (b) Providing for the payment, out of moneys appropriated by Parliament for this purpose, of compensation to any person, or the dependents of any person, whose death, bodily injury or disablement results from any event occurring in the course of the performance of any function entrusted to such person in terms of this Act.
- (9) In turn, the Court then refers to Section 59(4) of the Act which expressly provides that: “any regulations made by the Minister in terms of subsection (1) must be referred to the National Council of Provinces for purposes of section 146(6) of the Constitution”.
- (10) In this regard, the Court is of the view that since this section expressly provides that Regulations made in terms of Section 59(1) must first obtain NCOP approval, then, in the absence of such express compulsion, no NCOP approval is required.
- (11) It then follows, the Court holds further, that, outside of Regulations issued in terms of Section 59(4), all other Regulations issued in terms of the Act, do not need prior Provincial approval. These Regulations are distinguishable, as they would be Regulations issued in the “ordinary” course of business, such as is contemplated in terms of Section 59(1).
- (12) This, as per the Court, is for reasons of urgency, and to ensure speedy governmental intervention in the event of a disaster, because to first seek NCOP approval “...might frustrate or negate the whole purpose of urgent action and augmentation of otherwise insufficient disaster management provisions.” (para 5.3)
- (13) It is accordingly submitted that the Lockdown Regulations, insofar as it was necessary to facilitate the purpose and objectives of the national Lockdown, do not need prior NCOP approval.

**These are my advices.**

**Submitted by:**

**Adv. RDJ Maasdorp**

**08 June 2020**

ANNEXURE D

WEEKEND ARGUS | July 11 and 12, 2020

But the fallout from this coronavirus long term is going to be severe and lengthy.

LAURA KELLY  
ARGUS PHOTOGRAPHER

■ NATION



TIGHT finances, few job prospects. | DAVID REICHE African News Agency (ANA)

# Young people face uncertain future

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A MONTH before the national lockdown, Christine Garson wanted to leave the country to find a job overseas.

Garson has a degree in communications but had been struggling to find a job for more than three years.

Now prospects are even dimmer. More than 40% of young people aged between 18 and 34 in South Africa are worried about Covid-19 and many are uncertain about the future and job opportunities, a study has found.

Youth organisation Lucha Lusaka, in association with the Bertla Centre for Social Innovation and Entrepreneurship at the UCT Graduate School of Business and other partners conducted the survey recently.

The study also found that 30% of young people said they had lost income because of the lockdown. About 38% admitted to having borrowed money as a result of the lockdown, putting them deeper in debt.

A total of 32% said their finances had been impacted because they could not look for work. They also said they had experienced more financial challenges.

"The survey reveals how the virus is impacting on South Africa's youth, an extremely vulnerable segment of our population," said Solange Rosa, director of the Bertla Centre, the first academic centre in Africa dedicated to advancing social innovation and entrepreneurship.

A total of 814 young people were polled between May 22 and June 9 on Covid-19 and how lockdowns had affected their lives. Respondents came from across the country, with 88%

being African, 5% coloured, 5% white and 2% of Indian descent.

Lucha Lusaka is a social enterprise which explores ways to promote youth employment and skills development.

Co-founder of the organisation, Atiana Bu, said the survey showed a need to "acknowledge that young people are facing a disconcertingly more uncertain future than those people who have had the time to develop skills and start on their careers."

Other findings showed more than half of those polled felt uncertain about their future and were frustrated by the inability to plan ahead.

Almost a quarter of those polled said they had not finished learning important skills they would need for jobs, with 50% saying they had access to free online courses which would help them to move forward. However, many said data was expensive and 24% had no access to work.

A young South African English teacher in China, who did not want to be identified, said she felt that she had "rocked the proverbial ceiling" in the South Africa job market, at the age of 30, even though she had an honour's degree in finance.

"There was no point in me staying home. The jobs are hard to find, I didn't have money to buy data and even online courses were expensive.

"But now I'm studying for my Master's degree online and gaining experience in soft skills".

Rosa said the survey's findings were especially important considering South Africa's high youth unemployment, which stands at just over 58%, according to Statistics South Africa.

Rosa said the figure was especially troubling considering that 35% of young people polled had received no food assistance in their communities.



ICYMI | KOLCO.ZA

## SA NEEDS TO LEARN TO LIVE WITH CORONAVIRUS, SAYS PROF KARIM

Professor Sami Abdool Karim said the idea of returning schools back to school and opening more sectors of the economy was contradictory as the country moves towards its peak.

# METRO

■ DONATIONS

## Play your part on Mandela Day - foundation

SHAMICE NAIDDO AND CHEGOSTA MOOKA

Nelson Mandela International Day will take on a different form and a going virtual this month.

The Nelson Mandela Foundation has already started with their initiatives to help communities with the assistance of several donors and donations made online. Nelson Mandela International Day was inaugurated in 2008 as a response to global crisis of poverty and inequality.

The foundation has set up "each one feed one" in partnership with the Siza Kolisi Foundation and the Imbumba Foundation, to look at the needs of child-headed households, the elderly, refugees and those in deep rural areas. This year, they hope to raise R200k.

The idea is for South Africans to contribute to a food distribution network by donating to it. The foundation will support families for a minimum of three months.

"For Mandela Day 2020, we are asking people, in their organisations, their workplaces, their families and in their private capacities to support in practical ways, big or small, a family facing challenges in these areas. For that one family, it could mean the difference between coping and not coping in these wretched months. We are also calling on local government officials to stop authorising evictions. This is not easy times. As Mandela did in 2002, we urge everyone to respond to the immediate needs with their communities, and that they can. The purpose of freedom is to make freedom for others."

“We wish that we can have a fully functioning home”

Share Your Story  
CORONAVIRUS BUREAU

"Let's make Mandela Day 2020 a special one," said the foundation. Bright Vuyani Mda in the North West is one of the beneficiaries of the each one feed one campaign. They have been running an orphanage for the last 10 years.

"We wish that we can have a fully functioning home where we can cater for street kids to reduce human trafficking and also to raise some children that are abandoned or abused have a safe place to go to. We also provide daily meals to kids and aftercare programmes. Thanks to the foundation for coming to us and giving the children food parcels," said Mda.

Cherl Luthwani a Mandela International Day beneficiary in the rural areas.

Mandla said the foundation was able to send the blow by distributing more than 2000 food parcels.

The foundation also helped with about 200 water rollers which make it easy for families who reside far from the boreholes to get water.

The Santa ShooBox Project is also following the virtual route. The initiative has touched the lives of underprivileged children throughout the country for 14 years by collecting and distributing essential items and treats.

This little box could easily be translated as a virtual hug to a tiny human for the first time, personally or virtually. Santa ShooBoxes will be trackable and the public will be able to access the Santa ShooBox App from Google Play and the App Store.

Instructions on how to go about the new shooBox online will be carried on the website on the day of the launch. Supporters will be able to choose their virtual Santa ShooBox beneficiary, select the items to be included and even write a note to the recipient.

■ EDUCATION

# Out of the closet

Teen shares experience of life as a transgender schoolboy

CHEGOSTA MOOKA  
cheqosta@colko.co.za

BEING a teenager is hard enough, but for Jake Thompson coming out as a transgender has been life-altering.

"It's been a really weird experience, I didn't know how or where to start," said the Camps Bay High pupil.

Jake was born female but now identifies as male.

He spoke of his experience of coming out as transgender at school.

"Lucky for me I knew a matric pupil at our school who identified as a transgender boy and he really helped me. He even gave me my first binder to bind my breasts so I didn't have to deal with which teachers to talk to about my name change and such. We have an LGBT club at our school, it's informally known as Camps Gay and it aims to educate learners and teachers at our school about queer people—and it's also a safe space for LGBT learners to talk about their issues," said Jake.

He said he'd had some difficulties at school, particularly with change-rooms and bathrooms. The school has a gender-neutral bathroom but he said it was sometimes locked.

"Often I just wait till I get home. When I need to change for PE, I either have to change in the neutral bathroom or the audiovisual room."

"I had an incident while using the boys' bathroom. I was in a stall and a group of boys started banging on the door and told me 'this is the man's room, you're in the wrong place'. It was really scary."

Jake said while there were struggles at school, his family were supportive.

His mom, Allison, said she supported his decision wholeheartedly.

"I don't believe that anyone should be singled out. One's education should not be hampered by private inclinations or backgrounds," she said.

On her experience of accepting Jake, she said: "At first I was in total disbelief and thought that my child was merely responding to popular culture. My daughter came out as trans-



JAKE Thompson, 16, and his mother Allison, right. Jake is a transgender boy who attends Camps Bay High. | SUPPLIED

gender male in November 2019. It was, I think, harder for them to discuss than for me. The more we have spoken about it, however, the closer we have become. Getting the terminology right — I am allowed to say "he" or "they" but not "she" — that was weird to get used to. I have increasingly gone into acceptance."

Kerry Mauchling, spokesperson for Education MEC Debbie Schreier, said: "There had previously been no guidelines or policies for schools to follow to support transgender learners in the Western Cape or in any other province. The need for such

guidelines became apparent when a school alerted the department to their uncertainty when a pupil at the school was going through gender transition."

Mauchling said state-level governing bodies had addressed the matter through diversity policies, but there was a need to assist all schools in creating a more inclusive environment for all pupils.

A spokesperson Lorraine Botha said: "The provincial department's gender identity and sexual orientation guidelines are a landmark towards achieving understanding and respect for LGBTIQ rights at our schools."

■ RESEARCH

## 'Pandemic having a negative effect on children'

KARINDRA DIPA  
karindra@argus.co.za

WHILE children have not been the face of the coronavirus and have largely been spared the direct health effects of the deadly disease, experts have warned that the pandemic is having a profound effect on their wellbeing.

Research conducted in Italy revealed that youngsters were psychologically impacted by the coronavirus lockdown.

The survey in the European nation which was hit hard by Covid-19, found that during the country's lockdown, youngsters were more irritable, had trouble sleeping, and some of the youngest wept inconsolably and regressed developmentally.

It added that these symptoms were heightened when their parents were particularly stressed and in families with elderly relatives at high risk of becoming seriously ill with Covid-19.

Debbie Schreier, a therapist at Counselling Play Therapy in Midrand, agreed with these findings.

"Children have experienced increased levels of anxiety and therefore, more irritability, sleeping problems, anger, behaviour problems and social isolation resulting in the need to extend screen time," she said.

"This pandemic brought on sudden changes to daily life with no time to really prepare oneself and or family, and change is usually a struggle for children especially for those who are challenged with anxiety."

Schreier also agreed that parents' stress filters down to children, and



STUDIES show that, globally, children have experienced increased levels of anxiety due to the Covid-19 outbreak. | AP

that being away from school and their loved ones could result in youngsters regressing with their social skills.

"Youngsters could face possible developmental delays as parents aren't equipped to 'lockdown' children in the same way that a school community would."

Christine Scatari, a clinical psychologist at the Scotti Therapy Centre in Beckenridge, echoed the Italian research as well as Schreier's comments on the physiological effects the Covid-19 pandemic and subsequent lockdowns have had on children.

She added that these unprecedented times might also cause children to have difficulty regulating their emotions or have underlying aggressiveness such as deliberately picking fights with their family members.

**Wes-Kaapse Provinsiale Parlement**  
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**HAVE YOUR SAY**

WHAT HAS BEEN YOUR EXPERIENCE OF THE GOVERNMENT'S REACTION TO THE COVID-19 PANDEMIC?

For example:

- How you or a family member been exposed to the coronavirus?
- Share the experience you had of the health system.
- Were you able to access food support when you needed it?
- Do you understand why you need to wear a mask?
- Do you know how to access COVID-19 grants or COVID-19 support for small businesses?
- Did you feel safe when you went back to work?
- Does the public transport you use have sanitizers available?
- Is your child's school practicing social distancing and conducting temperature checks every day?
- What are your thoughts about the reopening of early childhood development (ECD) centres?

Show your experiences and thoughts with the Western Cape Provincial Parliament's Advice Committee on 0200-000000 or send voice notes and messages on WhatsApp toll-free number 081 812 2975. These include your full name and contact details when submitting any comments to the Advice Committee. Submissions must be addressed to: Ms J. Cloete, Procedure Officer, Individuals and Organisations who are interested in making submissions to the Advice Committee must indicate so when submitting comments. Submissions must reach the procedural Officer by no later than 16:00 on Friday, 24 July 2020.

Further information will be published on the Western Cape Provincial Parliament's website [www.wccpp.gov.za](http://www.wccpp.gov.za).

Issued by Ms M. Wengler (MP), Chairperson of the Advice Committee on COVID-19.



Elma Postma op die stel van Landbouweeklik. Foto: VIA

# Elma Postma en landbou stap al 'n ver pad saam

AJ Opperman

Sy het al dikwels programme op plaas aangebied, maar die aktrise Elma Postma doen met die Visie-tydskrif Landbouweeklik baie meer kennis oor boerdery op.

Postma besoef sy moer nog baie keer, maar dis vir haar "n kosbare ervaring. Haar ouers en suster Naas en Bertie de Koux het tussamen Kleerkloof en Wolmaransstad gebou.

Postma het in Wolmaransstad gewoon voordat sy in gr. 4 was. Die gesin het toe na Kleerkloof verhuis, want haar ouers was nog vroue.

Postma het in die tydskrif 'n paar artikels geskryf en sy is dankbaar dat hulle te midde van die Covid-19-pandemie steeds kan werk.

Postma het binnekort in die filmreeks Spoorboek: Moesjag op kykNET 'n stem is, betroubaar die reisprogram Atoelwag

## RESTAURANTE HOF TOE

# 'Duisende eetprekke sal sluit'

Jana Breytenbach

Dit sal 'n "algemene bloeding" afgeweest word as restaurante in die Wes-Kaap se oorgelyste restaurante met 'n kennisverlies van 100 000 mense hul werk gaan kwyt wees.

Die hof toe daag. Albert en Biffel het onderstoeunende verklarings saam met die aansoek ingedien en 'n kennisverlies van 100 000 mense hul werk gaan kwyt wees.

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## Boer Damian se Arno word kits-pa van seun

Ané van Zyl

Die belangstelling wat by nuns gaan neem, het op die gewone tyd oor sy pad gekom, se Arno Visagie (28), een van die mans wat aan die kykNET TV-reeks Boer seun 'n vrou deelneem het om boer Damian te leer ken.

Visagie se die babu, wat hy Alexander noem, en sy biologiese ma het ná haar versoek vir 'n week by hom en sy gesin op die plaas by Laingsburg kom kuier.

Bosch is tans beoog met 'n projek waar 15% van die verkoop van sy produkte gesaak word aan die Boer of Hoop-kinde-organisasie.

## Liefde is noodsaaklik, sê Miley Cyrus se sus



Brandi Cyrus en haar Suid-Afrikaanse kole, Ry.

Die Amerikaanse sangeres Miley Cyrus se ouer suster Brandi, vanaf weke na haar Suid-Afrikaanse kole, net bekend as "Ry", noudat hulle al 113 dae in verskillende lande is tydens die Covid-19-pandemie.

Miley is optimisties te bly. Dit is bekend oor die aantrekkingskrag met die baard aan Brandi se sus, maar sommige mense beweer hy is Afrikaans-streken.

EREKSEPROBLEME? Die Antwoord... VACURECT. DIE VACURECT IS DISKREET, EENVOUDIG, SPONTAAN EN BETROUBAAR. VOORDELE VAN VAKUUMTERAPIE: -Effektief: 96% van mense kan Vacuarect suksesvol gebruik.

Wes-Kaapse Provinsiale Parlement Western Cape Provincial Parliament. LUG JOU MENING. WAT IS JOU ERWARTING VAN DIE REGERING SE REAKSIE OP DIE COVID-19 PANDEMIE?

Wes-Kaapse Provinsiale Parlement Western Cape Provincial Parliament. LUG JOU MENING. VOORLEGGINGS OOR DIE WYSGINGSWETSONTWERP OP DIE VERDELING VAN INKOMSTE ("DIVISION OF REVENUE AMENDMENT BILL") (W 9-2020) (A76) (NRVP).

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**GELUKWENSING Congratulations**



16 Julie - 10 Jaar oud - Dit het so vinnig gegaan. Baie geluk LEACIM met jou verjaarsdag. Mag ons Liewe Vader jou toevou met sy genade. Liefde - Daddy, Mammie en Liam



15 Julie - CARLA & CADEE - Baie geluk met julle verjaarsdag. Mag Liewe Jesus julle nog vele mooi jare spaar. Baie Liefde van Oom Shaulin, Tannie, Aunty Shireen, Cleo, Leigh en Logan

Baie geluk Carla & Cadee met julle vyfde verjaarsdag. Mag julle 'n baie geseënde daggie hê. Ons is baie lief vir julle. Met baie Liefde - De, Mamma Cathy, Nannie en Markham



16 Julie - Baie geluk SHAULIN (Sous) met jou geboortedag vieringe. Mag God jou nog vele mooi geseënde jare spaar. Geniet die dag. Baie Liefde. Van: Mammie, Adilene, Doza, Lassie, Cleo, Leigh, Jr en Logan  
Baie geluk Shaulin met jou verjaars-

dag. Wens dat jy 'n vreugdevolle dag sal geniet. Baie Liefde - De, Mammie Cathy, Chanique en Markham  
Baie geluk Shaulin met jou spesiale daggie. Mag die seëning van die Here oor jou wees. Lekker verjaar. Van Prins, Milla, Logan en Nons



Hiphop hoorah - Gelukkige verjaarsdag Mammie se liefste seuntjie. Mag daar nog vele klomp mooi jare vir jou wees ROZARIO. Mammie is baie lief vir jou. Van: Mammie en Scot-Lee



13 Julie. Geseënde 50ste verjaarsdag my Tannie. Mag jy 'n super "awesome" dag hê met jou familie, vriende en kinders. "We all love you very much". Van: Lizma, Mikah, en Nanna Ria



Madiba baba 18 Julie is jy vyf jaar oud SALLY-ANN. Jy moet lekker verjaar en jou daggie geniet. Baie liefde - Mammie, Pappie, Stacey-lee, Chantal, Eugene en Nana



14 Julie - MIETA CYSTER. Veels geluk op jou 60ste, wonderlike jare wat God jou beloon het. Dankie vir jou vriendskap deur die jare. Geniet jou dag. Van: jou maatjie Myna



11 Julie. Veels geluk met jou 40ste verjaarsdag JONATHAN. Alles wat mooi is vir jou en mag God jou nog vele jare spaar. Tonne liefde - jou Mammie en Cupido gesin

**IN MEMORIUM In Memoriam**



ANNA HENDRICKS (Sannie). 17 Julie. Een jaar weg van ons. Mis jou baie my vrou. Van: Izak Hendricks  
Een jaar weg van ons. Ons mis Mamma baie, maar gun Mamma die rus. Liefde - Mickeyla, Delaygen, Miguel en Juice



14 Julie - NICHOLAS DANIELS, jy sou nou 64 gewees het. God het anders besluit. Ons stuur baie liefde en mooi wense op jou spesiale dag. Ons mis jou nog altyd - Vroulief, kinders en kleinkinders

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**LUG JOU MENING**  
WAT IS JOU ERVARING VAN DIE REGERING SE REAKSIE OP DIE COVID-19-PANDEMIE?

- Byvoorbeeld:**
- Is jy of 'n familielid aan die koronavirus blootgestel? Deel jou ervaring van die gesondheidstelsel.
  - Was jy in staat om voedselondersteuning te kry toe jy dit nodig gehad het?
  - Verstaan jy waarom jy 'n masker moet dra?
  - Weet jy hoe om toegang te kry tot COVID-19-toelae of COVID-19-ondersteuning vir klein sakeondernemings?
  - Het jy veilig gevoel toe jy teruggegaan het werk toe?
  - Is daar handreinigings beskikbaar in die openbare vervoer waarvaar jy gebruik maak?
  - Word sosiale distansiering en temperatuurtoets elke dag by jou kind se skool uitgevoer?
  - Wat dink jy van die heropening van vroeë kinderonwikkelingsentrums (VKO-sentrums)?

Deel jou ervaring en gedagtes met die Wes-Kaapse Provinsiale Parlement se Ad hoc-komitee oor COVID-19 per e-pos [ihcloete@wcpa.gov.za](mailto:ihcloete@wcpa.gov.za) of deur stemnotas en boodskappe op WhatsApp selfoonnommer: 081 819 2877 te stuur. Sluit asseblief jou volle naam en kontakbesonderhede in wanneer jy enige kommentaar aan die Ad hoc-komitee stuur. Voorleggings moet gerig word aan me l Cloete, Prosedurebeampie. Individue en organisasies wat belangstel om voorleggings aan die Ad hoc-komitee te maak, moet dit asseblief aandui wanneer hulle kommentaar indien. Voorleggings moet die Prosedurebeampie bereik teen **nie later nie as Vrydag, 24 Julie 2020 om 16:00**.

Verdere inligting sal op die Wes-Kaapse Provinsiale Parlement se webtuiste [www.wcpa.gov.za](http://www.wcpa.gov.za) gepubliseer word.

**Uitgereik deur me M Wenger (LPP), Voorsitter van die Ad hoc-komitee oor COVID-19.**

**Meryl Green**  
Therapeutic Reflexologist  
Therapeutic Foot Reflexology • Auricular Therapy  
• Chien-Chien Face Reflexology  
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Departement van die Direkteur: Elektriese Ingenieursdienste  
• Verwysingsnommer: V9/20  
• Salarisskaal: R 263 100 - R341 520 p.j. (T11)

Sluitingsdatum: 24 Julie 2020 om 12:00

# A rare find at Nature's Valley

Blake Linder

The team from Nature's Valley Trust last week laid eyes on a rare find after they were alerted to an ocean sunfish that had washed up on Nature's Valley Beach on Wednesday 8 July. It was no longer alive.

The NVT team found the body of the fish close to the mouth of Groot River.

For those unfamiliar with this sea creature, the ocean sunfish is one of the largest fish with a skeleton made of bone instead of cartilage and, unlike many bony fish, do not have any scales.

According to NVT's Christopher King, the ocean sunfish is found in five of the seven oceans with the exception of the icy polar waters.

"The score it is understandable that at some point one would wash up on the beaches of the Southern Cape," King said. "However, it is definitely not a common occurrence as the species does not occur in large numbers in general."



The carcass of an ocean sunfish that washed ashore in Nature's Valley.

He also explained that sunfish typically occupy the first 200m below the water's surface, "basking in the sun" and feeding on fish such as jellyfish or blue bottles.

"Sunfish can reach lengths of 3m and weigh around 2 tons. This was an average-sized sunfish measuring 114,7cm from the mouth to the tail and 229cm from fin tip to fin tip."

Despite it not being one of the larger specimens, King said they were still fascinated by the find. "It is not often that we get to see one of these gentle giants in the flesh," he noted.



Dr. Willie Cilliers, (links) voorsitter van die AHI Wes-Kaap en Kurt Pullen, eienaar van Black Horse Trails op Hoekwil Maandag by die oordragging van die voer. REGS: Van die perde van Black Horse Trails op Hoekwil wat gehelp is met voer.

## As perde kon praat...

Eugene Gunning

As deel van die AHI Wes-Kaap se Omgee-projek is 'n groot hoeveelhede perdevoer Maandag by Black Horse Trails op Hoekwil afgelewer en as perde kon praat, sou hulle beslis dankie gesê het.

Dr. Willie Cilliers, voorsitter van die AHI Wes-Kaap, het gesê 'n tydige gelede het Christo van der Rhee, adjunk-uitvoerende hoof van Agri SA, hulle genader en vertel van die nood by die onderneming. Aangesien Agri SA 'n handelsvenoot is van die AHI Wes-Kaap, het Cilliers gaan ondersoek instel. Hy het besef dit is nie net uitdagende tye vir mense nie, maar ook vir diere.

Black Horse Trails is 'n toerisme-

onderneming wat onder meer baie afhanklik is van buitelandse toeriste. As gevolg van die inperkingsmaatreëls kon hulle nie voortgaan met hul bedrywigheids nie.

Om die diere te help is besluit om droogtevoer vir die perde te koop. Daar is 18 perde op die plaas en aanvanklik is 30 sakke teen R6 000 deur die AHI Wes-Kaap geskenk.

Dit is egter net korttermyn verligting want die perde eet twee sakke per dag en dit hou sowat twee weke.

Nadat dit die eerste keer bekend geword het dat voer geskenk is, het ander privaat ondernemings na voer gekom en skenkings gemaak.

Volgens Cilliers het die AHI Wes-Kaap besluit om te help omdat hy ten gunste is van die groei en uitbouing van veral kleinsakeondernemings.

"Dit is 'n belewenis om die perde se reaksie te sien as ons aan hulle die voer gee."

Volgens Kurt Pullen, eienaar van Black Horse Trails, het die bydrae hulle baie gehelp. "Dit het ons weer hoop gegee." Die perde lê hulle bane na aan die hart. "Die perde het sommer weer 'n huppel in hul stap as hulle die kos kry."

Volgens hom verkoop Black Horse Trails solank geskenkbewyse aan mense wat hulle sal kan gebruik wanneer die inperking verby is.

## It's off to the park we go

Blake Linder

When Level 3 began last month, along with some slightly relaxed regulations

(some of which have recently been tightened again) came the authorisation for private and public game farms to reopen for game drives, including self-drives. However, there were still a few blurred lines surrounding national parks and game reserves. Naturally this confusion spread to and included the Garden Route National Park (GRNP), which adopted a phased reopening of the park.

Thus only nine of the park's 29 hiking/day walking trails across its three sections of Wilderness, Knysna and Tsitsikamma have been opened to the public again. In Wilderness, two trails have reopened: the Brown Hooded Kingfisher and Cape Dune Mole Rat trails. In Knysna, it is only the Terblans Trail, while Tsitsikamma boasts the



The Terblans trail is the only one in Knysna that has been reopened. Photo: Cape Hike

most trails with Plautbos, Goesa, Rugbos, Stinkhoutkloof, Salt River, and Kalander Kloof all open to the public again.

In addition, Knysna's Kom se Pud mountain bike route is open again along with the reopening of two open-access areas – the Knysna Estuary (Knysna section) and the Wilderness Lagoon (public access walk-through, Wilderness section). According to Department of Environment spokesperson Albi Modise, they do have guidelines in place for

those seeking to go out and about. "We encourage people to hike in small groups of not more than five, and to practise social distancing and all related hygiene protocol in line with Covid-19 regulations. They must also please adhere to signage and not enter any other area than permitted," he explained. "Further, we encourage them not to carry valuables such as jewellery or expensive equipment while hiking."

All of the areas open at 07:30 and are closed by 17:00.

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**HAVE YOUR SAY**

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**For example:**

- Have you or a family member been exposed to the coronavirus? Share the experience you had of the health system.
- Were you able to access food support when you needed it?
- Do you understand why you need to wear a mask?
- Do you know how to access COVID-19 grants or COVID-19 support for small businesses?
- Did you feel safe when you went back to work?
- Does the public transport you use have sanitisers available?
- Is your child's school practising social distancing and conducting temperature checks every day?
- What are your thoughts about the reopening of early childhood development (IECD) centres?

Share your experiences and thoughts with the Western Cape Provincial Parliament's Ad-hoc Committee on COVID-19 by email [ihloote@wcpp.gov.za](mailto:ihloote@wcpp.gov.za) or send voice notes and messages on WhatsApp (cellphone number: 081 819 2291). Please include your full name and contact details when submitting any comments to the Ad-hoc Committee. Submissions must be addressed to Ms L. Cloete, Procedural Officer. Individuals and organisations who are interested in making submissions to the Ad-hoc Committee must indicate so when submitting comments. Submissions must reach the Procedural Officer by no later than **16:00 on Friday, 24 July 2020**.

Further information will be published on the Western Cape Provincial Parliament's website [www.wcpp.gov.za](http://www.wcpp.gov.za).

Issued by Ms M Wenger (MPP), Chairperson of the Ad-hoc Committee on COVID-19.

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# 'Silinde ukufa apha KwaMakazi!'



Uluntu lwaseMooiplaas phantsi koMasipala iGreat Kei lufumana amantanki amanzi kumbutho wesisa iGift of the Givers. UMAMKISO: BHEKI RADEBE



Abahlali base Mooiplaas bafumene amantanki amanzi kwabe Gift of the Givers. KUFOTE BHEKI RADEBE

### ABONGILE GINYA

"THINA kule yethu indawo sifana nabahlali kwesinomhlwa, hlobo eli singakhathalelekanga ngalo. Asinamanzi, asinakutya, asinandlela, akunabantu bazosihlolela iCovid-19 okanye bazosifundisa ngayo. Ingathi akhonto zenekayo, siphila laa mpilo indala. Sele silinde nje ukufa nanini kuba urhulumente noMasipala wethu iGreat Kei akasazi."

Lawo ngamazwi kaStanford Ngadlala nongumhlali omdala weIli yaKwaMakazi eMooiplaas ngethuba iGift of the Givers kwakunye ne-Engen bebenikezela ngeepasile zokutya, imaski, iingubo umzi nomzi kwakunye namatanki kaJojo anamanzi ngaphakathi acecekeleyo.

Abahlali belali bebegcwele luncumo lolu tyelelo besithi kudala befuna uGift of the Givers, bebona xa enceda kwezinye iindawo koke bengazi bangenza njani kuba bengahoywa ngurhulumente.

Abahlali bathi kubo kuyafana nokuba umasipala abanaye kuba abahoywa. Le lali iphantsi koMasipala iGreat Kei, bathi xa bekhazela bekhazela iinkonzo zoluntu iGreat Kei iye ithi bayawala.

UNgadlala uthi ilishumi elinesihlanu iminyaka



Bekujimincili eMooiplaas ngethuba befumana ukutya namatanki amanzi kwabe Gift of the Givers. KUFOTE BHEKI RADEBE

bengenawo amanzi, basela awomlambo neemfuyo. Uthi baphetheke kabuhlungu okungathi abavoti, kodwa bevota qho xa ilixesha lokuvota, nangona bengaboni tshintsho nje.

Uthi kuthiwa mabahlambe rhoqo ngurhulumente, ngantoni? Kuba akukho zicwangciso zenziwayo kubo ngurhulumente.

UNothuse Yoywana owazalelwa kule lali, wendela kwakule lali, uthi kudala emane ebona kumabonakude abantu bechamliswa ngoorhulumente babo ngepasile zokutya, uthi anqweni ukuba yanga inganguye ngenye imini ofumanayo.

Uthe uswele imilomo eliwaka kuba ukutya akufumeneyo kwakuyigqiba inyanga. Uthi enye ayivuyele nangakumbi ngamanzi kuba basela amdaka womlambo ewayethe urhulumente mabawayeke, wabakhela iimpompo ezayeka ukusebenza kwiminyaka elishumi eyadlulayo.

UMfamejela weenkqubo ezijongene nokuphuhlisa uluntu kwaGift of the Givers, uAli Sablay uthi kwaphambi kweLockdown kudala taceba ukuza KwaMakazi kuba kudala beva ngayo le ndawo ukuba itsala nzima kwaye idinga uncedo.

USablay uthi kungoko beye banyanzelisa kuba ileli

xesha lizima lesi sifo elidinga amanzi kanye nelifuna kucatyiswe ukuhlalajwa izandla.

"Bazococa njani izandla bengenawo amanzi abantu? Siye sabona ukuba sisele sifaka neepasile zokutya kuba neendala kumakhaya amaninzi iyagquba njengoko umzi lughlulukene nemisebenzi. Asibethanga bani, sinike inshu ngenito kule lali iipasile," utshilo uSablay.

UThabo Nkulu wakwaEngen uthi eli lixesha lokuba kuxhasiwe, ingakumbi abo bangathathi ntweni. Uthi bazeke mzekweni basebenzisana noGift of the Givers ekuncedeni abasweleyo ngeli xesha.

# 'Ndiphume phantsi kocingo, bekunzima'

**Wes-Kaapse Provinsiale Parlement**  
Western Cape Provincial Parliament  
iPalamente yePhondo leNtshona Koloni

**VAKALISA ULUVO LWAKHO**  
ATHINI AMAVA AKHO MALUNGA NORHULUMENTE  
NGEXESHA IKABHUBHANE WE-COVID-19?

**Umzekelo:**

- Ingaba wena okanye ilungu losapho lwakho liye labekwa esichengeni sentsholongwane yekhorona? Tabalana ngamava ofthe waba nowa kunye nenkqubo yezempilo.
- Ingaba ukwazile ukufikelela kwinkxaso yokutya ngexesha ube uyifuna ngalo?
- Ingaba uyazi ukuba kulhni na le nto kufuneka unxibe isicheme?
- Ingaba uyazi ngenandela yokufikelela kwizibonelelo ze-COVID-19?
- Ingaba uzive ukhuselekile xa uthi wabuyela emsebenzini?
- Ingaba uthutho lukawonkewonke okusebenzisayo lusebenzisa izicheme nezibulali-ntsholongwane?
- Ingaba isikolo somntwana wakho sisebenzisa iqalelwano lwezintlobo nohlalo lwamaqondo abushushu ntsuku zonke?
- Zithini iingcinga zakho ngokuvulwa kwamaziko aPhuhliso lweeNtsona ziselula?

Tabalana ngamava neengcinga zakho kunye neKomiti yeThutyana kwi-COVID-19 yePalamente yePhondo leNtshona Koloni COVID-19 nge-imeyile [ilicloete@wcpa.gov.za](mailto:ilicloete@wcpa.gov.za) okanye ngamangaku elizwe kunye nemiyalezo kaWhatsApp itinombolo yomxeba kanemnyazi: 081 819 2297. Nceda uqike igama neenkqubo zachagamshelwano zakho eziphelileyo xa ungenisa iintetho zakho kwikomiti yeThutyana. Amanganelo matangeriswe ngayo kufikisa L. Cloete, iGosa leMigaqo yeeNkqubo. Abantu nemibutho enomdla ekwenzeni iintetho kwikomiti yeThutyana matabonakalise oko xa bengenisia iintetho. Amanganelo makafike kwiGosa leMigaqo ingabethanga eyesi 16:00 ngoLwesihlanu, 24 Julyayi 2020.

Ulwazi oluphangaleleyo luza kupapashwa kwiwebhsayithi yePalamente yePhondo leNtshona Koloni [www.wcpa.gov.za](http://www.wcpa.gov.za).

**Sikhatshwe nguNkz M Wanger (MPP), uSihlalo waKomiti yeThutyana kwi-COVID-19.**

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**SIYABULELA MQIKELA**

**I**GOSA elinyanzelisa ukuthotyelwa kwemigathango yokukhusela ukumwenya kwesifo sekhorona kwiSithili saseChris Hani, liphume ngesango elingemva kumzi ubunomngcwabo eCacadu.

Umngcwabo lo ubuqhubeka kwikhaya elithile kuNdonga, eQageni kwidolophu yaseCacadu.

Ingxelo ithi eli gosa lingenelele emva kokugqaphela ukuba iyophuthwa imigathango ekhusela uluntu, into enokubangela ukunwenya

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kwesifo. "Okokuqala bafune ukuvula umzimba bavubone, kodwa besibaxelele ukuba umntu ubhubhe yikhorona, kweli khaya kukho abantu abangamashumi amabini ananye abachaphazelekileyo, sibankile yonke loo ngxelo sikunye namagosa eSebe lezeMpilo," livakala luhlukumezekile, litshilo igosa.

Isolezwe linobungqina bevidiyo eshicilelwe ngeli xesha, nalapho enye yamadoda eli khaya ithintelwe ngabasebenzi benkampani yabangcwabi, ifuna ukungombla eli nemakazi liligosa lakwaMasipala.

"Ndingcedwe ngabantu, bavule ucingo ngaphantsi, ndiphume phantsi kocingo, bekunzima kakhulu, ndihlukumezekile kakhulu sesi siganeko," litsho igosa.

UNkosi uNgangomhlaba Mathanzima yenye yeeNkosi ezikhokele kwesithili sakuNdonga, uthethe wathi ngale ntlekele.

"Imbi kakhulu ngolu hlobo yenzeke ngalo, kukho la makhalipha akhaliphele ukwaphula umthetho ngexesha lengxaki, imithetho mayithotyelwe, yonke le nto yenzeke ngexesha sijijisana nesi sifo, intlungu yeyokuba akukho bani uya kuthatha uxanduva xa kukho ingxaki kwela khaya," kutsho uNkosi uMathanzima.

Kutsha nje, iNkulubaphathiswa uLubabalo Mabuyane, udize ukuba bakwiphulo lokuphungula inani labantu abazimasa umngcwabo.

"Ngexa yemeko kuza kunyanzeleka ukuba ibe ngabantwana bomfi, nabantu

azalwa nabo kuphela abazimasa umngcwabo," utshilo uMabuyane.

Ukusulela oko kungenwe kwinqanata lesithathu lokuvavwa kwelizwe, zinyukile iziganeko zokungathotyelwa komthetho ngabahlali.

USodolophu weSithili saseChris Hani uWongama Gela uvakalise ukudana sesi siganeko sokuxhathazwa kwegosa lakhe.

"Igosa eli sele lithonyelwe kwinkonzo yentuthuzelo ukuze lifumane uncedo lokulwa noxinizelelo olubangelwe sesi siganeko. Kungelishwa ukuba abasebenzi bebu abasebenzini babone baphathwa ngolu hlobo, bekhusele uluntu," utsho uGela.

UGela ubongoze uluntu neentsapho ngokubanzi ukuba basebenzisane namagosa karhulumente kuba enza umsebenzi wawo.

"Uluntu malohlukane nokubenza ikhesha abantu namakhaya achatsazelwe sisifo sekhorona, makusefenziswane kulwe nesi sifo sigqiba ilizwe," kutsho uGela.

UMasipala weSithili saseChris Hani uphakathi koomasipala beMpuma Koloni abafakwe iliso elibanzi ngurhulumente kazwelonke ngexa yamanani abantu abanesifo sekhorona.

Le nkosi kazi ihlangulwe ngabasebenzi benkampani yabangcwabi ibiqhuba lo mngcwabo ukuze isinde.

"Siyabulela kakhulu kwinkampani yabangcwabi ethe yakhusela igosa lethu kwezi zikhalarhume," utshilo uGela.



## ANNEXURE E: News Articles featuring the Ad Hoc Committee on COVID-19

# Thumbs up for oversight body in Western Cape legislature on handling Covid-19

By Mwangi Githathu 🕒 Apr 17, 2020



Cape Town - Members of the opposition have welcomed the establishment of an ad hoc committee in the legislature specifically tasked with overseeing the Western Cape Government's efforts in addressing the Covid-19 pandemic.

Speaker Masizole Mnqasela on Tuesday announced the setting up of the committee that he proposed last week and said its duties would include oversight of the enforcement and effects of the national lockdown in the province.

### WC LEGISLATURE KICKS OFF PROCEEDINGS WITH FIRST VIRTUAL MEETING AMID LOCKDOWN

It held its first virtual meeting since the lockdown was announced in March.



A screenshot of the WC legislature meeting. Picture: @WCProvParl/Twitter

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## W Cape government wants you to rate its response to Covid-19 – can you help?

4 August 2020 1:38 PM by [Kabous le Roux](#)  
 Tags: Mireille Wenger • Lester Kiewit • Coronavirus • COVID-19 • covid-19 in western cape • coronavirus in western cape • The Midday Report on CapeTalk • Covid-19 ad hoc committee

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**"We need to understand residents' lived experience of the pandemic," says Mireille Wenger. Is the government doing what it should?**

Early in the outbreak, the Western Cape's legislature established a [Covid-19 ad hoc committee](#) to oversee the province's response to the pandemic.

## Going virtual a first for W Cape legislature

  
MWANGI GITHAHU mwangi.githahu@inl.co.za  
20 Apr 2020

Before the lockdown, Ramaphosa had not lived up to expectations Dr Ntsikelelo Breakfast STELLENBOSCH UNIVERSITY

**THE** PROVINCIAL Legislature on Friday held its first official committee meeting via a virtual platform.

The committee consists of 15 members appointed on a proportional basis, and their first act was to elect DA chief whip Mireille Wenger as chairperson.

The committee will hold regular meetings to dispatch with its mandate of performing oversight over the work of the provincial executive

© 17 Jul

## SA looked at Covid-19 cellphone tracking, but it proved too complex - health dept

news24 Jenna Etheridge

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- The health department has looked at the feasibility of a system to monitor people's location and movements using cellphone data.
- It concluded active contact tracing would be a better solution.
- A digital contact tracing system currently in use allows individuals to receive their results and share contacts.

The national health department looked at the feasibility of a surveillance system that could track the movement of citizens to help it fight Covid-19, but it didn't work out, a national official revealed to Western Cape MPLs.

## Western Cape 'lost R1bn a day' during level 5 of coronavirus lockdown

By Tshogo Lepule  May 16, 2020



Cape Town - THE Western Cape economy bled R1billion for each day under level 5 of the lockdown and continues to lose revenue under current restrictions.

This emerged as the provincial legislature's ad hoc committee on Covid-19 was briefed by the provincial department of economic development as well as the national departments of small business and employment and labour on the impact of the virus on the economy and livelihoods of citizens.

### SOUTH AFRICA

## Western Cape Covid-19 infections pass 1,000 as deaths rise to 22

22 April 2020 - 15:44  
BY TIMESLIVE

ANALYSIS

## Homeless people and food security expected to top agenda for new WC pandemic oversight committee

By Suné Payne • 16 April 2020



Homeless South Africans gather to receive food in a fenced-off area of the Strandfontein temporary homeless shelter site in Cape Town. (Ph...

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**A row over a City of Cape Town relocation camp for homeless people and food security should be high on the agenda of a new oversight committee established by the Western Cape legislature, say MPLs.**

Listen to this article  
7:11

The Western Cape provincial legislature has launched an oversight committee to monitor the activities of the provincial government during the Covid-19 pandemic. But there are serious issues the province needs to address: food security for those who cannot afford it and the Strandfontein temporary shelter for homeless people run by the City of Cape Town.

Suné P

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## Call to use Covid-19 technology in fight to defeat GBV

By Mwangi Githathu • Sep 8, 2020

23 Jul

## 'They treated me like a criminal' - Covid-19 survivor describes her struggle against stigma

news24

Jenna Etheridge

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CORONAVIRUS

## SA wine trade lost R7bn over 14 weeks of lockdown, says industry organisation

By Karabo Mafolo • 27 August 2020



Vineyards at Babylonstoren wine farm in Franschoek. (Photo: EPA / Nic Bothma)

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Karabo Mafolo

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Vinpro, an organisation that represents the wine industry, told Wednesday's Western Cape provincial ad-hoc Covid-19 committee meeting that the industry had incurred billions in losses from the alcohol ban.

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# Signs of Covid-19 cases plateauing in province

MWANGI GITHAHU

[mwangi.githahu@inl.co.za](mailto:mwangi.githahu@inl.co.za)

THE number of Covid-19 deaths in the province may be plateauing, but it is still too early to confirm it decisively, provincial head of health Dr Keith Cloete said.

Cloete was giving a situational analysis of the pandemic in the province to the ad hoc committee on Covid-19.

the chronic diseases of lifestyle – this should be analysed further.”

On the numbers of children and adults under 20 dying from the virus, Cloete said: “We track children under the age of 19 and there have only been eight deaths of people under 20 years old by June 29. Each death is investigated and every single one of these eight had a comorbidity or a predisposing condition attached. These



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## Cape Town Convention Centre hospital closes as infection rates plummet

## **ANNEXURE F: List of Disaster Management Regulations relating to the COVID-19 pandemic**

(Extracted from <https://www.gov.za/covid-19/resources/regulations-and-guidelines-coronavirus-covid-19>)

### **REGULATIONS**

#### **Core Lockdown Regulations:**

- Alert Level 1 lockdown regulations, 18 September 2020
- Alert level 2 lockdown regulations, 17 August 2020
- Alert level 3 lockdown regulations, as amended on 12 July 2020
- Alert level 4 lockdown regulation, 29 April 2020
- Lockdown Regulations, as amended on 20 April 2020
- Lockdown Regulations amendment, 20 April 2020
- Lockdown Regulations amendment, 16 April 2020

### **DIRECTIONS**

- Directions for correctional centres, 10 November 2020
- Amended directions relating to social development, 2 November 2020
- Amended directions for land ports in Alert Level 1, 23 October 2020
- Amended directions for re-opening of schools, 21 October 2020
- Social development directives, 7 October 2020
- Directions relating to biodiversity auctions, 7 October 2020
- Amended directions for Sports, Arts and Culture, 7 October 2020
- Directions: National framework for tuition and accommodation fees for academic years 2020 in public higher education institutions, 5 October 2020
- Directions: Alert Level 1: Norms and standards for religious gatherings, 3 October 2020
- Level 1 sea ports directions, 1 October 2020
- Level 1 air services directions, 1 October 2020
- Directions: Alert Level 1: Norms and standards for religious gatherings, 1 October 2020
- Amended directions on Coronavirus COVID-19 lockdown, 1 October 2020
- Level 1 cross border road transport directions, 1 October 2020
- Consolidated direction on occupational health and safety measures in certain workplaces, 1 October 2020
- Amended directions for cross border road transport services, 1 October 2020
- Alert level 1 directions for Home Affairs services, 30 September 2020
- Amended directions for tourism facilities, services and products, 23 September 2020
- Mandating of short code for National Emergency Services, 22 September 2020
- Amended public transport services directions, 16 September 2020
- Amended air services directions, 16 September 2020
- Amended directions for re-opening of schools, 15 September 2020
- Alert Level 2: Amended directions on phased return of children to early childhood development programmes and partial care facilities, 11 September 2020
- Alert Level 2: Courts, court precincts and justice service points, 11 September 2020
- Amended electronic communications, postal and broadcasting directions, 11 September 2020
- Directions for National Environmental Management permits and licences, 9 September 2020

- Amended directions on COVID-19 temporary employee/employer relief scheme, 7 September 2020
- Directions for correctional centres, 4 September 2020
- Public transport services amended directions, 2 September 2020
- Railway operations amended directions, 2 September 2020
- Amended directions for Sport, Arts and Culture, 28 August 2020
- Amended directions for tourism facilities, services and products, 25 August 2020
- Alert Level 2 public transport services directions, 25 August 2020
- Alert level 2 air services directions, 25 August 2020
- Amended directions for Home Affairs services, 25 August 2020
- Alert Level 2 sea port directions, 20 August 2020
- Direction: Coronavirus COVID-19 temporary employee/employer relief scheme, 13 August 2020
- Amended directions for biodiversity sector, 7 August 2020
- Criteria that will guide the determination of alert levels, 7 August 2020
- Amended health directions, 7 August 2020
- Amended social development directions, 6 August 2020
- Amended directions for sporting events, training and matches to resume, opening of libraries, museums, cinemas, theatres, galleries and archives under Alert Level 3, 6 August 2020
- Amended directions for tourism facilities, services and products, 6 August 2020
- Amended directions: Alert level 3: Re-opening of schools, 2 August 2020
- Amended directions for Home Affairs services, 31 July 2020
- Directions on livestock auctions, 31 July 2020
- Amended directions for biodiversity sector, 28 July 2020
- Directions for auctions and sales in execution conducted by Sheriffs of the Court, 27 July 2020
- Amended alert level 3 air services directions, 24 July 2020
- Compensation for workplace acquired novel Coronavirus COVID-19 disease directive, 23 July 2020
- Amended directions of extension validity period of learner's licences, driving licence cards, licence discs, professional driving permits and registration of motor vehicles, 22 July 2020
- Directions on public transport services, 22 July 2020
- Amended health directions, 17 July 2020
- Directions on phased return of children to early childhood development programmes and partial care facilities, 10 July 2020
- Amended directions: Alert level 3: Re-opening of schools, 7 July 2020
- Amended directions for sporting events, training and matches to resume opening of libraries, museums, cinemas, theatres, galleries and archives under Alert Level 3, 6 July 2020
- Amended directions for Home Affairs services, 3 July 2020
- Amended directions to municipalities and provinces, 3 July 2020
- Amended alert level 3 air services directions, 2 July 2020
- Directions: Alert level 3: Re-opening of skills development institutions, 29 June 2020
- Amended directions: Alert level 3: Re-opening of schools, 29 June 2020
- Directions: Alert level 3: Tourism facilities, services and products, 29 June 2020
- Amended health directions, 26 June 2020
- Directions: Re-opening of schools, 23 June 2020
- Directions: Alert Level 3, 4 and 5: Correctional services and remand detention facilities, 22 June 2020

- Directions: Protocols for the Personal Care Services, 19 June 2020
- Amended communications and digital technologies sector directions for alert level 3, 12 June 2020
- Directions: Alert level 3: Live streaming of the Creative Sector Services, 11 June 2020
- Directions: Alert level 3: Call Centres, car sales, automotive repairs, sale of clothing, footwear and bedding, COVID-19 Export Control Regulations, Block Exemption for Retail Property Sector, 11 June 2020
- Directions, Alert Level 3 Sports, Arts and Cultural Affairs, 11 June 2020
- Directions: Temporary measures during Coronavirus COVID-19 level 3 for entry into or exit from South Africa for emergency medical attention for life-threatening condition, evacuation of South Africans to South Africa, repatriation of foreign nationals to their countries or residence or return of South Africans to their place of employment or study outside the country, and extension of valid period of asylum seeker permits, and refugee status granted, 10 June 2020
- Directions: Criteria to return to public university and private higher education campuses as part of a phased-in return from level 3 under Coronavirus COVID-19 lockdown, 8 June 2020
- Directions: Zero-rating of websites for Education and Health, 5 June 2020
- Directions for National Environmental Management Permits and Licences, 5 June 2020
- Directions for forestry sector, 5 June 2020
- Directions for biodiversity sector, 5 June 2020
- Directions for freshwater and marine fishing sectors, 5 June 2020
- Consolidated Direction on Occupational Health and Safety Measures in Certain Workplaces, 4 June 2020
- Alert level 3: Courts, court precincts and justice service points, 2 June 2020
- Amended re-opening of schools under Coronavirus COVID-19 lockdown, 1 June 2020
- Directions on the resumption of construction and related services in post school reeducation and training institutions, 1 June 2020
- Alert level 3 railway operations directions, 30 May 2020
- Alert level 3 public transport directions, 30 May 2020
- Alert level 3 air services directions, 30 May 2020
- Re-opening of schools under Coronavirus COVID-19 lockdown, 29 May 2020
- Alert level 3 directions for religious gatherings, 28 May 2020
- Amended directions for biodiversity sector, 26 May 2020
- Amended directions on COVID-19 temporary employee/employer relief scheme, 26 May 2020
- Directions to permit travel and recommencement of studies for Final Year Medical Students registered at South African public universities during Coronavirus COVID-19 lockdown, 26 May 2020
- Amended communications and digital technologies sector directions for alert level 4, 26 May 2020
- Amended health directions, 25 May 2020
- Alert level 4 amended public transport services directions, 22 May 2020
- Transport directions on commencement of services and extension for validity period of learner's and driving licences, licence disks, professional driving permits and registration of motor vehicles, 20 May 2020
- Energy and petroleum products directions, 15 May 2020
- Amended directions on COVID-19 temporary employee/employer relief scheme, 15 May 2020
- Directions for recycling of waste, 14 May 2020

- Directions for freshwater and marine fishing sectors, 14 May 2020
- Directions for biodiversity sector, 14 May 2020
- Amended alert level 4 railway operations directions, 14 May 2020
- E-Commerce sales during Alert Level 4 directions, 14 May 2020
- Once-off movement directions, 14 May 2020
- Directions on sale of clothing, footwear and bedding, 12 May 2020
- Directions on sale of cars and emergency automobile repairs, 12 May 2020
- Directions to assist micro and small businesses trading during Coronavirus COVID-19 lockdown, 12 May 2020
- Directions on return of South African citizens and the repatriation of foreign nationals to their countries of nationality or residence, 9 May 2020
- Social development directions amendment, 9 May 2020
- Amended electronic communications, postal and broadcasting directions, 8 May 2020
- Amended directions on movement of persons and goods, 7 May 2020
- Amended directions to municipalities and provinces, 7 May 2020
- Determination of correctional facilities as places of detention of illegal foreigners pending deportation, 7 May 2020
- Management of courts, 6 May 2020
- Alert level 4 amended public transport services directions, 6 May 2020
- Court order handed down by the labour court: Standard Operating procedures for mines, 5 May 2020
- Alert level 4: Live streaming of the creative sector services, 4 May 2020
- Alert level 4: Courts, court precincts and justice service points, 4 May 2020
- Alert level 4: Essential financial services, 4 May 2020
- Alert level 4: Extension for validity of learner's licence, driving licence card, licence disc, professional driving permit and registration of motor vehicle directions, 4 May 2020
- Alert level 4 air freight operations directions, 4 May 2020
- Alert level 4 public transport services directions, 4 May 2020
- Alert level 4 railway operations directions, 4 May 2020
- Alert level 4 public transport services directions, 4 May 2020
- Alert level 4 sea port directions, 4 May 2020
- Communications and digital technologies sector directions for alert level 4, 3 May 2020
- Once-off long distance interprovincial transport directions, 1 May 2020
- Once-off movement directions, 30 April 2020
- Mineral resources and energy directions, 29 April 2020
- Occupational health and safety directions, 29 April 2020
- Amended guidance on the implementation of the provisions for essential goods and services for higher education institutions, 29 April 2020
- Superior courts directions, 21 April 2020
- Guidance on the implementation of the provisions for essential goods and services for higher education institutions, 17 April 2020
- Water and Sanitation Emergency Procurement, 15 April 2020
- Mineral resources and energy directions, 11 April 2020
- Sports, arts and culture directions, 9 April 2020
- Correctional services and remand detention facilities directions, 9 April 2020
- Call centre directions, 9 April 2020
- Health directions, 8 April 2020
- Amended COVID-18 temporary employee/employer relief scheme, 8 April 2020

- Social development directions amendment, 7 April 2020
- Public transport lockdown directions amendment, 7 April 2020
- Amended sea port directions, 7 April 2020
- Amended electronic communications, postal and broadcasting directions, 6 April 2020
- Small Business Development directions, 6 April 2020
- Tourism directions, 2 April 2020
- Courts, court precincts and justice service points directions, 31 March 2020
- Environmental directions, 31 March 2020
- Amended air services amendment directions, 31 March 2020
- Amended transport directions for buses and taxis, 31 March 2020
- Amended transport directions: learner's and driving licences, 30 March 2020
- Amended directions to municipalities and provinces, 30 March 2020
- Social development directives, 30 March 2020
- Aviation directions amendment: Air cargo, 27 March 2020
- Air Services directions, 26 March 2020
- Home Affairs directions, 26 March 2020
- Transport directions, 26 March 2020
- Legal directions, 26 March 2020
- Electronic communications, postal and broadcasting directions, 26 March 2020
- COVID-19 Temporary Employee/Employer Relief Scheme directive, 26 March 2020
- Air services lockdown directions, 26 March 2020
- Railway operations lockdown directions, 26 March 2020
- Cross-border road transport lockdown directions, 26 March 2020
- Public transport lockdown directions, 26 March 2020
- Municipalities and provinces directions, 25 March 2020
- Court precincts directives, 20 March 2020

## **OTHER LOCKDOWN REGULATIONS**

- Amended ICT regulations, 5 May 2020
- Expansion of scope of banking sector exemption regulations, 5 May 2020
- Healthcare sector exemptions expansion, 8 April 2020
- ICT regulations, 6 April 2020
- Excessing pricing complaints referrals regulations, 3 April 2020
- Lockdown regulations amendment, 2 April 2020
- Public Finance Management Act: Exemption, 31 March 2020
- Municipal Finance Management Act: Exemption for municipalities, 30 March 2020
- Hotel Industry Exemption, 27 March 2020
- Export control regulations, 27 March 2020
- Lockdown regulations amendments, 26 March 2020
- Retail property exemption regulations, 24 March 2020
- Banking sector exemption regulations, 23 March 2020
- Price increase protection regulations and directions, 19 March 2020
- Healthcare sector exemptions, 19 March 2020
- Disaster Management Regulations, 18 March 2020
- Regulations on restrictions on the movement of air travel, 18 March 2020
- Ports regulations, 18 March 2020

## **DISASTER MANAGEMENT GUIDELINES AND NOTICES**

- Circular regarding preparation and planning for the re-opening of early childhood development programmes and/or partial care facilities that provide an after-school service, subject to the announcement of a date by the Minister of Social Development, 21 June 2020
- Guidelines for Mandatory Code of Practice on Mitigation and Management of Coronavirus COVID-19 Outbreak, 18 May 2020
- Guidelines for quarantine and isolation, 5 May 2020
- Exemption from Municipal Supply Chain Management Regulations, 1 May 2020
- Guidelines: Public Service return to work after the easing of COVID-19 lockdown, 1 May 2020
- Harmonisation of short code “111” for Coronavirus COVID-19 National Emergency Services, 15 April 2020
- Compensation for occupationally acquired Novel Coronavirus, 24 March 2020
- Explanatory notes for COVID-19 tax measures, 29 March 2020
- SMME debt relief finance scheme, 28 March 2020
- Business growth/resilience facility – guidelines for application, 28 March 2020
- Debt Relief Finance Scheme: Guidelines for application, 28 March 2020
- UIF guidelines, 20 March 2020
- Exemption to all holders of licences, permits and authorisations issued in terms of the Marine Living Resources Act, 1998 (Act no.18 of 1998) to operate without valid permits for the next ninety (90) days, 24 March 2020
- Handy guide on what’s happening in the Post School Education and Training Sector – Higher Education in a time of Coronavirus, 20 March 2020
- State of Disaster: Public Service guidelines for containment/management of Coronavirus COVID-19, 16 March 2020
- Guidance for childcare facilities and schools on COVID-19, 11 March 2020
- COVID-19 safety precaution measures in football – SAFA, 13 March 2020
- Guideline on classification of a disaster and the declaration of a state of disaster, 1 April 2019
- Guideline conducting an initial on-site assessment, 1 April 2019
- Guideline on contingency planning and arrangements, 1 April 2019

## **DISASTER MANAGEMENT ACT**

- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus): Extension, 14 October 2020
- Disaster Management Act: Determination of Alert Levels and Hotspots: Coronavirus COVID-19 Alert level 1 will apply nationally from 00H01 on 21 September 2020, 18 September 2020
- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus): Extension, 14 September 2020
- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus): Extension, 15 August 2020
- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus): Extension, 13 July 2020
- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus): Extension, 5 June 2020
- Disaster Management Act: Declaration of a National State of Disaster: COVID-19 (coronavirus), 15 March 2020

- Disaster Management Act: Classification of a national disaster: COVID-19 (coronavirus), 15 March 2020
- Disaster Management Act 57 of 2002, 15 January 2003

## 20. List of Acronyms

CHC	Community Healthcare Clinic
CHW	Community Healthcare Workers
CTICC	Cape Town International Convention Centre
DSD	Department of Social Development
DoH	Department of Health
ECD	Early Childhood Development (centre)
GBV	Gender based violence
HASA	Hospital Association of South Africa
ICU	Intensive Care Unit
NGO	Non-Governmental Organisation
NICD	National Institute for Communicable Diseases
PCR	Polymerise Chain Reaction
PHC	Primary Health Care
PPE	Personal Protection Equipment
SASSA	South African Social Security Agency
SGB	School Governing Body
SLA	Service level agreement
SMME	Small, Medium and Micro Enterprises
TERS	Temporary Employee/ Employer Relief Scheme
UIF	Unemployment Insurance Fund
WCG	Western Cape Government
WCPP	Western Cape Provincial Parliament
WHO	World Health Organisation