

## COVID-19 IN CAPE TOWN: INITIAL STATE AND CIVIL SOCIETY RESPONSES

*Cape Town has been South Africa's COVID-19 hotspot. The provincial and local governments have intervened to prepare the city as a COVID-19 entry point and there has been an outpouring of civil society action. State and civil society partnerships complement, contradict and coexist in efforts to respond to the risk posed by the virus. Only joint action has managed to mitigate some of the most negative impacts of a tight lockdown, ensuring that poor people did not starve and that the benefits of an early and firm restriction of movement could be achieved.*



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COVID-19 is a quintessentially urban pandemic, originating in a street market, leading to city lockdowns across the world and impeding city-to-city connectivity – at least for a while. It is also urban because, typically, local actors move to the frontline of community support, with sub-national governments working alongside neighbourhood religious or gang leaders in public facilities, schools, community centres and on street corners. Local service providers and enforcement agents (a patchwork of civil society structures and ordinary residents) give the city-specific texture to COVID-19 responses and it is this collective action that will define post COVID-19 urban politics.

In a global pandemic the local context is particularly important. Dependence is necessary on outside (national and international) information, resources and connections, but effective responses to any crisis (before, during and after) need to work with local realities and draw in multiple micro actors. Understanding the wider trajectory of a pandemic hinges on establishing the composite, variegated global picture of local responsibilities and reactions. How different local authorities navigate risk depends on sub-national as well as national policy responses, but also on how residents and civil society organisations mobilise around pandemic-induced problems.

How well the various stakeholders work together at local level may be most significant of all in mitigating the non-health dimensions of the COVID-19 crisis and defining new modes of engagement.

Cape Town has been South Africa's COVID-19 hotspot. As a major port city and leading global tourist destination with significant underlying health risks – associated with high levels of diabetes and HIV/Aids and the world's highest incidence of tuberculosis – it has been particularly vulnerable to the new virus. At the end of May the city accounted for more than 60% of South African cases (Cowan, 2020). Although the overall COVID-19 incidence and death figures for Cape Town are currently low, the city may be

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seen as South Africa's Milan or New York. The situation is exacerbated by local government's limited health and social protection mandate, fractious intergovernmental relations, comparatively limited state resources, and very high levels of social, economic and health vulnerabilities across the country.

But the city, which has a fractured past, also has a tradition of mass organisation in the face of crisis. Over the past three months there has been a huge outpouring of action to mitigate the unintended consequences of a tight lockdown (for the first two months there was no access to alcohol or tobacco and very heavy restriction of movement). The most visible civil

society response has been the launch of a network of online community groups. At the same time, the provincial and local government have tried to intervene beyond medical preparations around the lockdown to prepare Cape Town as a landing point for the virus. What emerges is that only joint action has been able to mitigate some of the most negative impacts of the harsh lockdown regime to ensure that poor people did not starve and the benefits of an early and firm restriction of movement could be achieved.

### **Cape Town under lockdown**

Cape Town was the country's COVID-19 landing point. The terms of the response were set on March 15<sup>th</sup> when a national state of disaster was declared. With the scale of the challenge, it is unsurprising that all of government and civil society galvanised their resources and that (at least in the critical early phase) actors within the state and beyond worked together. This partnership-based response presupposes capacity in each stakeholder

group – existing relationships of trust at the local level and stakeholders being institutionally able to work together.

In Cape Town, because government health, education, transport and welfare (and some policing) fall under provincial not local government control, both the premier and the mayor have critical responsibilities for citizens' welfare at city level. The metropolitan area of Cape Town accounts for two-thirds of the population of the Western Cape province, making the city the major hub of provincial COVID-19 concerns and raising issues of intergovernmental cooperation, which have not always been happy (Cowan, 2020). These inter-state tensions appear to have been put aside to respond to the enormous social and economic challenges of COVID-19 lockdown; in most cases working in partnership with civil society actors.

Unemployment in the city runs at 11.9% (Western Cape Government, 2017) and many households have low wages, depend on meagre state grants, and have had their income halted by lockdown, stretching existing social safety nets beyond capacity. As a result, the immediate threat in lockdown Cape Town was access to water and food (Davis, 2020). In response, the national government introduced a R500 billion social relief and economic support package to bolster existing food assistance through vouchers and cash transfers. The package included plans for the Department of Social Development to partner with the Solidarity Fund (a public benefit company supported by business, civic society and government aimed at funding COVID-19 relief measures). Along with school closures and the freeze on non-essential services nationwide, the Department of Education initially closed provincially executed school feeding schemes that provide food to millions of learners on a daily basis under the National School Nutrition Programme. However, at a provincial level, school feeding schemes in the Western Cape were quickly reopened and have since provided meals to learners across the province with the help of the Peninsula School Feeding Association and other community organisations.

The Western Cape's Provincial Treasury also approved additional funding of R53 million for short-term emergency food relief programmes. A portion of this funding has been allocated for family food parcels (R20 million to distribute 50,000 food parcels) to be prepared and distributed through the Department for Social Development and selected non-governmental organisations (Department of Health 2020). The remaining funds were directed towards early childhood development centres and feeding schemes through schools as well as the Department of Social Development. At city level, the mayor donated equipment and ingredients to NGOs running community kitchens across the city's jurisdiction. The city's Water and San-

itation Department also distributed water tanks and trucks to informal settlements where residents do not have access to piped water. Preparing the city for COVID-19 and responding to the unfolding impact of the virus required the combined efforts of all three tiers of government – national, provincial and local – across a range of agencies and previously established civil society partners. However, the most visible responses have not been state-driven.

As the lockdown intensified in Cape Town, shortfalls in government food provision became apparent (particularly for migrants who do not qualify for government welfare provisions), and the serious risk of food insecurity and hunger became obvious. In response, inter-and intra-neighbourhood

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mobilisation around food has taken various forms across the city and has included established charities and faith groups fundraising for and establishing community kitchens and food parcel delivery schemes. The Cape Town Together (CTT) movement and associated neighbourhood-based Community Action Networks (CANs) emerged as new civil society actors.

Cape Town Together is a Facebook-based collective that started as a community response to COVID-19 prior to lockdown. The collective rests on self-organised efforts to take local action and share resources. Each CAN is organised at the neighbourhood level through WhatsApp and Facebook groups and is also connected to the broader CTT network, which aims to support these locally led neighbourhood initiatives. CANs distribute food and other essentials such as face masks and soap, but have also shared information about COVID-19 and good hygiene practices, launched fundraising campaigns, and performed neighbourhood mapping to identify who needs help.

These “on-the-ground” city-based responses form part of an emerging country-wide social justice response to the pandemic organised under the banner of the C19 People’s Coalition. The coalition, which has a strong Cape Town leadership, comprises over 250 organisations and 20 working groups working to lobby the South African government for what it describes as an effective, just, equitable and pro-poor response to the pandemic. The over 250 organisations include many of the traditional anti-apartheid social movements of trade unions, community organisations and NGOs. In policy terms, their focus is crucial not least because it makes more directed and extended demands of a post-COVID national and sub-national state. C19 members are united under a shared “Programme of Action” which stresses income security for all (a basic income grant); access to sanitation and to

food; the importance of community self-organisation and representation in national coordination; adequate training and support of community health workers and other frontline health and emergency services workers; free, open and democratised communication; mitigation of inequalities in the educational system; and prevention of a nationalist, authoritarian and security-focused approach in containing the virus (C19 People's Coalition, 2020). COVID-19 responses, in other words, have reinvigorated an already powerful locally grounded civil society movement in Cape Town and South Africa.

### **Collaboration, complementarity or conflict?**

Collective efforts to respond to the risk posed by COVID-19 in Cape Town are characterised by the coexistence of complementarity, collaboration and conflict within government and between government and civil society. A well-organised and experienced civil society in the city, which was forged in opposition to apartheid and in response to HIV/Aids, meant that gaps in government delivery were patched by religious communities, homeless shelters, feeding schemes, NGOs and community-based groups, such as those mobilised in response to COVID-19. Together, these organisations complemented the government's efforts to address the basic needs of a population kept indoors under one of the most tightly controlled of all lockdown regimes, filling gaps left by inadequate and patchy state-sponsored social protection – particularly with regards to food and water.

COVID-19 amplified pre-existing inequalities in Cape Town and revealed flaws in an otherwise reasonably strong disaster risk response. Unlike the shorter-term emergencies precipitated by fire or flooding, neither the municipality nor the province was able to respond adequately to provide sustained support to the most vulnerable over an extended period of exposure. Over and above the hardships of housing problems, loss of livelihoods, insufficient capacity for distributing food, inadequate data on who needs support, the bureaucracy involved in verifying food claims have made the threat of hunger posed by COVID-19 greater than the threat of the disease (Davis, 2020). Civil society agility bolstered and complemented government efforts and partially filled this gap.

Civil society also proved more flexible than government in this crisis. Pre-existing civil society organisations could rely on the information and systems they already had in place for identifying who needs support and offering it, whereas the CANs have been able to rapidly and flexibly respond to need through direct communication over WhatsApp and other platforms, and mobilise in order to distribute resources where needed. In some instances, civil society organisations such as soup kitchens, feeding associations and

public health charities have collaborated directly with the city and province to provide food and medical staff to homeless shelters and community clinics, and to distribute food within neighbourhoods – in doing so providing services on behalf of government. A more lasting legacy of COVID-19 is likely to be a stronger and more coherent demand from civil society for the state to deliver on its mandate of urban transformation.

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