

"CRL2"

Portfolio Committee on Health

COVID-19 Public Health Response

10th April 2020

 M. M. M. M.


"CRL2"

Global Situation

April 2020

SITUATION IN NUMBERS

total (new) cases in last 24 hours

Globally

1 436 198 confirmed (82 837)
85 522 deaths (6287)

European Region

759 661 confirmed (39 442)
61 516 deaths (3877)

Region of the Americas

454 710 confirmed (37 294)
14 775 deaths (2178)

Western Pacific Region

115 852 confirmed (1185)
3944 deaths (22)

Eastern Mediterranean Region

85 350 confirmed (3357)
4459 deaths (145)

South-East Asia Region

11 576 confirmed (869)
468 deaths (42)

African Region

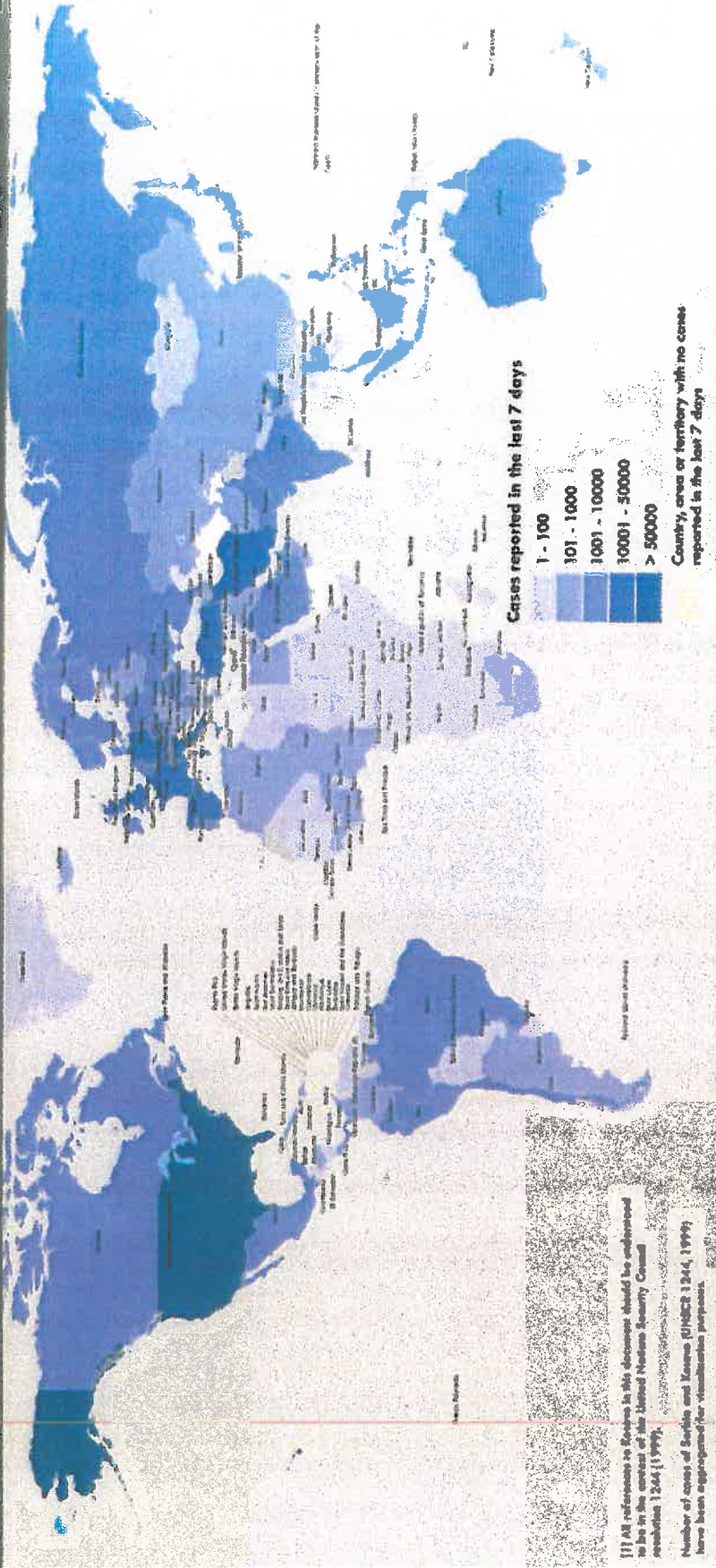
8337 confirmed (690)
349 deaths (23)

WHO RISK ASSESSMENT

Global Level **Very High**

Countries, areas or territories with COVID-19 cases reported in the last 7 days

(From 03 April 2020, 10:00AM to 09 April 2020, 10:00AM (CET))



[1] All references to Geneva in this document should be understood to be in the context of the United Nations Security Council resolution 1244 (1999).

Number of cases of Ebola and Zika in WHO Region of the Americas have been aggregated for visualization purposes.

Data Source: World Health Organization
Map Production: WHO Health Emergency Programme

Not applicable

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The boundaries and names shown and the designations used on this map do not imply the expression of any opinion - whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its boundaries, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps indicate approximate borders. Source: WHO

MPA

COVID-19 in the African Region

19 April 2020

African Region:

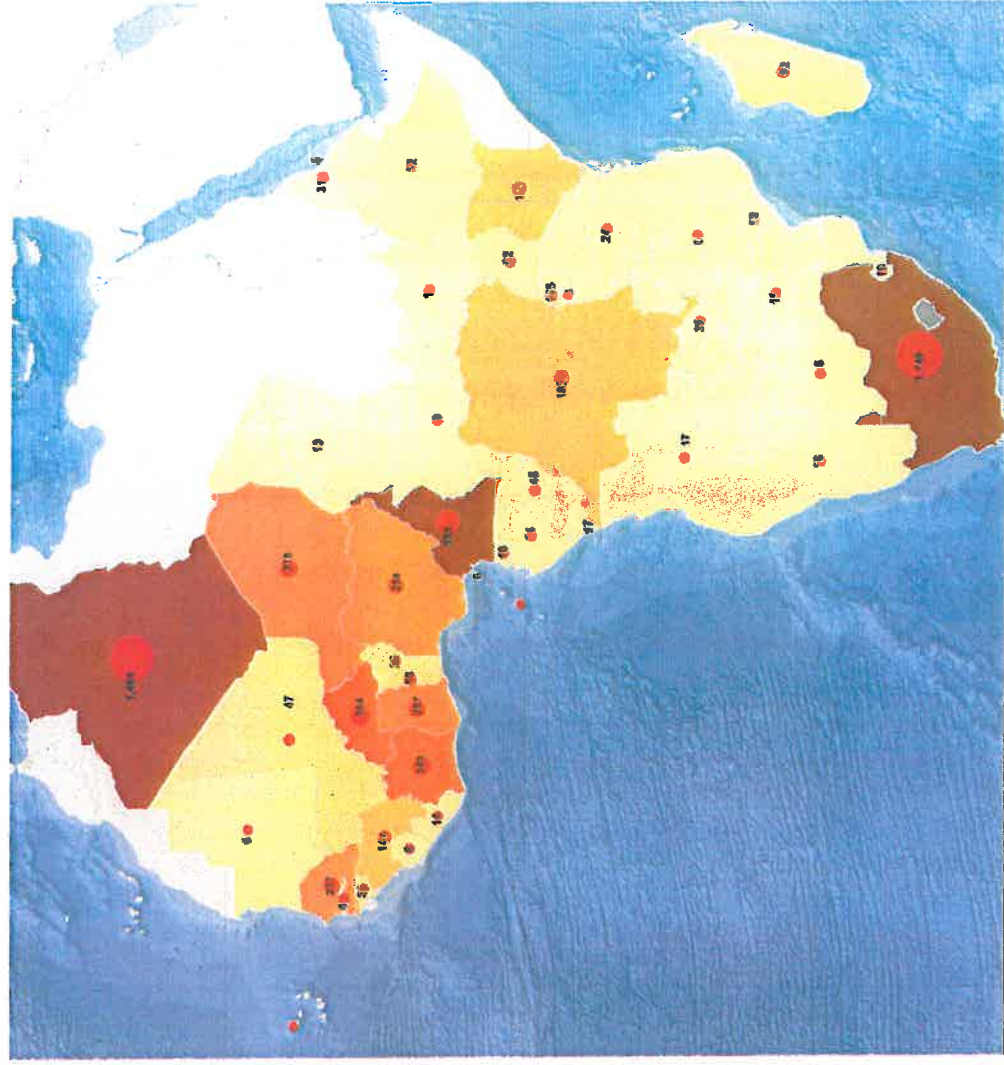
Confirmed cases with 349 deaths

Region:

The 14 SADC countries continue to register an increased number of cases

As of 17 April 2020, the SADC Region has reported 2 740 confirmed cases

| Country | Total Confirmed Cases | Total New Cases |
|--------------|-----------------------|-----------------|
| Algeria | 2 003 | 71 |
| Angola | 273 | 7 |
| Botswana | 207 | 20 |
| Comoros | 93 | 0 |
| DRC | 39 | 1 |
| Egypt | 25 | 1 |
| Ethiopia | 17 | 0 |
| Ghana | 12 | 0 |
| Guinea | 11 | 3 |
| Kenya | 6 | 1 |
| Total | 2 740 | 104 |



| PROVINCE | CONFIRMED COVID-19 CASES | TOTAL DEATHS | TOTAL RECOVERIES |
|-----------------|--------------------------|--------------|------------------|
| GAUTENG | 801 | 3 | 157 |
| WESTERN CAPE | 541 | 6 | 152 |
| KWAZULU – NATAL | 412 | 12 | 15 |
| FREE STATE | 94 | 3 | 61 |
| EASTERN CAPE | 68 | 0 | 3 |
| LIMPOPO | 24 | 0 | 13 |
| MPUMALANGA | 20 | 0 | 6 |
| NORTH WEST | 18 | 0 | 3 |
| NORTHERN CAPE | 15 | 0 | 0 |
| UNALLOCATED | 10 | 0 | 0 |

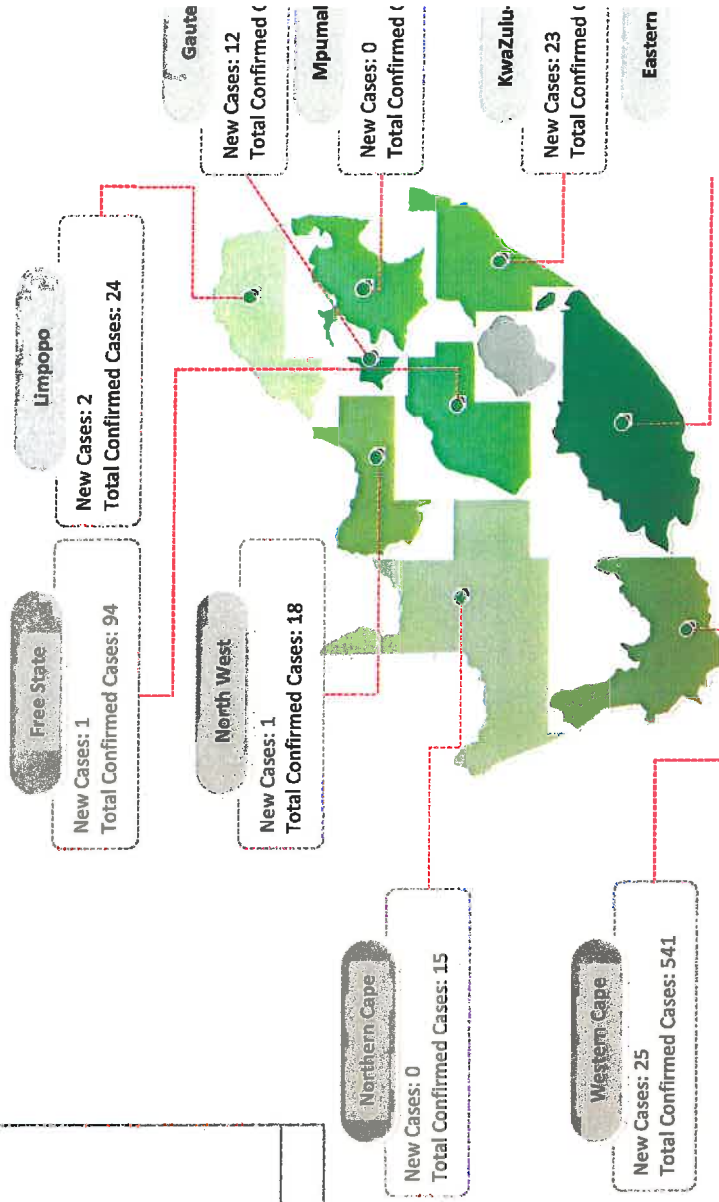


M.O.M.

Geographical Distribution for South Africa

April 2020

| | New Cases | Total Cases | % of Total Cases | Total Number of Deaths |
|---------------|-----------|--------------|------------------|------------------------|
| Western Cape | 12 | 801 | 40% | |
| Eastern Cape | 25 | 541 | 27% | |
| Free State | 23 | 412 | 21% | |
| North West | 1 | 94 | 5% | |
| Northern Cape | 7 | 68 | 3% | |
| North East | 2 | 24 | 1% | |
| Western Cape | 0 | 20 | 1% | |
| Free State | 1 | 18 | 1% | |
| North West | 0 | 15 | 1% | |
| Eastern Cape | 0 | 10 | 0% | |
| Total | 71 | 2 003 | | 24 |



*Information on deaths not yet broken down by province

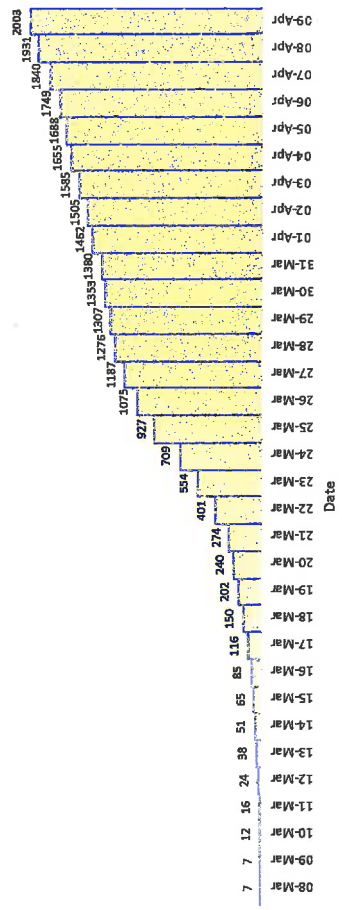
CONTACT TRACING

| Province | Contact Traced | No of screened people | No of tracers |
|---------------|----------------|-----------------------|---------------|
| Western Cape | 1811 | 8215 | 137 |
| Gauteng | 4133 | 47471 | 8005 |
| KZN | 1366 | 2116 | 1240 |
| Mpumalanga | 600 | 447 | 642 |
| Limpopo | 220 | 66550 | 405 |
| Eastern Cape | 374 | 66964 | 1053 |
| Free State | 1789 | 33682 | 29 |
| Northern Cape | 115 | 91639 | 996 |
| North West | 244 | 138990 | 981 |
| TOTAL | 10652 | 456074 | 13488 |

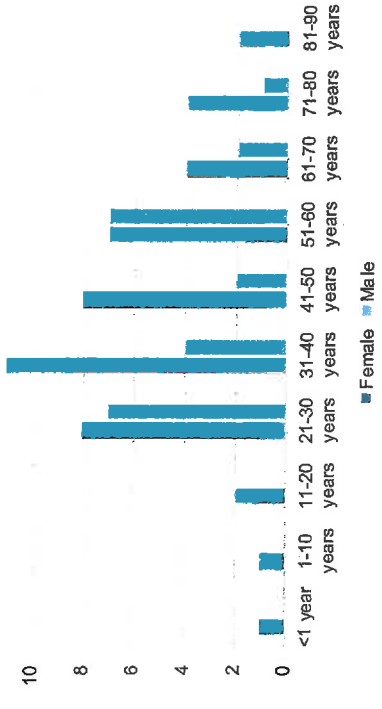
International Analysis for South Africa

April 2020

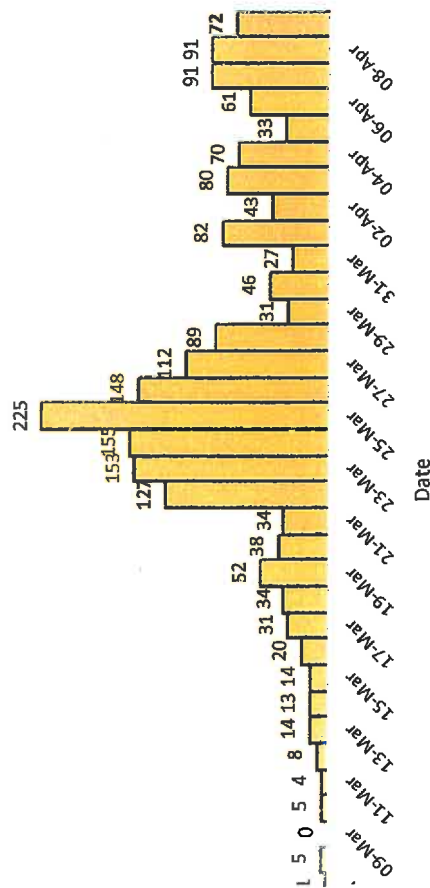
Cumulative Cases by Day



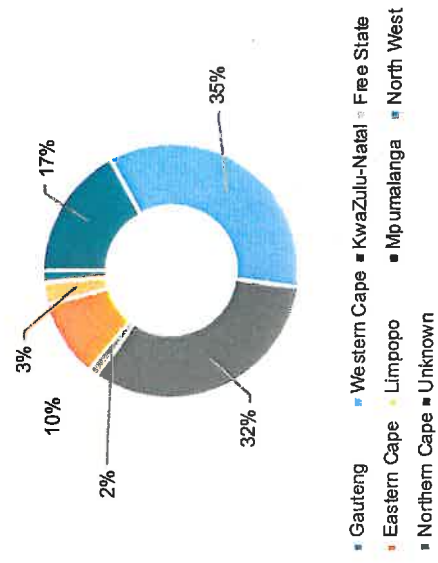
Total # of Cases by Age Disaggregation



New Cases



New Cases



M.10.10.20



Hospitalized Patients

as of 9th of April

as of 09th April 2020

| Patients | Eastern Cape | Free State | Gauteng | KwaZulu-Natal | Limpopo | Mpumalanga | North West | Northern Cape | Western |
|-------------|--------------|------------|---------|---------------|---------|------------|------------|---------------|---------|
| | 5 | 7 | 21 | 25 | 1 | 0 | 3 | 0 | 2 |
| | 8 | 0 | 53 | 17 | 0 | 0 | 1 | 0 | 2 |
| Cumulative) | 2 discharged | 70 | 148 | 26 | 0 | 2 | 3 | 1 | 2 |
| ons Public | 1 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | |
| ons Private | 3 | 0 | 9 | 1 | 0 | 0 | 0 | 0 | |
| | 4 | 1 | 23 | 3 | 1 | 0 | 0 | 0 | |
| | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 0 | 12 | 0 | 0 | 0 | 0 | 0 | |
| | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | 3 | 0 | 4 | 0 | 0 | 0 | 0 | 0 | |
| | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | Not Pr |
| | 0 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | Not Pr |

ve updated data from KZN



Department:
Health
REPUBLIC OF SOUTH AFRICA



M104



Community Screening and Testing Programme

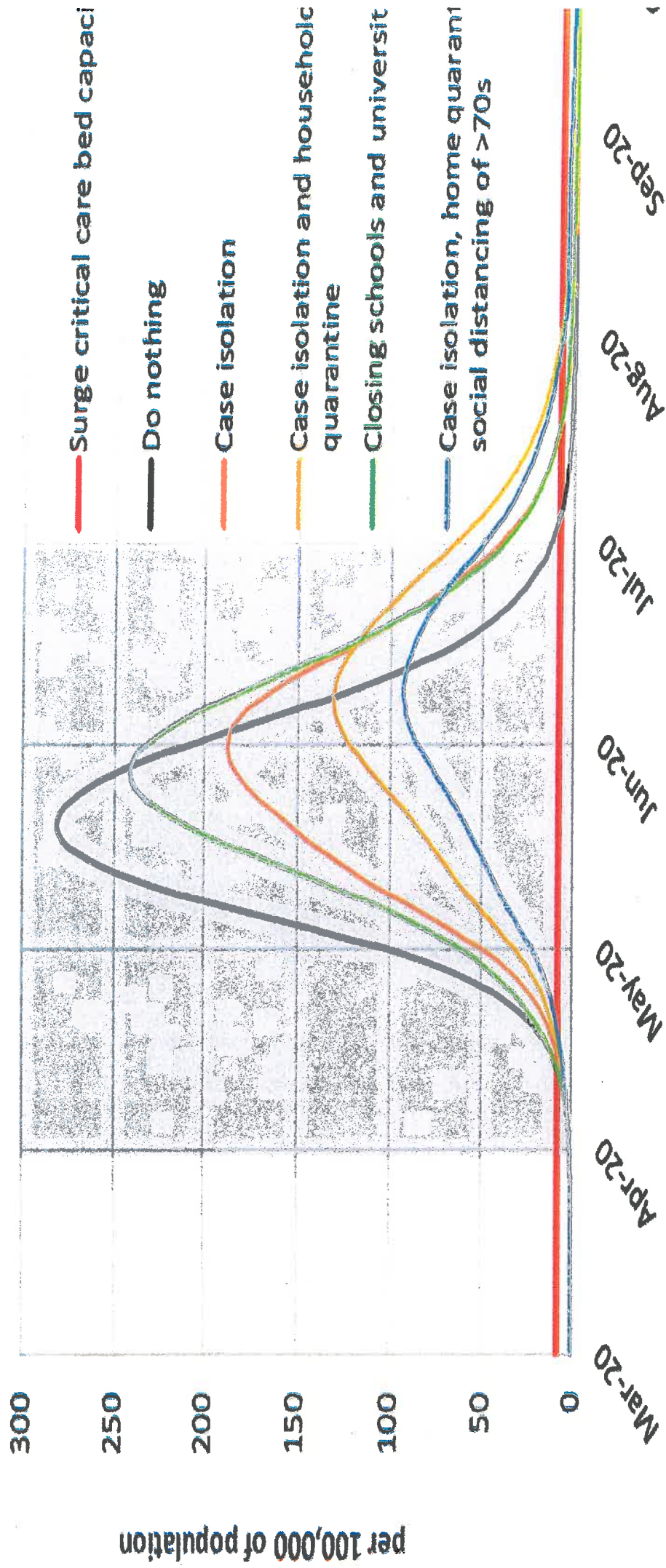
as of 8th of April

| and testing | National | Eastern Cape | Free State | Gauteng | KwaZulu-Natal | Limpopo | Mpumalanga | North West | Northern Cape | Western |
|---|----------|-----------------|------------|-----------------|-----------------|---------|------------|-----------------|-----------------|---------|
| Screening Teams | 1,308 | 193 | 47 | 247 | 565 | 77 | TBC | TBC | 157 | |
| People in Each Team (Avg) | 9 | 6 | 66 | 35 | 2 | 129 | TBC | TBC | 43 | |
| Number of Team Members (Deployed) | 11,309 | TBC | TBC | 8,612 | 1,130 | TBC | TBC | TBC | 996 | |
| Number of Team Members (to confirm) | | | | | | | | | | |
| Number of People Screened | 31,251 | 1,158 | 3,096 | 8,612 | 1,130 | 9,933 | TBC | TBC | 6,751 | |
| Number of People Tested or Referred for Testing | 119,273 | 21,709 | 6,460 | 26,841 | 2,116 | 12,376 | 399 | 15,098 | 26,059 | |
| Number of Positive Cases | 1,501 | 256 | TBC | 440 | 36 | TBC | 271 | 16 | 33 | |
| Geographic areas have been identified and tested in last week | 29 | Pending Results | TBC | Pending Results | Pending Results | TBC | 18 | Pending Results | Pending Results | |
| Percentage of targeted communities have been tested | TBC | TBC | TBC | TBC | TBC | 284,000 | TBC | TBC | TBC | |
| Number of people | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | TBC | |
| Number of people | TBC | TBC | ASG? | Paper based? | Broadreach | C-more | Broadreach | ASG | C-more | |

Notes to Note:

Initial Reporting --- Numbers updated as of April 8th

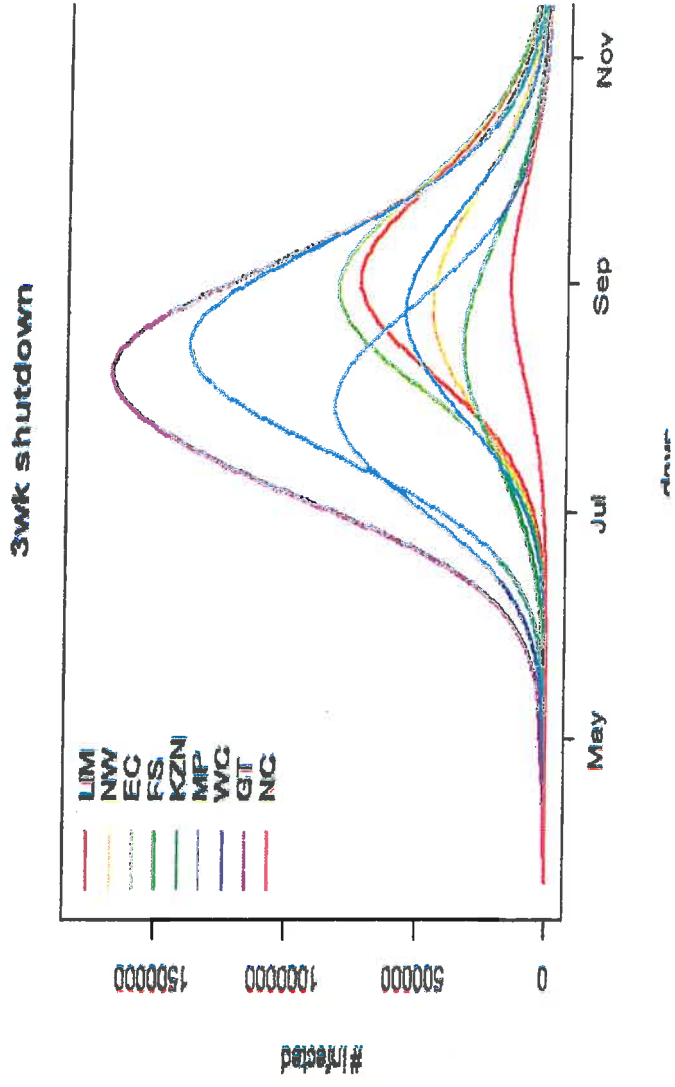
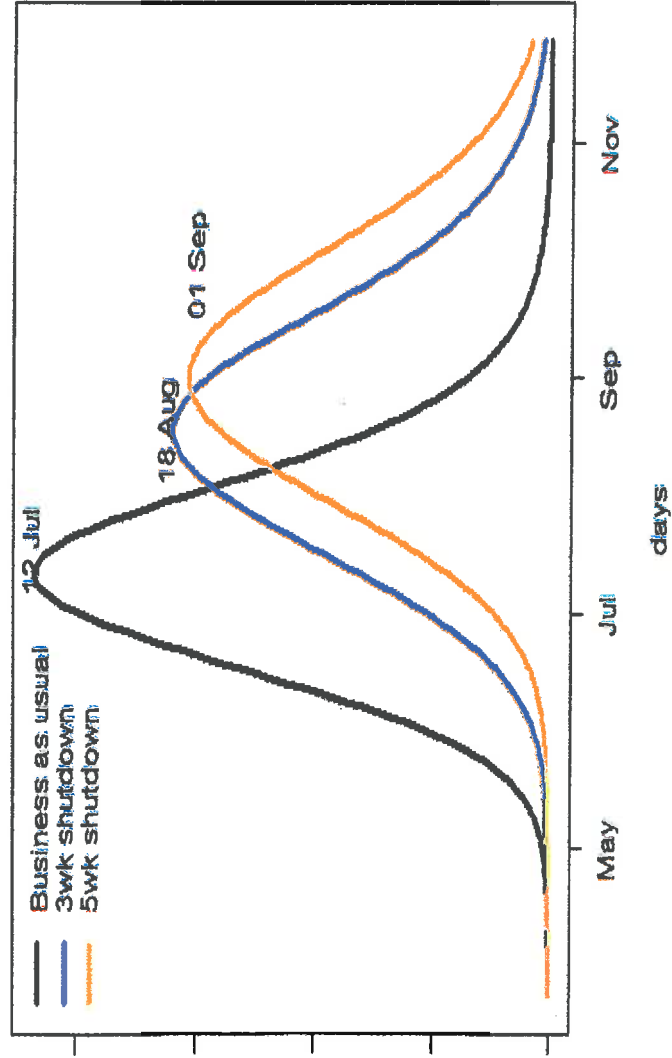
Imperial College Modelling of effectiveness of interventions



M/Jan.



Readiness for Worst Case Scenario



Source: MASHA currently under review (as of April 8th)

MKAM

Estimated Bed Requirements

Table 2. Projected peak daily demand for ICU and general hospital beds under different scenarios

| | Peak ICU beds | | Peak hospital beds | |
|----------------------------|---------------|-------------|--------------------|-------------|
| | Lower bound | Upper bound | Lower bound | Upper bound |
| Optimistic scenario | | | | |
| 1A Single lockdown | 4,100 | 14,767 | 25,402 | 78,078 |

Monthly spot estimate of daily ICU beds required

| Scenario | 01-May | | 01-Jun | | 01-Jul | | 01-Aug | | 01-Sep | |
|----------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound | Upper bound |
| 11 | 24 | 79 | 194 | 642 | 1516 | 2893 | 8226 | 4100 | 14767 | |

Table 4. Monthly spot estimate of daily general hospital beds required

| Optimistic scenario | 01-May | | 01-Jun | | 01-Jul | | 01-Aug | | 01-Sep |
|-----------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound | Upper bound | Lower bound |
| 1A Single lockdown | 69 | 141 | 515 | 1072 | 4099 | 8402 | 17598 | 43775 | 25402 |

Facility Readiness --- Beds and Ventilators

| | Mid year Pop 2019 | Total Public Beds | Average uninsured (DHB 2018/19) | Uninsured Population/ Public Bed | Total Private Beds | Average Insured (DHB 2018/19) | Insured Population/ Private Bed | Total Beds | Population/ Total Bed |
|------------|-------------------|-------------------|---------------------------------|----------------------------------|--------------------|-------------------------------|---------------------------------|----------------|-----------------------|
| Population | 6 712 276 | 13,475 | 90,8% | 452 | 1,904 | 9,2% | 324 | 15,379 | 436 |
| | 2 887 465 | 4,908 | 87,0% | 512 | 1,834 | 23,0% | 362 | 6,742 | 428 |
| | 15 176 116 | 17,327 | 75,7% | 663 | 14,024 | 24,3% | 263 | 31,351 | 484 |
| Total | 11 289 086 | 21,510 | 91,8% | 482 | 6,107 | 8,2% | 152 | 27,617 | 409 |
| Age | 5 982 584 | 7,864 | 92,7% | 705 | 769 | 7,3% | 568 | 8,633 | 693 |
| Sex | 4 592 187 | 4,973 | 87,3% | 806 | 1,355 | 12,7% | 430 | 6,328 | 726 |
| Region | 4 027 160 | 4,717 | 89,1% | 760 | 1,370 | 10,9% | 320 | 6,087 | 662 |
| Province | 1 263 875 | 1,625 | 84,3% | 656 | 768 | 15,7% | 258 | 2,393 | 528 |
| Country | 6 844 272 | 9,856 | 83,1% | 577 | 5,030 | 16,9% | 230 | 14,886 | 460 |
| | 58 775 022 | 86,255 | | | 33,161 | | | 119,416 | |

| | Critical Care Beds | Paeds/Neonatal Beds | High Care Beds | Existing bed capacity | Current Ventilator Availability | Projected Ventilator (excluding ORs) | Additional Ventilator Requirement |
|--|--------------------|---------------------|----------------|-----------------------|---------------------------------|--------------------------------------|-----------------------------------|
| | 1178 | 252 | 1082 | 1769 | 1111 | 2333 | 1223 |
| | 2140 | 896 | 1640 | 3139 | 2105 | 4667 | 2561 |
| | 3318 | 1148 | 2722 | 4909 | 3216 | 7000 | 3784 |

Assumptions to Note:

- 90% of CC beds in the country have physical working ventilators in place
- 20% of Paeds/ neonatal beds have a working ventilator that can be used for Paeds and w adults (the remainder used for Paeds and w taking into account the disease does not affect amount of this patient population)
- Existing bed capacity calculated using all CC registered, half the beds registered and paediatric/ neonatal registered. This in terms of both physical space and infrastructure require those beds (suction, supply, electricity)

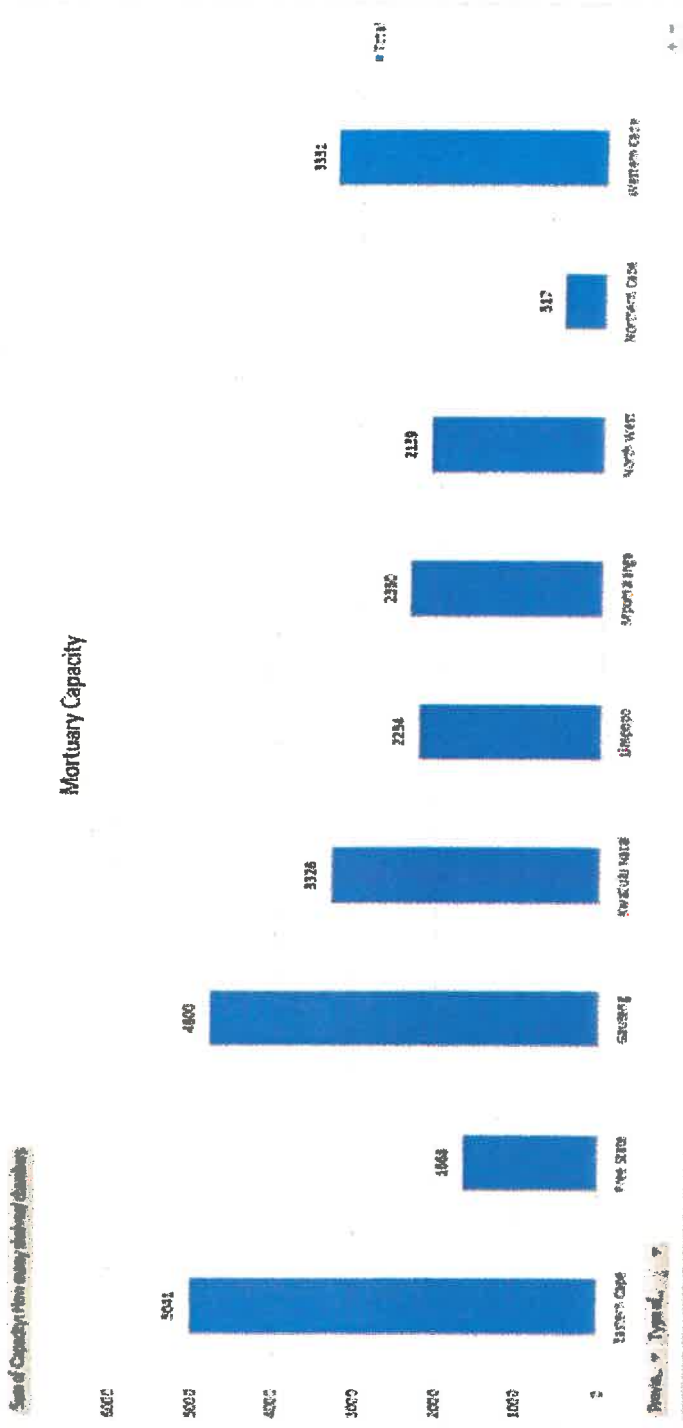
Quarantine and Testing Stations per Province

| | National | Eastern Cape | Free State | Gauteng | KwaZulu-Natal | Limpopo | Mpumalanga | North West | Northern Cape | Western Cape |
|--|----------|--------------|------------|---------|---------------|---------|------------|------------|---------------|--------------|
| Number of planned quarantine sites | 1 644 | 86 | TBC | 968 | 313 | 80 | 173 | TBC | 9 | 15 |
| Number of activated sites | 21 | 0 | 0 | 3 | 8 | 2 | 2 | 0 | 4 | 2 |
| Number of beds available (total planned) | 7 356 | 328 | 1 117 | 1 172 | 613 | 772 | 1 481 | 248 | 43 | 1 582 |
| Number of people placed in quarantine | 609 | TBC | TBC | 359 | 22 | 29 | 128 | 12 | 23 | 36 |
| Number of quarantined tested positive | 14 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 14 |



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Mortuary Capacity



Province: **Sum of Capacity: How many shelves/ chambers**

| | |
|--------------------|--------------|
| Eastern Cape | 5041 |
| Free State | 4800 |
| Gauteng | 3328 |
| Northern Natal | 2254 |
| Limpopo | 2139 |
| Mpumalanga | 1668 |
| North West | 4000 |
| Northern Cape | 3326 |
| Western Cape | 2956 |
| Grand Total | 25056 |

NINA

hospitals will incorporate five essential functions

Isolation of COVID-19 patients from the community;

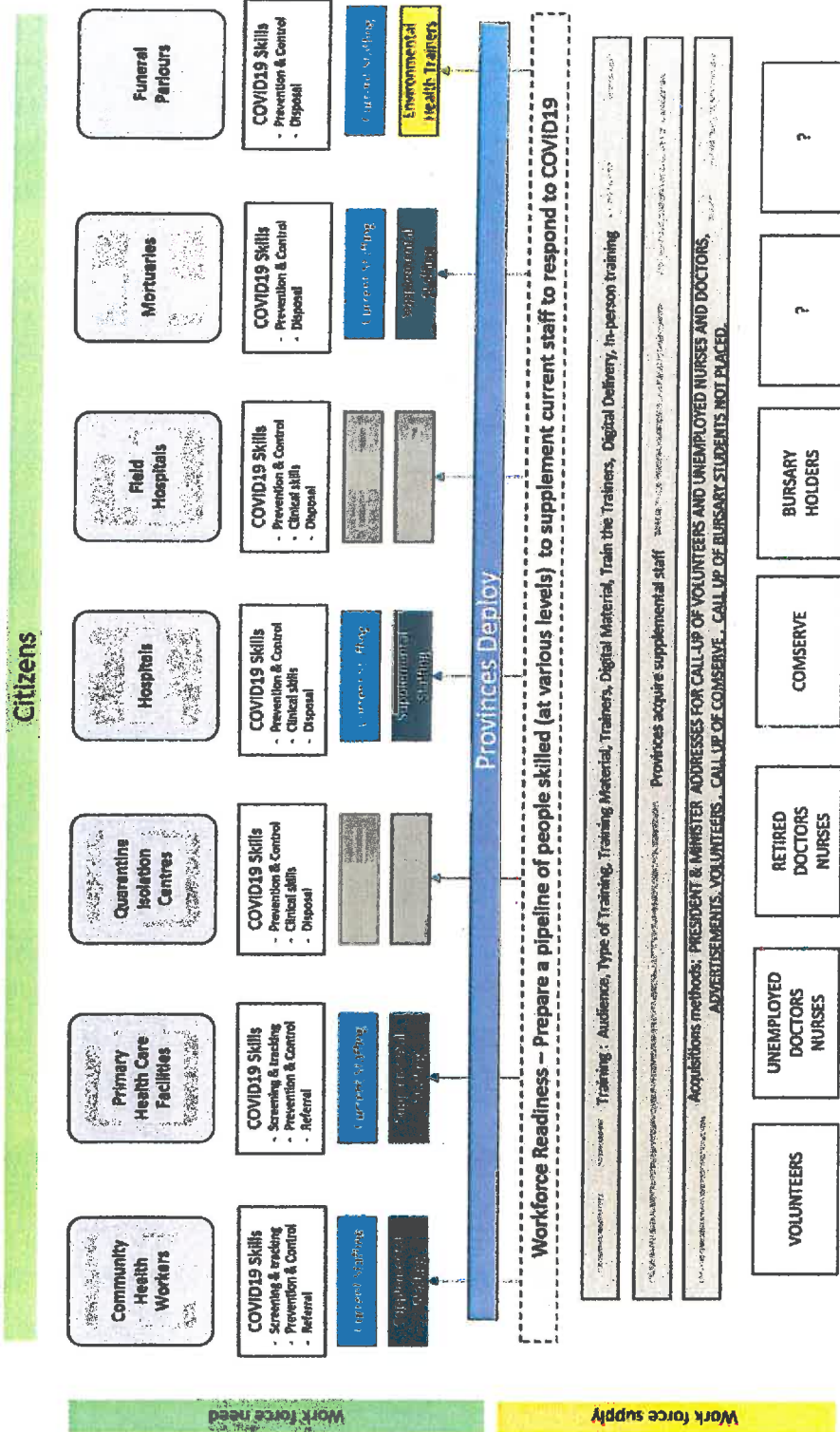
Triage of patients into the three prioritized categories listed below to enable severe to critical COVID patients to be separated and sent immediately to the hospitals with intensive care units (ICU) and isolate the mild to moderately infected patients into the field hospital;

Provision of basic medical care including antiviral, antipyretic and antibiotic medication; oxygen supplementation and intravenous fluids; and mental health counselling;

Frequent monitoring and rapid referral;

Essential living and social engagement which includes shelter, accommodation, food, sanitation, and hygiene as well as spaces to eat together and socialize.

ility Readiness --- HR



Handwritten signature/initials

Provincial Health Capacity

| Province | REGISTRAR (MEDICAL) | MEDICAL OFFICER (INTERM) | MEDICAL OFFICER (SESSIONS) | MEDICAL OFFICER MEDICAL SPECIALIST | MEDICAL SPECIALIST | MEDICAL SPECIALIST (SUB-SPECIALITY) | OPERATIONAL MANAGER NURSING | | | | OPERATIONAL MANAGER NURSING (SPECIALITY UNIT) | | | | STAFF NURSE ASSISTANT | Grand Total |
|---------------|---------------------|--------------------------|----------------------------|------------------------------------|--------------------|-------------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------------|---|------------------------------|-----------------------------------|-----------------------------------|-----------------------|-------------|
| | | | | | | | MANAGER NURSING (GENERAL) | MANAGER NURSING (PRIMARY CARE) | MANAGER NURSING (SPECIALITY) | MANAGER NURSING (SPECIALITY UNIT) | MANAGER NURSING (GENERAL) | MANAGER NURSING (SPECIALITY) | MANAGER NURSING (SPECIALITY UNIT) | MANAGER NURSING (SPECIALITY UNIT) | | |
| Western Cape | 171 | 1 450 | 400 | 252 | 3 | 304 | 498 | 536 | 8377 | 2075 | 377 | 3746 | 5923 | | | |
| Eastern Cape | 271 | 561 | 201 | 162 | 7 | 131 | 260 | 249 | 1888 | 923 | 144 | 1444 | 2421 | | | |
| Free State | 1298 | 2169 | 1350 | 969 | 12 | 580 | 135 | 529 | 8382 | 3131 | 574 | 7586 | 6741 | | | |
| North West | 796 | 5118 | 2280 | 1444 | | 886 | 1844 | 1050 | 16512 | 8690 | 1012 | 20190 | 12256 | | | |
| Northern Cape | 72 | 1279 | 422 | 85 | 2 | 216 | 351 | 94 | 5497 | 1942 | 230 | 4001 | 4739 | | | |
| Western Cape | 21 | 656 | 216 | 58 | 3 | 130 | 275 | 137 | 3903 | 895 | 132 | 1937 | 1586 | | | |
| Eastern Cape | 37 | 659 | 303 | 123 | 1 | 119 | 294 | 136 | 3196 | 858 | 117 | 1190 | 3143 | | | |
| Free State | 9 | 286 | 79 | 39 | | 67 | 158 | 24 | 964 | 194 | 83 | 289 | 936 | | | |
| North West | 694 | 1152 | 1033 | 705 | 121 | 201 | 169 | 314 | 2996 | 1581 | 348 | 2803 | 4299 | | | |
| Total | 3369 | 13330 | 6284 | 98 | 149 | 2634 | 3984 | 3069 | 51715 | 20289 | 3017 | 43186 | 42044 | | | |



Source: WHO

MPM

Mobile Testing Units

| PROVINCE | DISTRICT | METROS | SUB-TOTAL | PROVINCIAL ALLOCATION | GRAND TOTAL |
|--------------|-----------|----------|-----------|-----------------------|-------------|
| Cape | 5 | 1 | 6 | 1 | 7 |
| Cape | 5 | 0 | 5 | 1 | 6 |
| Cape | 6 | 2 | 8 | 1 | 9 |
| | 10 | 1 | 11 | 1 | 12 |
| | 5 | 0 | 5 | 1 | 6 |
| Free State | 3 | 0 | 3 | 1 | 4 |
| Free State | 4 | 0 | 4 | 1 | 5 |
| | 4 | 1 | 5 | 1 | 6 |
| | 2 | 3 | 5 | 3 | 9 |
| Western Cape | 0 | 0 | 0 | 3 | 3 |
| Total | 44 | 8 | 52 | 15 | 67 |

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Rapid test kits

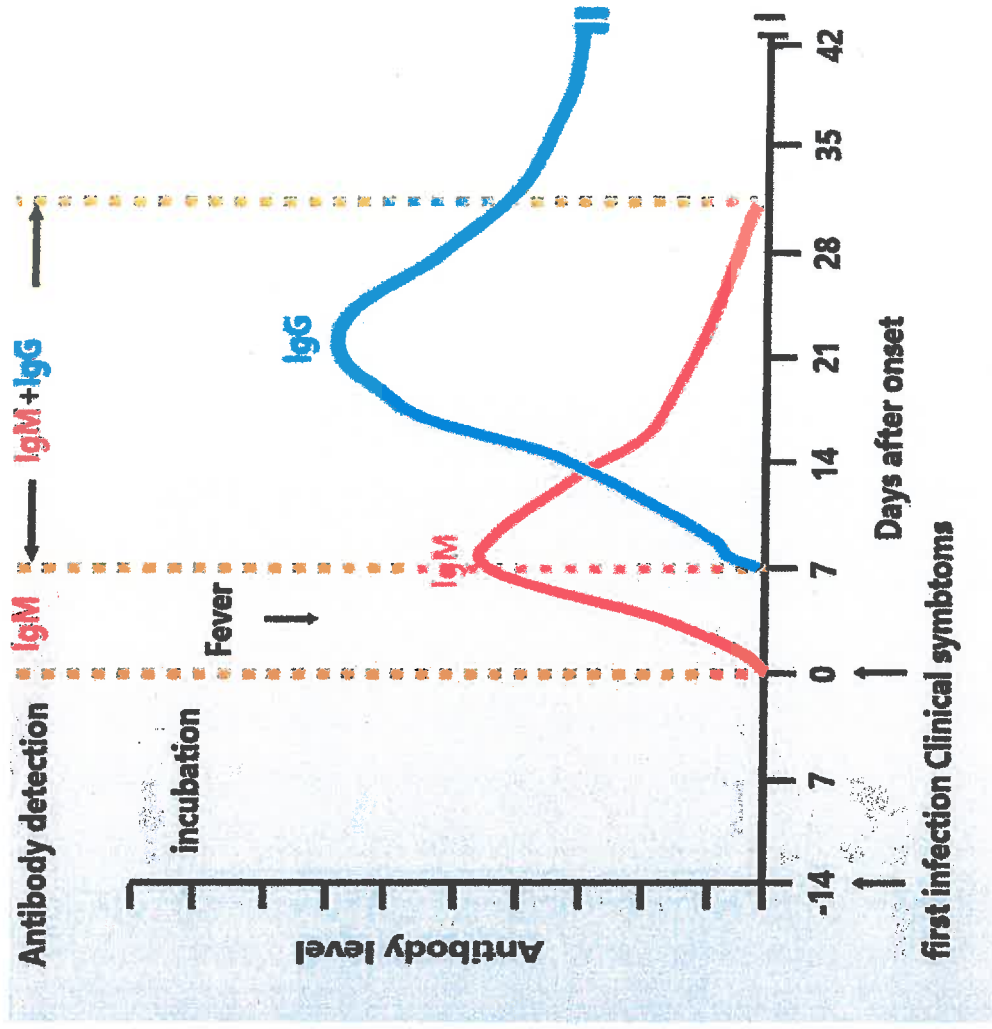
wide range of these serological test kits are available that measure IgM/IgG using lateral flow a test strip.

These tests do not have the same accuracy as the PCR based test. However the rapid test kits can produce a result within 10 to 20 minutes which allows the individual to be immediately isolated.

The PCR based test requires a swab to be done and a sample must be sent to the lab for the analysis to be done – longer time lag and costs more.

Even though not all rapid tests have been validated, you must procure tests that would produce an accurate result. A number of countries have evaluated these products and validated those that are accurate.

HPRA is working with those companies validated in other countries to fast track the registration of these products.



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AKM

Personal Protective Equipment

Quantities Required

| | April | May | June | July | August | September | 6 month need total |
|---|-----------|------------|------------|------------|------------|-----------|--------------------|
| Public Sector - National Need (Quantities) | | | | | | | |
| Apron | 2,885,445 | 3,414,833 | 3,473,349 | 3,278,188 | 3,141,469 | 3,045,840 | 19,239,125 |
| Biohazard bag | 1,107,238 | 1,894,728 | 2,109,703 | 1,819,587 | 1,487,757 | 1,345,600 | 9,764,613 |
| Boot Covers | 316,448 | 2,850,253 | 3,186,929 | 2,230,850 | 1,561,595 | 1,093,117 | 11,239,191 |
| Gloves, non sterile | 8,794,339 | 12,495,606 | 15,775,278 | 14,355,618 | 10,634,412 | 9,938,778 | 71,994,031 |
| Gloves, sterile | 36,527 | 333,796 | 371,094 | 259,766 | 181,836 | 127,285 | 1,310,303 |
| Goggles/Face-Shield/Visor | 176,433 | 364,167 | 433,282 | 364,107 | 267,158 | 239,262 | 1,838,408 |
| Gown | 2,261,743 | 4,795,548 | 6,104,872 | 5,148,794 | 3,506,891 | 3,038,412 | 24,856,260 |
| Coveralls | - | - | - | - | - | - | - |
| Heavy duty gloves | 761 | 761 | 1,142 | 1,142 | 761 | 761 | 5,330 |
| Particulate respirator, grade N95 | 908,733 | 7,743,046 | 8,781,415 | 6,154,361 | 4,311,616 | 3,024,359 | 30,923,530 |
| Sanitizer | 795,038 | 1,053,766 | 1,096,133 | 999,678 | 921,103 | 873,840 | 5,739,557 |
| Scrubs | 45,363 | 58,300 | 81,697 | 76,874 | 51,666 | 49,303 | 363,203 |
| Surgical mask - HCW | 7,432,793 | 9,385,926 | 11,804,163 | 11,075,423 | 8,385,015 | 8,027,932 | 56,111,251 |
| Surgical mask - Patient | 5,746,721 | 21,567,627 | 22,035,444 | 16,368,400 | 12,401,469 | 9,624,617 | 87,744,278 |
| Total | | | | | | | 321,129,081 |

Existing stock or stock on the way

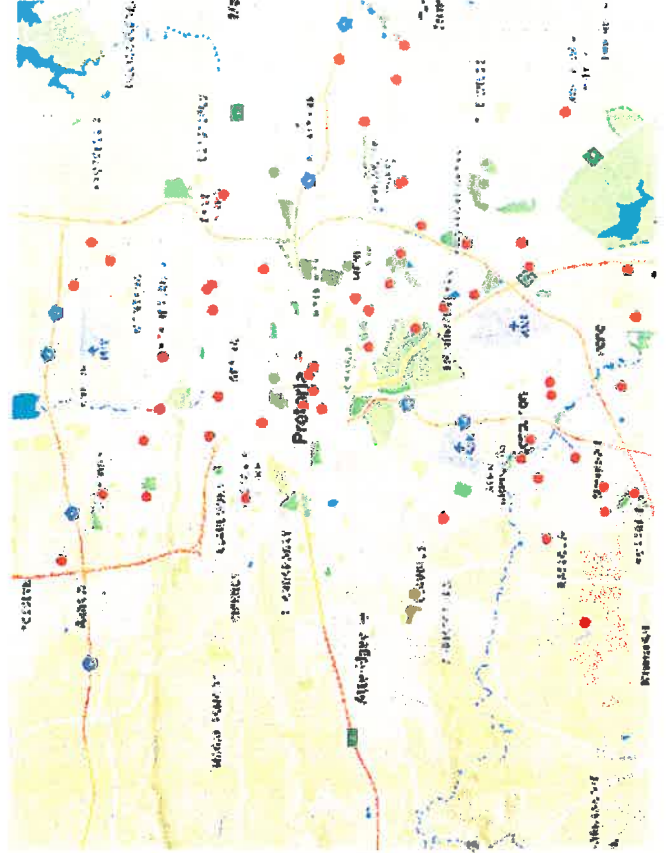
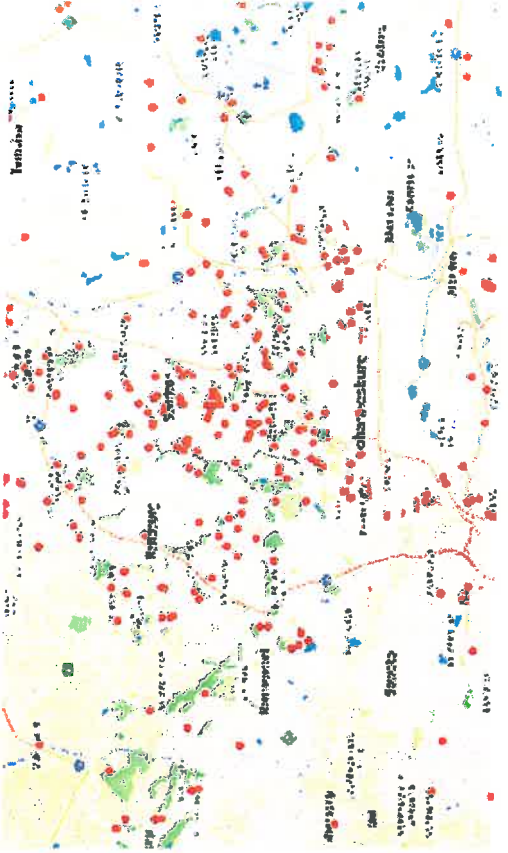
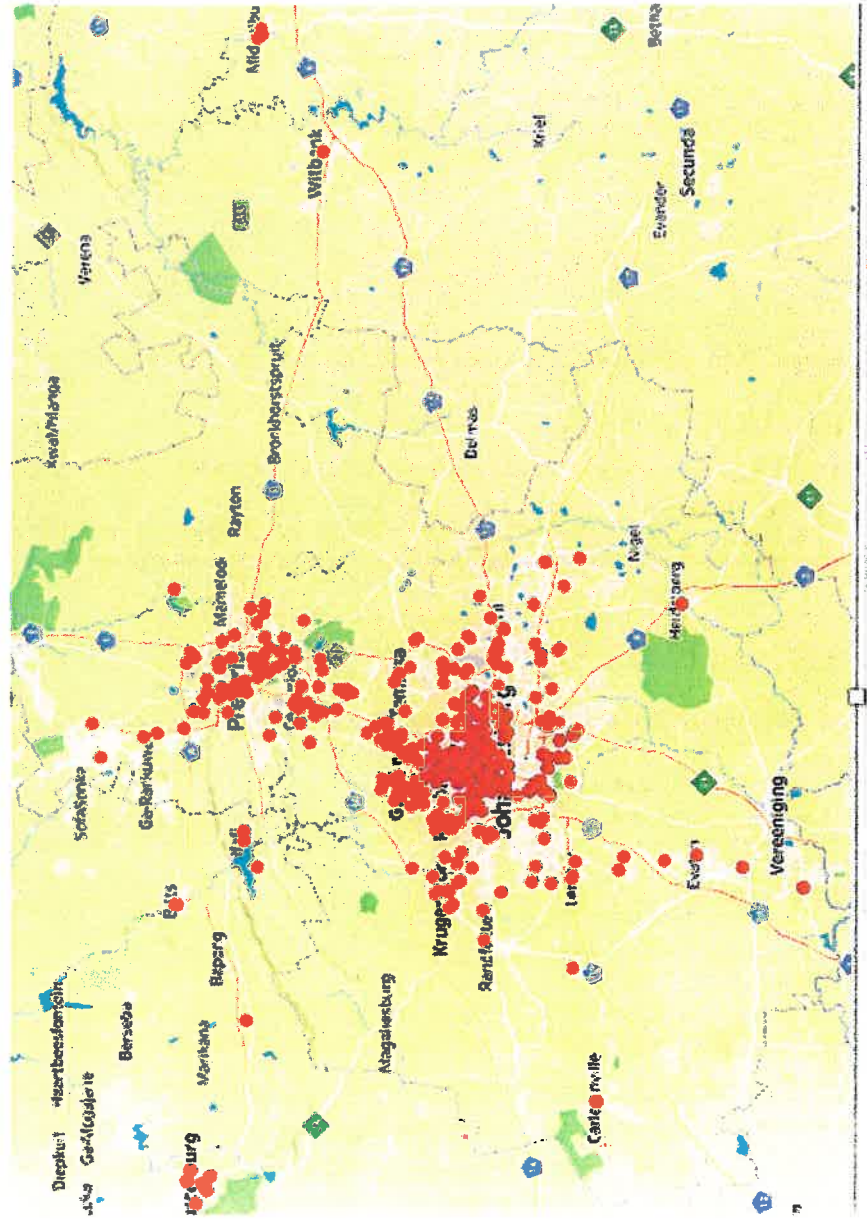
| Need | Department of Health | | | | | | | | | | Donation | | | | Remaining Gap | | | | | | | |
|--------------|----------------------|----------------------|------------------------|------------------|--------------|-------------|------------------|--------------|----------|---------------------|-----------------|---------------|---------------------------|-----------------------|---------------------|------------------------|--------------------|----------------|--------------------|-------------------------|-------------------------|------------|
| | Provincial SOH | Provincial # ordered | Provincial ZAR ordered | MOCH # Delivered | MOCH # Order | MOCH ZAR | MOCH # Delivered | MOCH # Order | MOCH ZAR | Jack Wash Delivered | Jack Wash Order | Jack Wash ZAR | Solidarity Fund Delivered | Solidarity Fund Order | Solidarity Fund ZAR | Solidarity # Delivered | Solidarity # Order | Solidarity ZAR | 6 month need total | Total # Delivered + SOH | Total # Delivered + SOH | |
| Apr | 459,550 | 6,077,908 | 3,420,167 | TBC | 1,360,578 | 1,759,547 | 30 | - | - | - | - | - | - | - | - | - | - | - | 19,239,125 | 7,892,036 | 453,580 | |
| | 45,020 | 2,209,650 | 50,394,294 | TBC | 2,045,890 | 532,346 | - | - | - | - | - | - | - | - | - | - | - | - | 9,764,613 | 4,300,560 | 45,020 | |
| | 3,689,407 | 2,664,857 | 173,449,494 | TBC | 314,840 | 289,800 | 2,000 | - | - | - | - | - | - | - | - | - | - | - | 11,239,191 | 6,669,104 | 3,691,407 | |
| | - | - | - | TBC | 302,467 | 8,703,963 | 700 | - | - | - | - | - | - | - | - | - | - | - | 71,994,031 | 302,467 | 200 | |
| | 702,020 | 454,845 | 13,396,764 | TBC | 365,803 | 7,204,427 | 120 | - | - | - | - | 898,100 | - | - | 2,730,224 | - | - | - | 1,310,303 | 1,263,903 | 120 | |
| | 926,440 | 158,077 | 7,516,315 | TBC | 499,547 | 5,014,862 | 2,000 | - | - | - | 1,000 | 20,000 | - | - | 1,041,200 | - | - | - | 1,838,408 | 1,677,412 | 705,020 | |
| | 51,792 | 305,130 | 1,354,085 | TBC | 2,186,056 | 24,976,109 | - | - | - | - | - | - | - | - | - | - | - | - | 24,856,260 | 359,982 | 54,852 | |
| | 22,612,602 | 760,937 | 7,176,281 | TBC | 2,000 | 391,000 | 2,000 | - | - | - | - | - | - | - | - | - | - | - | - | 23,395,139 | 22,612,602 | |
| Grade N95 | 4,939,381 | 7,255,949 | 154,209,202 | TBC | 7,229,774 | 47,682,841 | 735 | - | - | - | 47,500 | 1,120,000 | - | - | 38,250,000 | - | - | - | 30,923,550 | 20,832,554 | 4,987,616 | |
| | - | - | - | TBC | 1,818,856 | 4,453,275 | 5,000 | - | - | - | - | - | - | - | - | - | - | - | 5,739,557 | 1,818,856 | 5,000 | |
| | 13,592,114 | 4,752,512 | 62,564,568 | TBC | 12,300 | - | - | - | - | - | - | - | - | - | - | - | - | - | 363,203 | 12,300 | - | |
| | 10,013 | 29,280 | 5,438,683 | TBC | 9,462,981 | 43,203,578 | 70 | - | - | - | 52,500 | 7,000,000 | - | - | 61,040,000 | - | - | - | 56,111,251 | 34,860,107 | 13,644,684 | |
| | 47,022,340 | 24,709,145 | 480,919,854 | - | 27,100,000 | - | - | - | - | - | - | 2,500,000 | - | - | 29,900,000 | - | - | - | 87,744,278 | 5,249,293 | 10,013 | |
| Total | | | | | 28,332,642 | 149,211,748 | 12,155 | - | - | - | 102,060 | 11,538,100 | - | - | 132,961,424 | - | - | - | 321,129,081 | 111,704,287 | 47,136,555 | |
| | | | | | | | | | | | | | | | | | | | | | 35% | 14,68% |
| | | | | | | | | | | | | | | | | | | | | | | 64,567,732 |

Source: Revised as of April 8th 2020



NAIWA

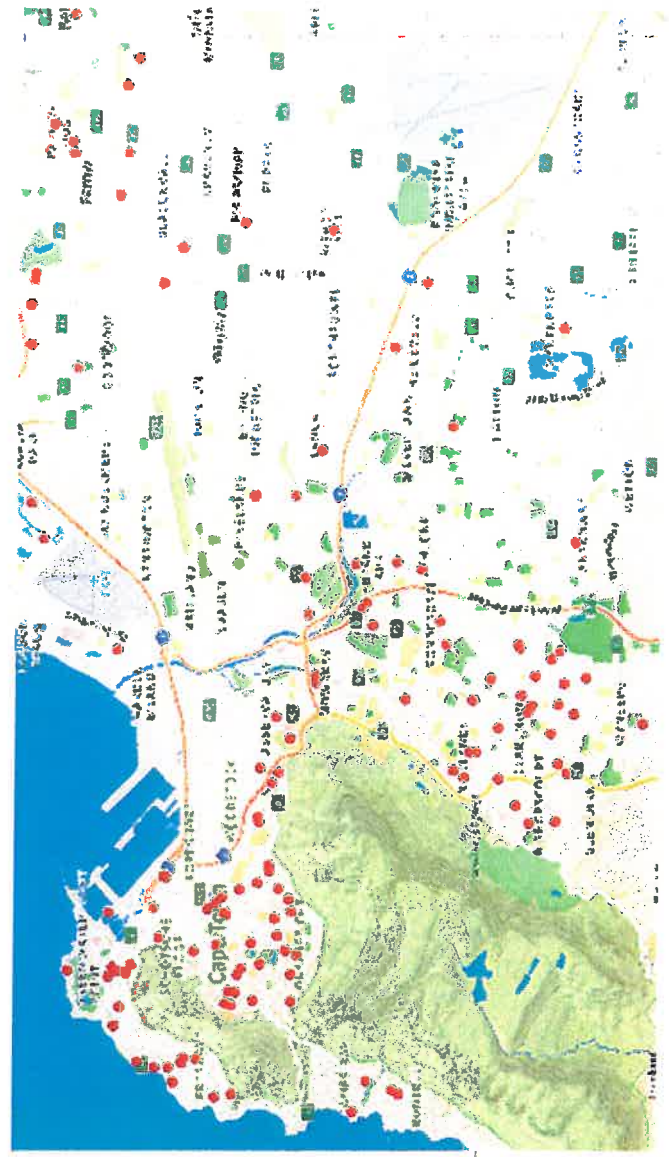
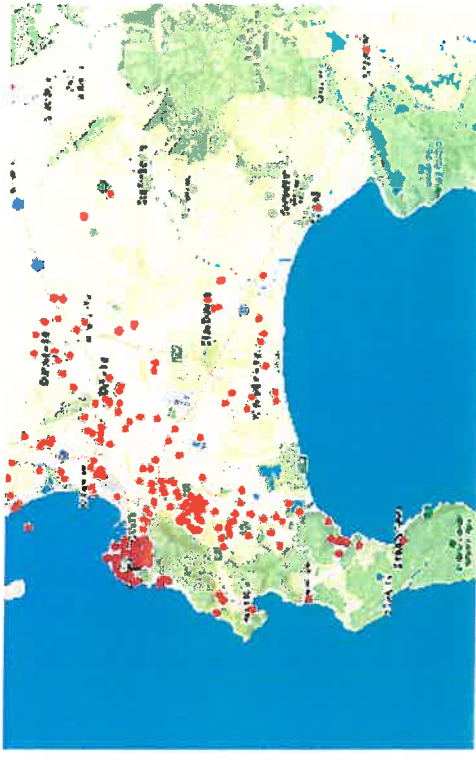
Geo-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Gauteng





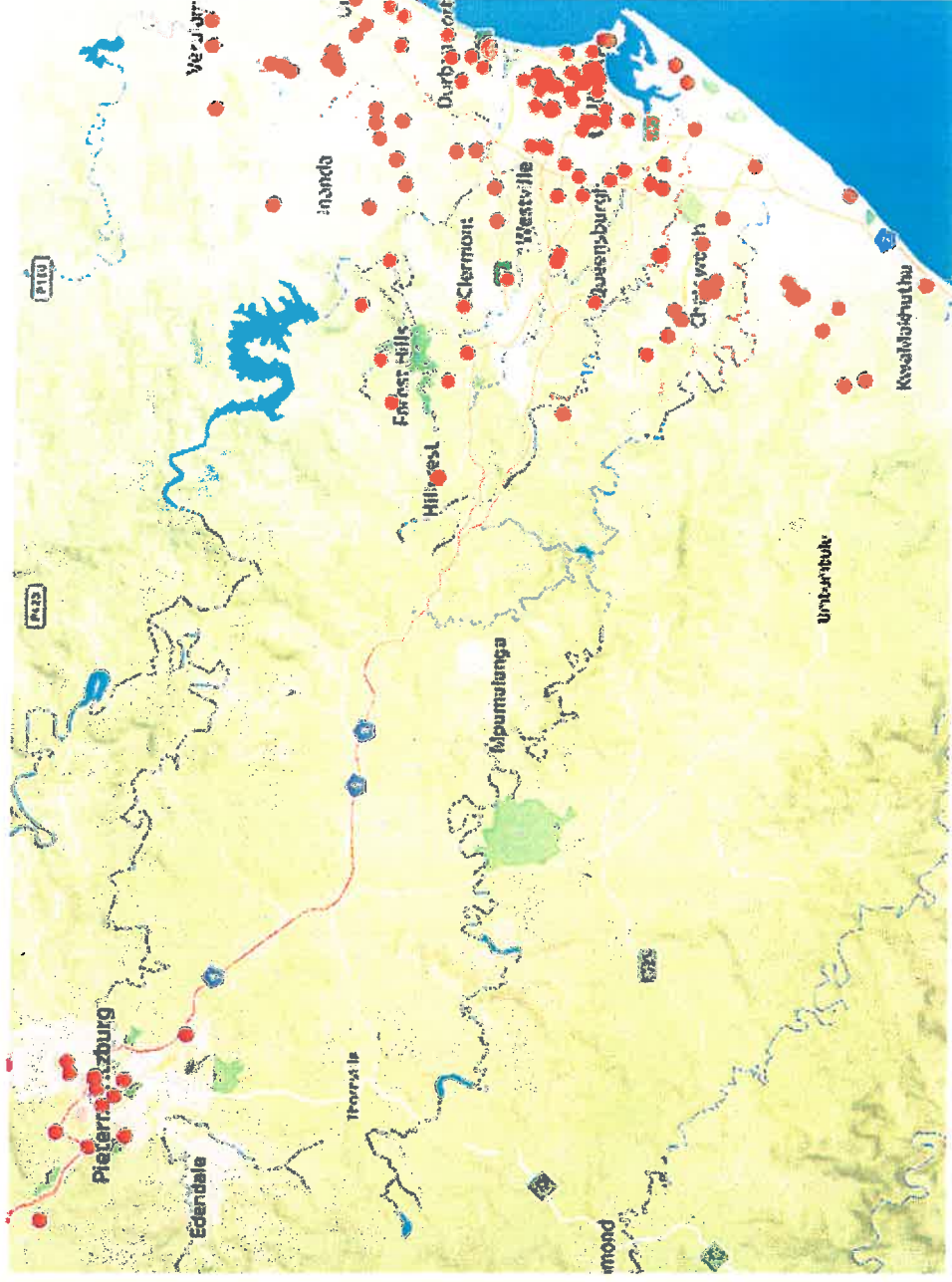
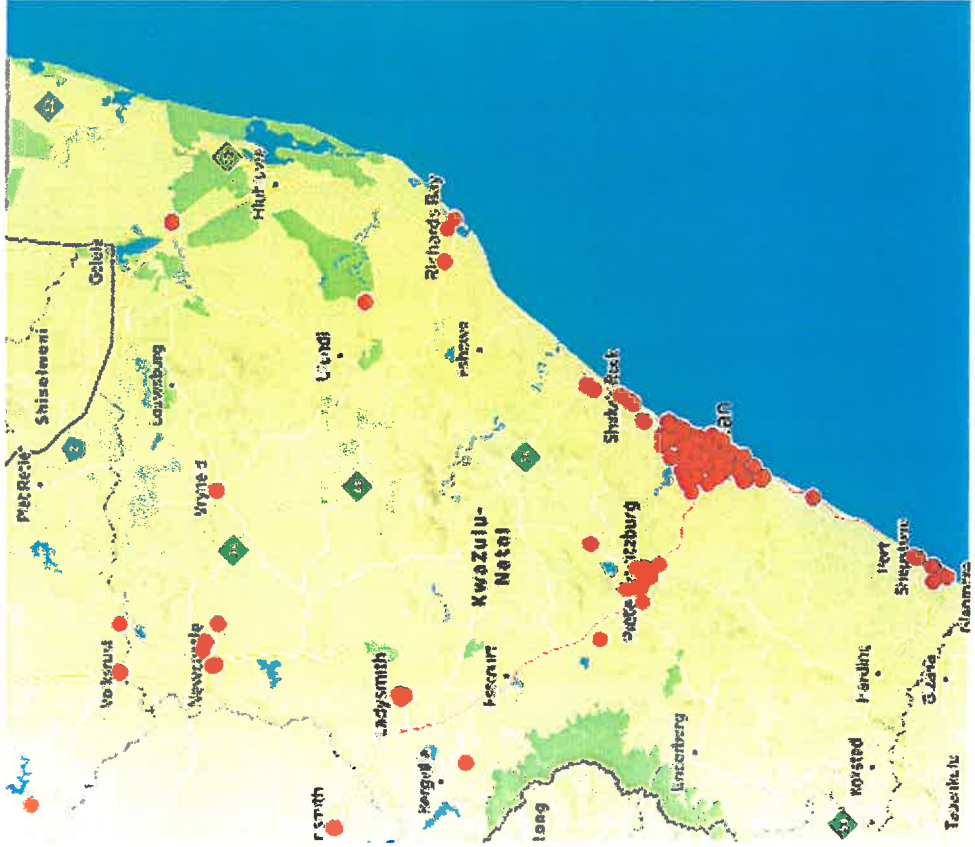
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Map-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Western Cape



Top-Mapped Breakdown of Infections per Region

Mapping of 1082 COVID cases – Kwa-Zulu Natal



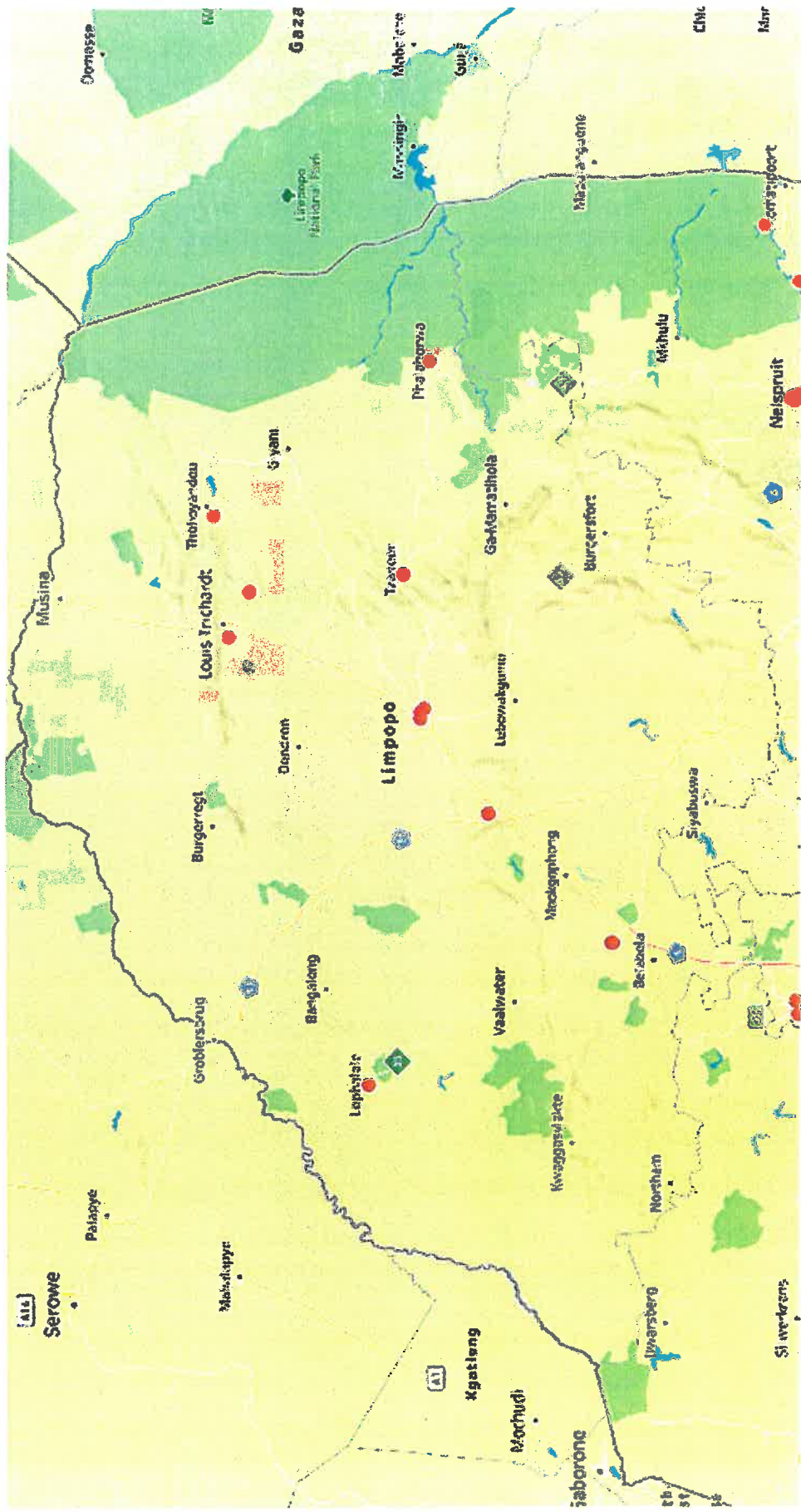
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Geo-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Eastern Cape

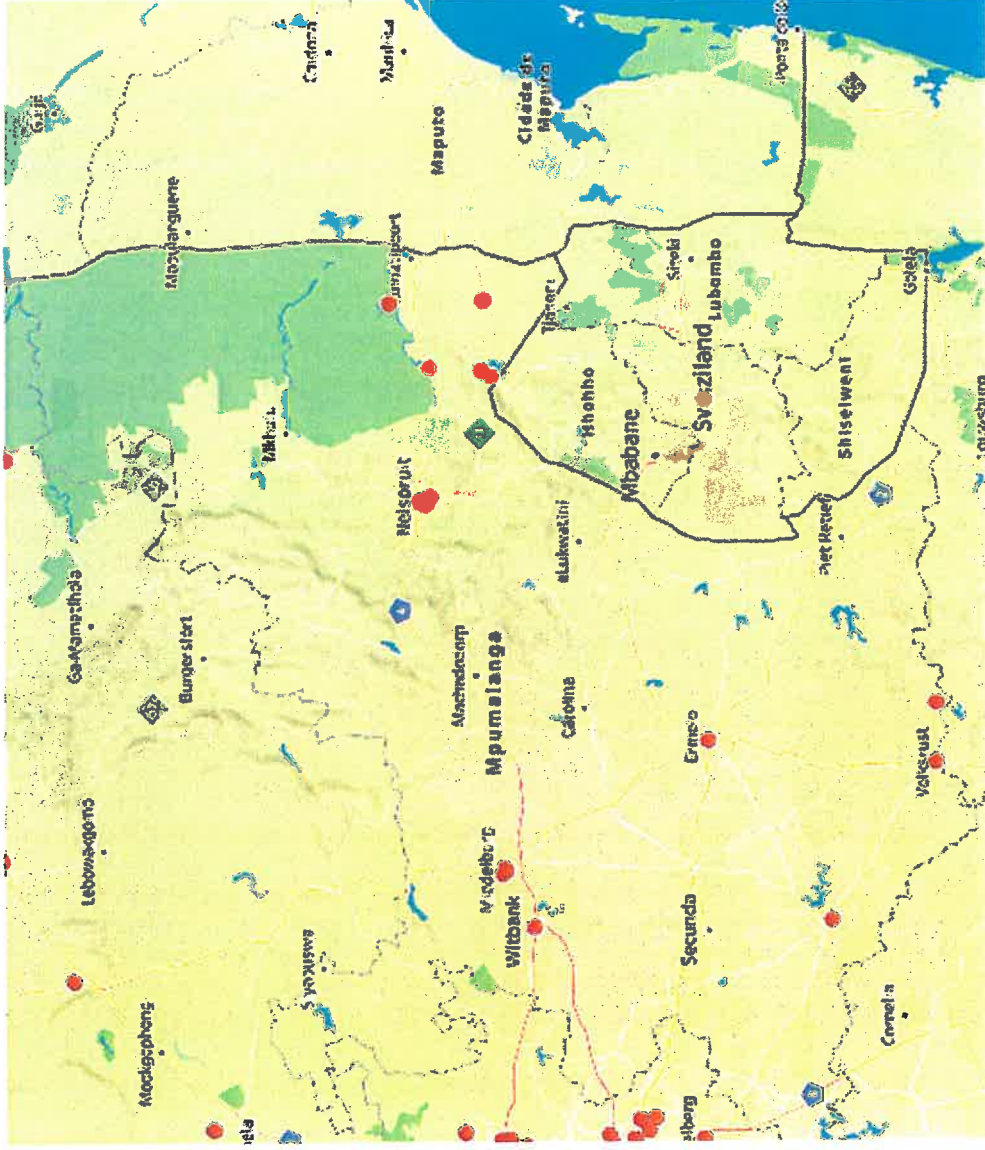


Map-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Limpopo

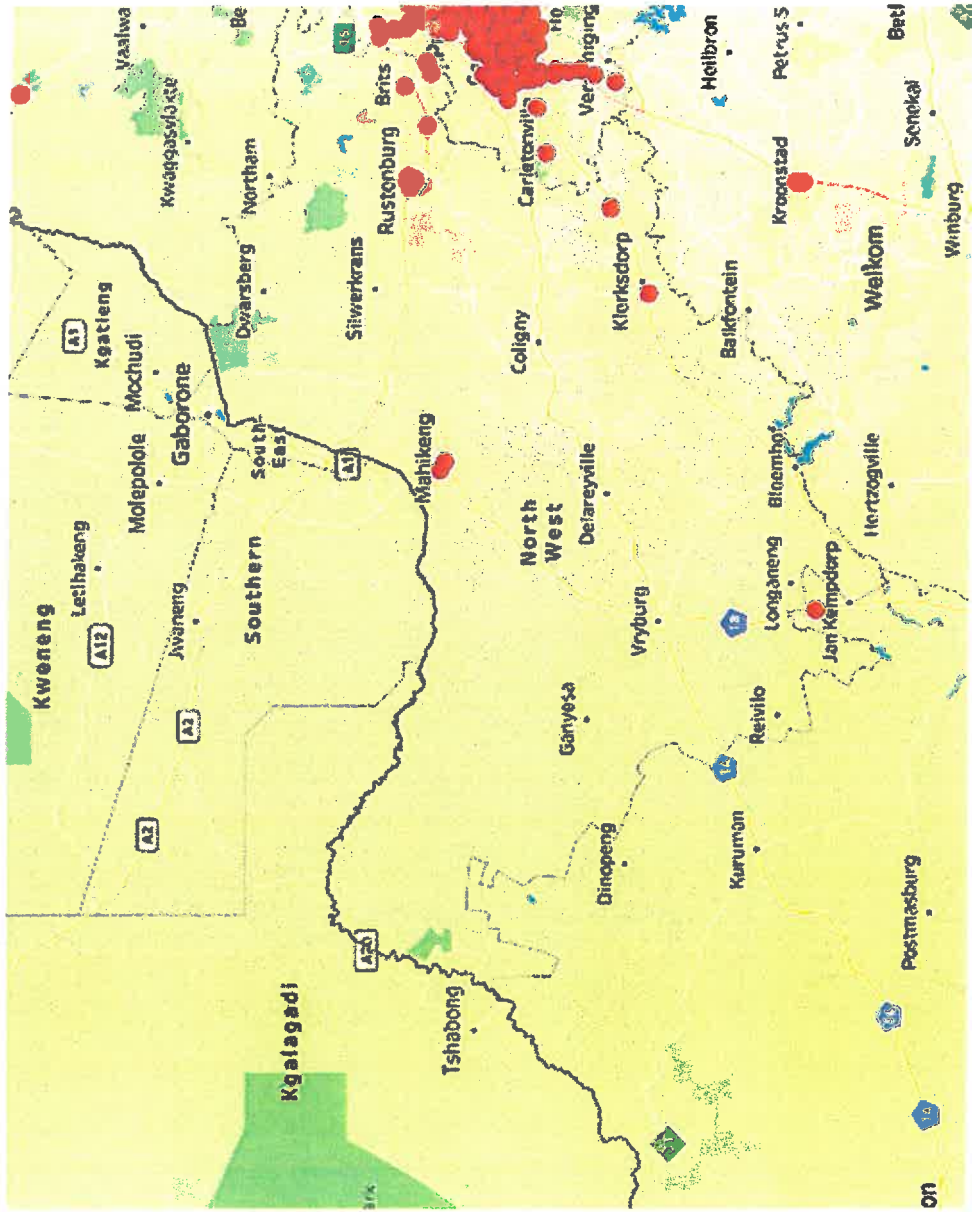


Source: WHO

Heat-Map-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Mpumalanga

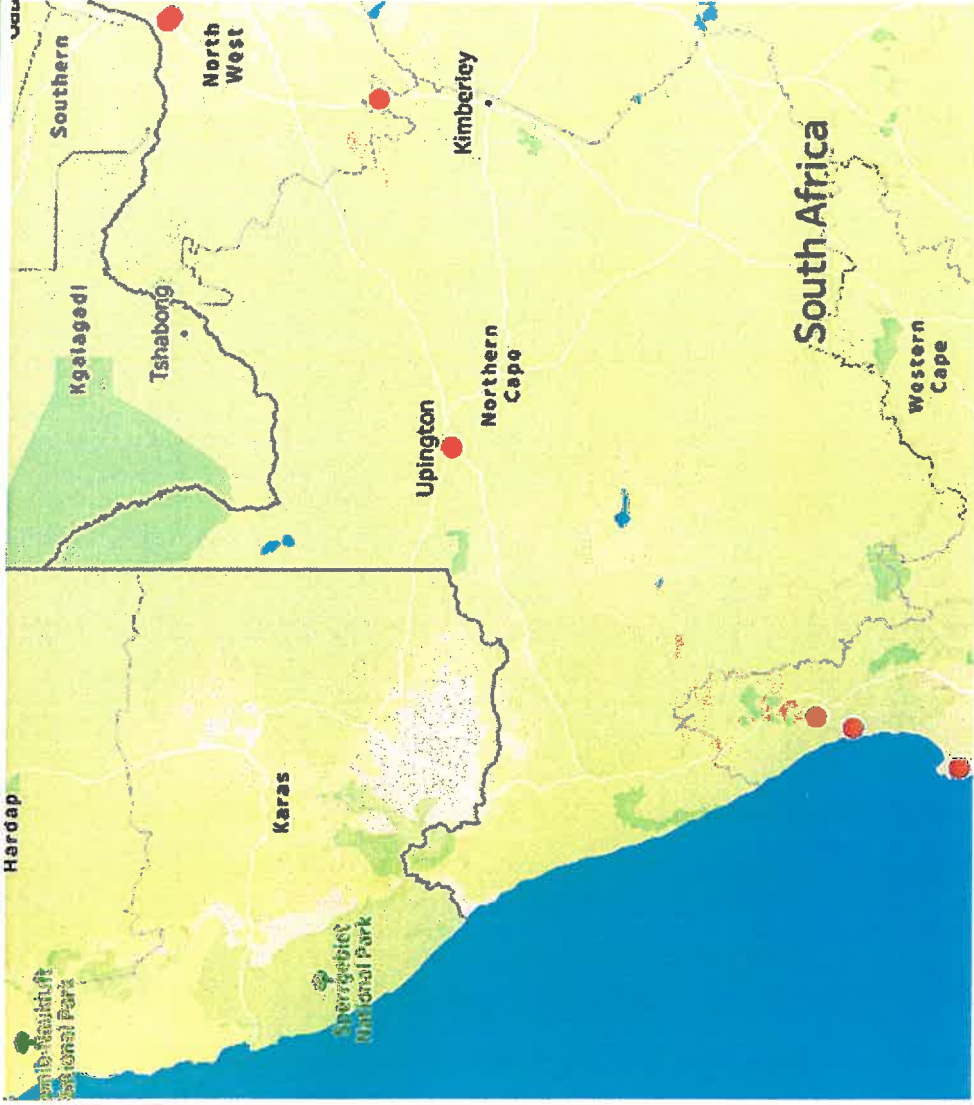


Map-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – North West



1/1/2021

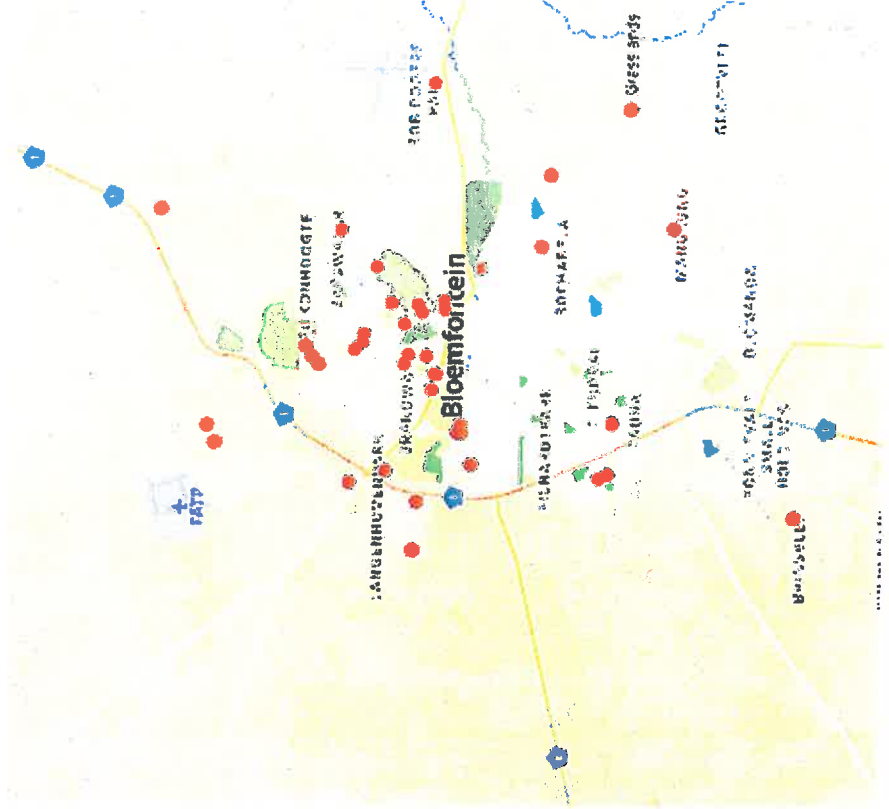
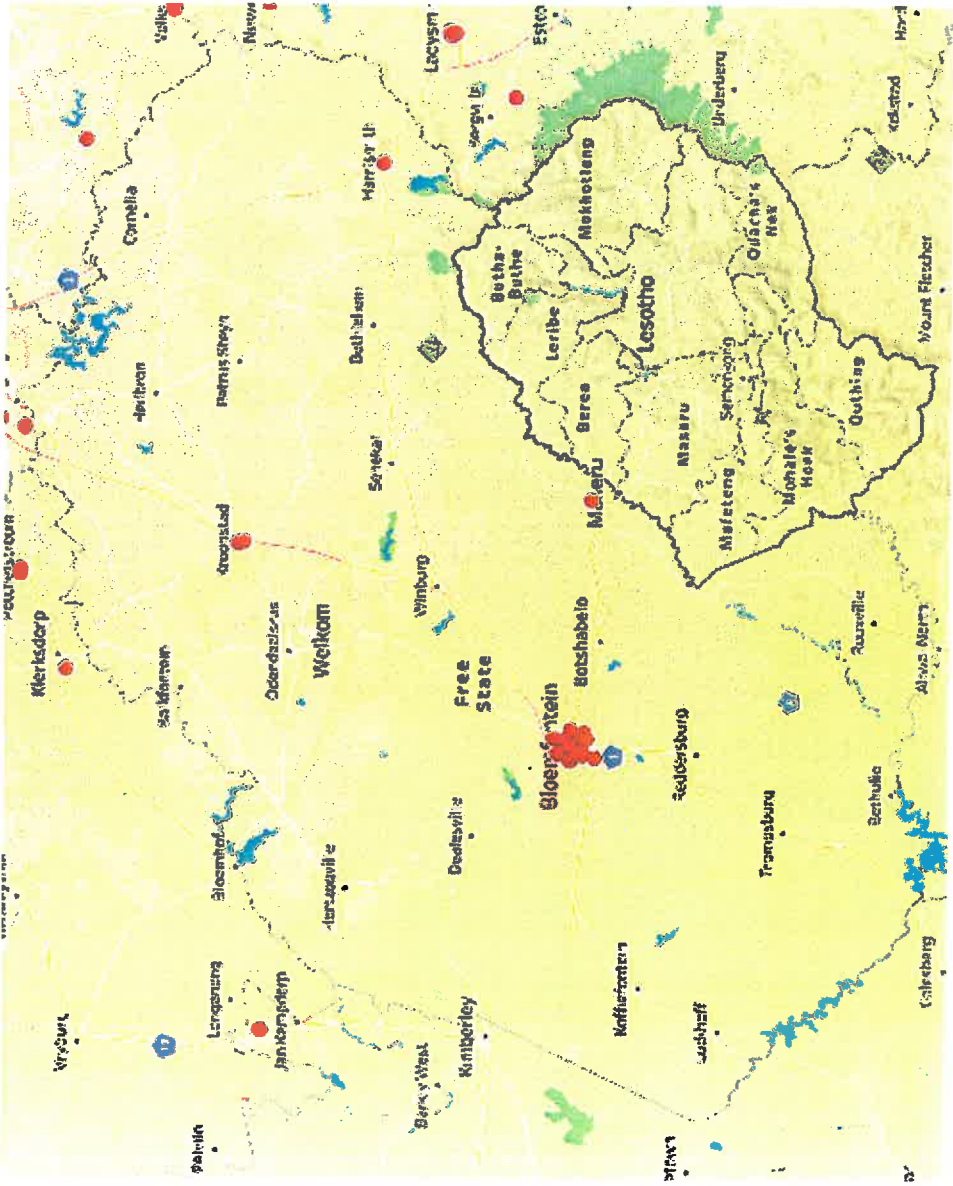
Heat-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Northern Cape



19/11/21



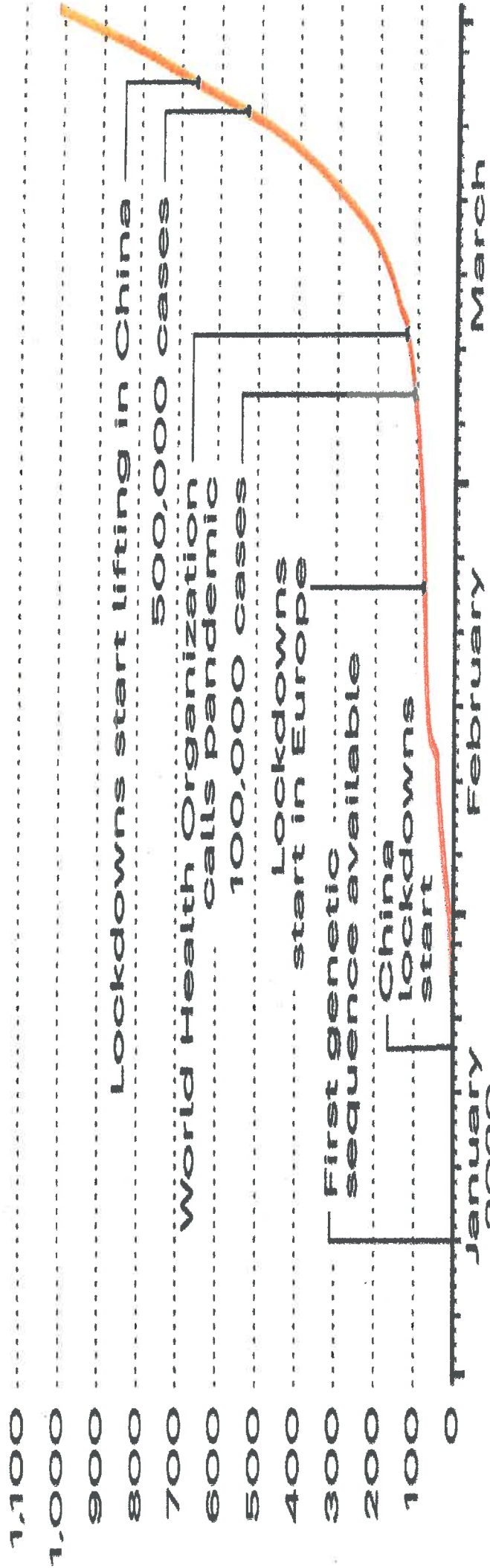
Map-Mapped Breakdown of Infections per Region Mapping of 1082 COVID cases – Free State



F. Mera

ONE MILLION INFECTIONS

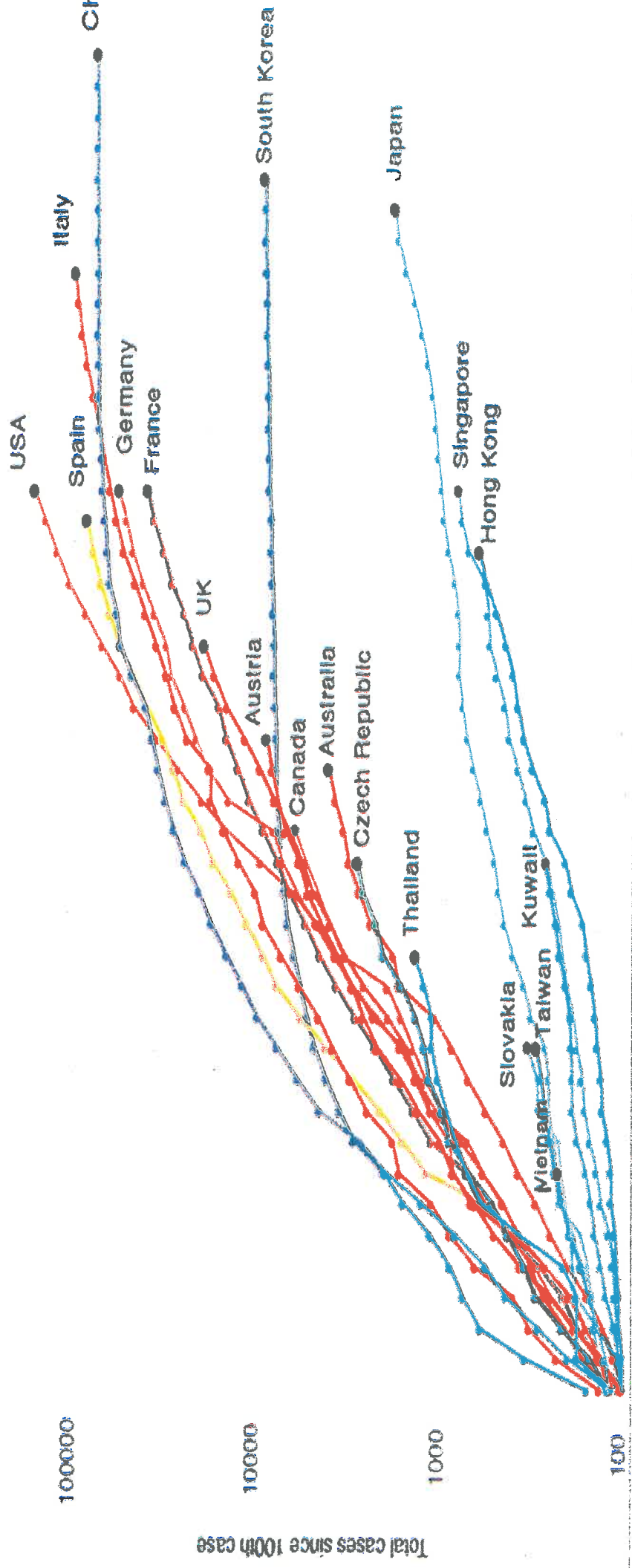
There have now been more than one million confirmed cases of the coronavirus worldwide.



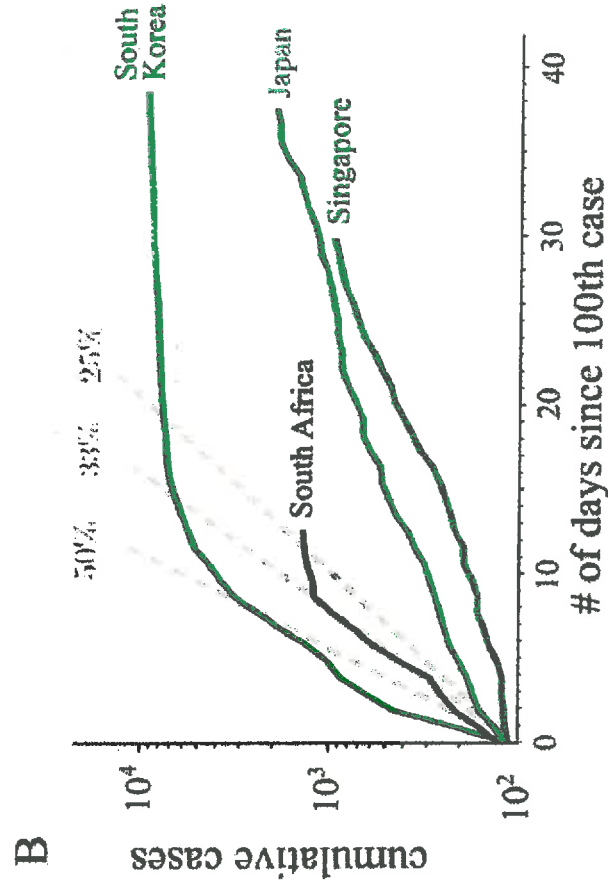
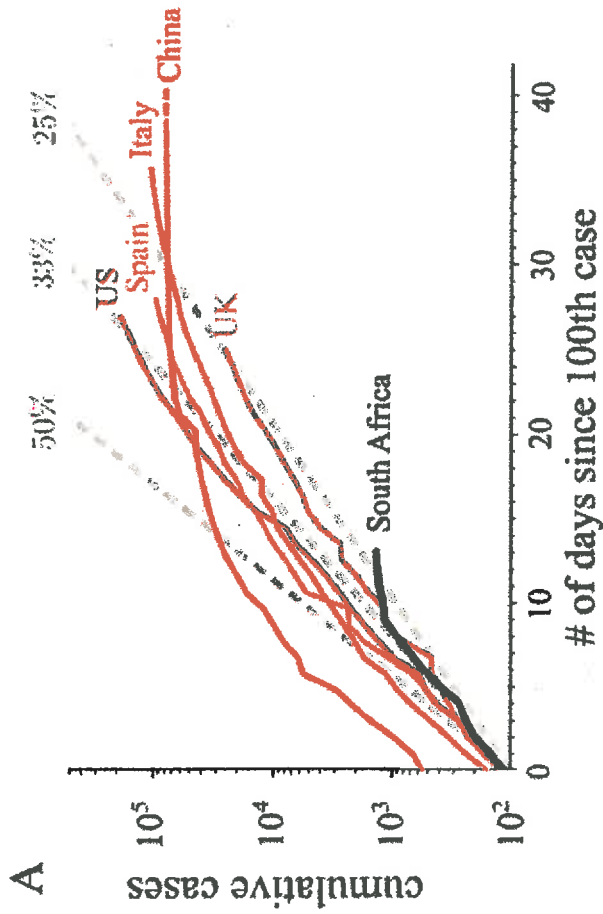
Data correct as of 3 April 2020

© NATURE

What should we have expected based on global Covid experience?



But we are seeing a different trajectory...



MASKS

Note 1: Face-masks are recommended as an addition to hand-washing and social distancing – it does not replace these 2 more important prevention strategies. The cloth face-mask should never be promoted as a primary prevention strategy and should never be promoted separately from hand-washing and social distancing.

Note 2: The public should not use N-95 respirator masks and surgical masks. Surgical masks and N-95 masks are critical supplies that must be reserved for healthcare workers and other medical first responders. The public should be strongly discouraged from using these medical-use masks.

Note 3: Cloth face-masks need to be worn and cleaned properly. The face-mask must cover the nose and mouth completely. Face-masks should not be lowered when speaking, coughing or sneezing. Face-masks should not be repeatedly touched – fidgeting with the mask repeatedly is strongly discouraged as it is important to avoid touching the face with hands. The inner side of the mask should not be touched by hands. Wash hands after removing the face-mask. Wash cloth face-masks with warm soapy water and iron when dry. Each person will need to have at least 2 face-masks so that one face-mask is available when the other is being washed. If possible, iron the mask after washing as it will help with disinfection.

MASKS CONTINUED:

Recommendations:

- Everyone in South Africa should wear cloth face-masks when in public
- Members of the public should not use N-95 and surgical masks. These medical masks remain reserved only for healthcare workers.
- The main benefit of everyone wearing a face-mask is to reduce the amount of Coronavirus or Influenza virus being coughed up by those with the infection thereby reducing its spread through droplets. Since some people with the Coronavirus may not have symptoms or may not know they have it, everyone should wear a face-masks
- Handwashing and social distancing remain the most important prevention strategies for Coronavirus infection since there is little evidence at this time that face-masks protect people against getting infected with the Coronavirus



PARLIAMENT
OF THE REPUBLIC OF SOUTH AFRICA

Portfolio Committee on Co-operative Governance
and Traditional Affairs
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scassiem@parliament.gov.za
www.parliament.gov.za

14 April 2020

Dr N Dlamini-Zuma, MP
Minister of Cooperative Governance and Traditional Affairs
120 Plein Street
Cape Town
8000

Dear Minister,

**MEETING WITH PC ON COGTA ON UNINTENDED CONSEQUENCES OF THE DISASTER
MANAGEMENT REGULATIONS**

The Portfolio Committee on Cooperative Governance and Traditional Affairs applauds the Department of Cooperative Governance and the Minister for the promulgation of the Disaster Management Regulations and Amendments in response to the President's declaration of a national state of disaster to minimize the spread of the COVID 19 virus.

However, the Committee is concerned about the inconsistent application of these Regulations in some instances. In this regard, the Committee would like to invite the Minister to a virtual briefing to clarify the matters of concern. The Committee envisages forwarding these in advance of the meeting to make maximum use of the limited time available.

The Committee is scheduling the virtual meeting for Tuesday, 21 April 2020, from 10:00 – 13:00. The Committee is looking forward to the Minister's favorable response.

For any further queries please liaise with the Committee Secretary, Ms S Cassiem, tel nr: 021 403 3769/0837098533 or e-mail: scassiem@parliament.gov.za.

Yours sincerely

- Electronically signed -
Ms A F Muthambi, MP
Chairperson: PC on Co-operative Governance and Traditional Affairs

Cc.Parliamentary Liaison

MRM



cooperative governance

Department:
Cooperative Governance
REPUBLIC OF SOUTH AFRICA

BRIEFING TO THE PORTFOLIO COMMITTEE ON COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS ON THE IMPLEMENTATION OF DISASTER MANAGEMENT REGULATIONS ON COVID-19

1. PURPOSE

The purpose of this report is to brief the Portfolio Committee on Cooperative Governance and Traditional affairs on the work that the department has embarked on since the announcement of the State of National Disaster was declared by the President, Mr Matamela Cyril Ramaphosa on 15 March 2020.

The Portfolio Committee on Cooperative Governance and Traditional noted and commended the Regulations, amendments and Directives emanating from the Ministry of Cooperative Governance and Traditional Affairs in the wake of the national state of disaster declared in response to the COVID 19 pandemic. The Committee requested that the Minister clarify some matters in a briefing to the committee scheduled for 21 April 2020.

In order to report on the issues highlighted by the Committee a high level introduction of the Covid-19 pandemic is provided to frame the legislative measures taken to mitigate and respond to the COVID-19 pandemic.

2. INTRODUCTION

The Coronavirus disease 2019 (COVID-19) is an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). The disease was first identified in December 2019 in Wuhan, the capital of China's Hubei province, and has since spread globally, resulting in the ongoing Covid-19 pandemic.

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2.1 Status of Covid-19 globally

At present, according to the World Health Organisation, 213 countries have listed 2 404 745 confirmed Covid-19 cases globally with 165 257 fatalities of which 625 257 people have recovered. A total of 1 614 231 people are still suffering from the effects of the disease and are still in need of medical care. This places a huge strain on the healthcare system of the affected countries and where the system cannot cope leads to higher mortality rates.

Globally, countries have adopted different means of dealing with the disease which have fundamentally altered their cumulative cases. The two graphs below shows the comparison of the cumulative number of cases and deaths.

2.2 Status of Covid-19 in South Africa

South Africa's first COVID-19 case was confirmed on 5 March 2020. In response to this, the President, His Excellency, Mr. Matamela Cyril Ramaphosa convened a special Cabinet meeting on 15 March 2020, where it was resolved to declare a national state of disaster.

In this regard, the Minister of Cooperative Governance and Traditional Affairs (COGTA) issued a Gazette formally declaring a national state of disaster, in terms of Section 27 of the Disaster Management Act, 2002. The President, on 15 March 2020, addressed the nation and announced that extra ordinary measures had to be implemented to mitigate and combat the spread of COVID-19.

The statistics/tables below shows the number of confirmed infections, deaths as well as the number of people who have recovered. On 20 April 2020 the total number of people infected with Covid-19 is 3300 an increase of 142, with additional 4 deaths recorded from 54 on 19 April to 58. There is also a steady increase in the number of people who have recovered from 903 on 19 April to 1055.

The provincial breakdown is as follows:

| PROVINCE | CONFIRMED CASES | DEATHS | RECOVERIES |
|-----------------|-----------------|-----------|-------------|
| GAUTENG | 1170 | 7 | 545 |
| WESTERN CAPE | 940 | 17 | 216 |
| KWAZULU – NATAL | 639 | 23 | 151 |
| EASTERN CAPE | 310 | 5 | 15 |
| FREE STATE | 105 | 5 | 74 |
| LIMPOPO | 27 | 1 | 21 |
| NORTH WEST | 25 | 0 | 13 |
| MPUMALANGA | 23 | 0 | 14 |
| NORTHERN CAPE | 18 | 0 | 6 |
| UNALLOCATED | 43 | 0 | 0 |
| TOTAL | 3300 | 58 | 1055 |

The table above shows that Gauteng is still has the highest number of confirmed infections followed by Western Cape and KwaZulu Natal with 940 and 693 respectively. The same is noted on the number of recoveries where Gauteng is the highest, followed by Western Cape and KwaZulu Natal being third. However, with respect to the number of deaths the highest is KwaZulu Natal recording 23, followed by Western Cape (17) and Gauteng(7) is the third. Further, Northern Cape still has the lowest number of infections. Three provinces namely; North West, Mpumalanga and Northern Cape have not recorded any deaths since the declaration of the State of Disaster.

2.3 Strategy to deal with the Covid-19 pandemic

While the SARS-CoV-2 virus has demonstrated a propensity to spread rapidly at a community level, the rate at which its spread occurs can be mitigated as seen in the figure where Singapore, South Korea and Vietnam have been able to curtail the spread preventing the rapid exponential growth seen in China and Europe.

Valuable lessons are being learnt from the experiences of each country dealing with the COVID-19 epidemic and some trends are emerging including essential lessons on fighting coronavirus from around the world. One of the most significant lessons to be learnt from the experiences of China and Italy is that the Coronavirus pandemic can grow very rapidly and quickly overwhelm health care services leading to large number of avoidable deaths. Singapore and South Korea were able to avoid this situation by interventions that **"flattened the curve"** i.e. mitigated the exponential growth phase of the epidemic so that the health care service was able to cope with the demand for medical care, especially ventilators.

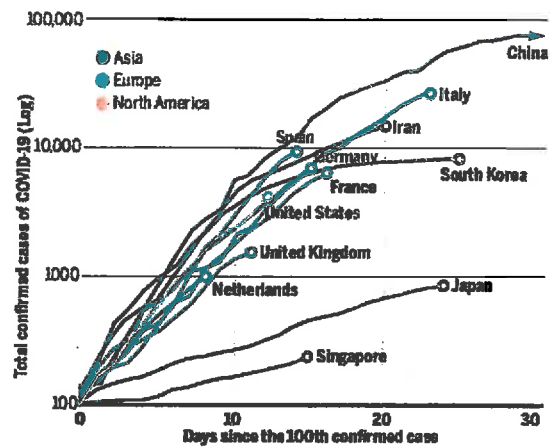


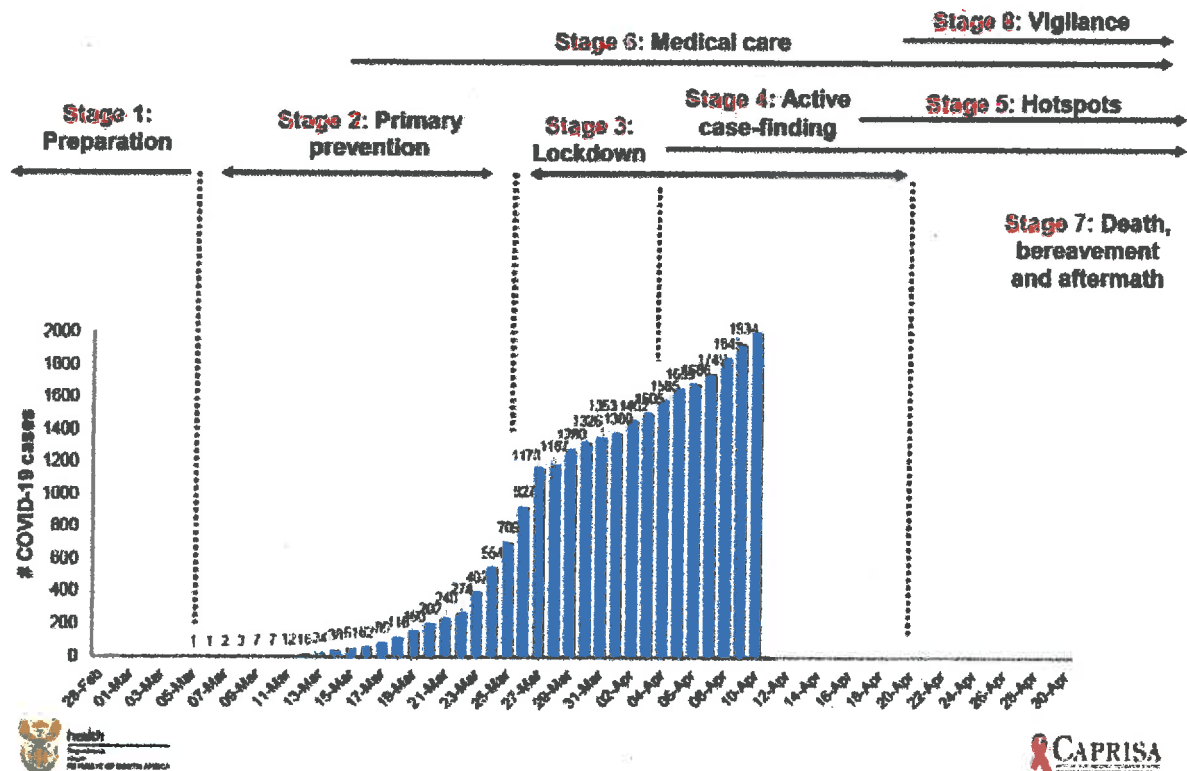
Figure 2: Exponential growth of the COVID-19 epidemic in selected countries

The mitigation involved the basic elements of infectious disease control – screening, diagnosing, isolating and contact tracing. Further, China’s “lock-down” approach has proven to be very successful in reducing new cases, by reducing interactions between people that maintained the chains of transmission. Several countries are now trying to emulate these interventions including South Africa.

On 25 March 2020, the second version of the Strategic Plan to manage Covid-19: Spatial Response Strategy for the Epidemic was released. The plans highlighted a number of aspects of which a 21-Day lockdown was but one element.

On 13 April 2020, a presentation was presented by the Ministerial Advisory Committee (MAC) chairman for COVID-19, Professor Salim Abdool Karim to the public. It offers data reflecting South Africa's efforts to fight COVID-19 and projections for the future. It also sets out the 7 stage plan for dealing with the Covid-19 response.

Stages of SA's COVID-19 response



Currently South Africa is in stage 3 of the plan as the focus is moving on developing the principles underscoring the following stages. In this regards key principles emerging from the lockdown focusses on Prevention, prevention, prevention (5 key prevention strategies)

1. Hand washing, sanitizing (taxi, buses, trains, workplaces)
2. Cough and sneeze hygiene
3. Physical distancing
4. Face masks for population, medical masks for health workers

K
M/KM

5. Health education & testing Protect districts with no/few current COVID positive individuals by rapidly attending to infections in districts/suburbs with no known positives.
6. Mitigate spread in districts/suburbs with few positives (small flames)
7. Intensify screening, testing and isolation in districts/suburbs with large number of positives (large fires)
8. Identification and management of hotspots:
 - ✓ Areas with large number of known Covid positives/deaths
 - ✓ Hospitals, Factories, Supermarkets, etc
 - ✓ Funerals
 - ✓ No mass gatherings (funerals, weddings, sports, recreational)
 - ✓ Continue with ban of alcohol sales

Post lockdown concepts still to be finalised includes measures to deal with risks associated with the following: the elderly; People with co-morbidities; Workplace;Transport; wearing Cloth Masks in public spaces; Public Gatherings; identification of hotspots; considering a Curfew at night to prevent people from gathering at night and identification of Quarantine sites for confirmed cases who are unable to self-isolate etc.

3. LEGISLATIVE INSTRUMENTS PUT IN PLACE

Section 26(2)(a) of the Disaster Management Act, 2002 states that the national executive must deal with a national disaster in terms of existing legislation and contingency arrangements as augmented by Regulations or directions made or issued in terms of section 27(2) of the Disaster Management Act, 2002 if a national state of disaster has been declared.

From 15 March 2020, following the declaration of the national state of disaster, Ministers promulgated a number of Regulations, Directions, Determinations and Bills, listed below, to respond to the Covid-19 Pandemic. Copies of these legislative

instruments can be downloaded¹ from the dedicated government webpage set up to provide information to the public.

3.1 Regulations made by the Minister of Cooperative Governance and Traditional Affairs

The Minister of Cooperative Governance and Traditional Affairs, in terms of Section 27 of the Disaster Management Act, 2002 have made the Regulations set out below.

- a) Declaration of a national state of disaster published (GN 313 in GG 43096 of 15 March 2020) (p4)
- b) Regulations regarding the steps necessary to prevent an escalation of the disaster or to alleviate, contain and minimise the effects of the disaster published in terms of s. 27 (2) (GN 318 in GG 43107 of 18 March 2020) (p3)
- c) Regulations issued in terms of s. 27 (2) of the Act published (GN 318 in GG 43107 of 18 March 2020) (p3) and amended (GN R398 in GG 43148 of 25 March 2020 (p3) and GN R419 in GG 43168 of 26 March 2020 (p3) and Tswana translation published (GN 354 in GG 43128 of 23 March 2020) (p3)
- d) Regulations issued in terms of s. 27 (2) of the Act amended (GN R446 in GG 43199 of 2 April 2020) (p3)
- e) 'Lockdown Regulations' issued in terms of s. 27 (2) of the Act amended (GN R465 in GG 43232 of 16 April 2020) (p3)
- f) Afrikaans and Setswana translations of amendments to 'Lockdown Regulations' published in GN R398 in GG 43148 of 25 March 2020, GN R419 in GG 43168 of 26 March 2020 and GN R446 in GG 43199 of 2 April 2020 published (GN R463 in GG 43228 of 14 April 2020) (p3)
- g) Regulations issued in terms of s. 27 (2) of the Act amended (GN R446 in GG 43199 of 20 April 2020) (p3)

¹ <https://www.gov.za/coronavirus/guidelines>

3.2 Directions issued by Minister of Cooperative Governance and Traditional Affairs

The Minister of Cooperative Governance and Traditional Affairs, in terms of Section 27 of the Disaster Management Act, 2002 also issued the Directions set out below.

- a) COGTA COVID-19 Disaster Response Directions, 2020 applicable to provinces, municipalities, and where indicated, institutions of Traditional Leadership published in GN R399 in GG 43147 of 25 March 2020 amended (GN R432 in GG 43184 of 30 March 2020) (p3).
- b) Amended COGTA COVID-19 Disaster Response Directions, 2020 applicable to provinces, municipalities, and where indicated, institutions of Traditional Leadership published (GN R432 in GG 43184 of 30 March 2020) (p3).

3.3 Directions issued by other Ministers authorised by the Minister of Cooperative Governance and Traditional Affairs

Ministers authorised by the Minister of Cooperative Governance and Traditional Affairs to issue Directions in terms of Section 27 of the Disaster Management Act, 2002 issued the Directions set out below.

- a) Directions for all courts, court precincts and justice service points and GN R418 in GG 43167 of 26 March 2020 withdrawn (GN R440 in GG 43191 of 31 March 2020) (p3)
- b) Social Development Directions to prevent and combat the spread of COVID-19 published (GN R430 in GG 43182 of 30 March 2020) (p3)
- c) Tourism Directions published (GenN 235 in GG 43200 of 2 April 2020) (p3)
- d) Public Transport Services Directions, 2020 published in GN 412 in GG 43157 of 26 March 2020 amended (GN 431 in GG 43183 of 30 March 2020 (p3) and GN 436 in GG 43186 of 31 March 2020 (p3))
- e) Public Transport Services Directions, 2020: Declaration of essential services (GN 431 in GG 43183 of 30 March 2020) (p5)

- f) International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Directions, 2020 published in GN 415 in GG 43160 of 26 March 2020 amended (GN 423 in GG 43176 of 27 March 2020 (p3) and GN 438 in GG 43189 of 31 March 2020 (p3)
- g) Environmental Directions published (GN R439 in GG 43190 of 31 March 2020) (p3)
- h) Public Transport Services Directions, 2020 published (GN 412 in GG 43157 of 26 March 2020) (p3)
- i) National Ports Act (COVID-19 Restrictions on the Movement of Persons and Crew) Directions, 2020 published (GenN 216 in GG 43163 of 26 March 2020) (p3)
- j) International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Directions, 2020 published (GN 415 in GG 43160 of 26 March 2020) (p3)
- k) Covid-19 Temporary Relief Scheme, 2020 published (GenN 215 in GG 43161 of 26 March 2020) (p3)
- l) Home Affairs Directions to Prevent and Combat the Spread of COVID-19 published (GN 416 in GG 43162 of 26 March 2020) (p3)
- m) Directions to address, prevent and combat the spread of COVID-19 in all courts, court precincts and justice service points published (GN R418 in GG 43167 of 26 March 2020) (p3)
- n) Cross-Border Road Transport Special Dispensation (COVID-19 Restrictions on the movement of Cross-Border Road Transport Passengers) Directions, 2020 published (GN 413 in GG 43158 of 26 March 2020) (p3)
- o) Electronic Communications, Postal and Broadcasting Directions published (GN 417 in GG 43164 of 26 March 2020) (p3)
- p) Preventative Measures in the Railway Operations (COVID-19 Control Measures on the Operations by Rail) Regulations, 2020 published (GN 414 in GG 43159 of 26 March 2020) (p3)
- q) Directives issued by the Chief Justice published (GenN 187 in GG 43117 of 20 March 2020) (p3)
- r) Covid-19 Temporary Relief Scheme, 2020 published in GenN 215 in GG 43161 of 26 March 2020 amended (GenN 240 in GG 43216 of 8 April 2020) (p3)

- s) Electronic Communications, Postal and Broadcasting Directions published in GN 417 in GG 43164 of 26 March 2020 amended (GN 451 in GG 43209 of 6 April 2020) (p3)
- t) Health directions to address, prevent and combat the spread of COVID-19 in South Africa published (GN 457 in GG 43217 of 8 April 2020) (p3)
- u) Department of Transport: Declaration of essential services published (GN 453 in GG 43211 of 7 April 2020) (p7)
- v) Directions determining extension of the validity period of operating licence and accreditation certification for public transport operators for purposes of the COVID-19 lockdown published (GN 454 in GG 43212 of 7 April 2020) (p5)
- w) Directions regarding call centres providing essential services published (GN R459 in GG 43224 of 9 April 2020) (p3)
- x) Directions regarding Sea Cargo Operations and Air Freight Operations published (GN 453 in GG 43211 of 7 April 2020) (p6)
- y) National Ports Act (COVID-19 Restrictions on the Movement of Persons and Crew) Directions, 2020 published in GenN 216 in GG 43163 of 26 March 2020 amended (GN 453 in GG 43211 of 7 April 2020) (p3)
- z) Public Transport Services Directions, 2020 amended (GN 454 in GG 43212 of 7 April 2020) (p3)
- aa) SMME Directions on the provision of essential goods and services published (GN R450 in GG 43208 of 6 April 2020) (p3)
- bb) Social Development Directions to prevent and combat the spread of COVID-19 published in GN R430 in GG 43182 of 30 March 2020 amended (GN R455 in GG 43213 of 7 April 2020) (p3)
- cc) Directions for correctional centres and remand detention facilities published (GN 460 in GG 43225 of 9 April 2020) (p3)
- dd) Extension of term of office of councils and boards of public entities and suspension of sport, arts and cultural events published (GN 461 in GG 43226 of 9 April 2020) (p3)
- ee) Mineral Resources and Energy: Directions to ensure fair processes, relating to licensing, consultation, appeals and compliance processes and reporting requirements during the lockdown period published (GN R462 in GG 43227 of 11 April 2020) (p3)

Mr
Mr

- ff) Water and Sanitation Emergency Procurement COVID-19 Disaster Response Directions, 2020 published (GN 464 in GG 43231 of 15 April 2020) (p3)

3.4 Determinations and Notices

Ministers, in terms of their legislative authority granted by legislation, issued the following determinations and Notices.

- a) National Road Traffic Act 93 of 1996: Determination of extension of the validity period of a learner's licence, driving licence card, licence disc, professional driving permit and registration of a motor vehicle for purposes of COVID-19 lockdown published (GN 431 in GG 43183 of 30 March 2020) (p4).
- b) Public Finance Management Act 1 of 1999: Exemption of relevant functionaries and institutions from certain provisions of the Act and Regulations (GN 437 in GG 43188 of 31 March 2020) (p3).
- c) International Trade Administration Act 71 of 2002: International Trade Administration Commission of South Africa: COVID-19 Export Control Regulation published in GN R91 in GG 35007 of 10 February 2012 amended (GN R424 in GG 43177 of 27 March 2020).
- d) Local Government: Municipal Finance Management Act 56 of 2003: Exemption of municipalities and municipal entities from the Act and Regulations for the duration of the national state of disaster published (GN 429 in GG 43181 of 30 March 2020) (p3).
- e) Department of Transport: Province of Kwa-Zulu Natal: Supply Chain Management: Suspension of Site Meetings and Tender Closings during the Lockdown published (GN 442 in GG 43192 of 3 April 2020) (p23).
- f) National Ports Act (COVID-19 Restrictions on the movement of persons and crew) Regulations, 2020 published in GenN 173 in GG 43103 of 18 March 2020 repealed (GenN 217 in GG 43165 of 26 March 2020) (p3).
- g) Ministerial Order regarding International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Regulations, 2020 published in GenN 175 in GG 43105 of 18 March 2020 repealed (GenN 218 in GG 43166 of 26 March 2020) (p3).



- h) Notice on Compensation for Occupationally-Acquired Novel Corona Virus Disease (COVID-19) published (GenN 193 in GG 43126 of 23 March 2020) (p3)
- i) Covid-19 Block Exemption for the Retail Property Sector, 2020 published (GN R358 in GG 43134 of 24 March 2020) (p3).
- j) Covid-19 Block Exemption for the Banking Sector, 2020 published (GN R355 in GG 43127 of 23 March 2020) (p3).
- k) Covid-19 Block Exemption for the Hotel Industry, 2020 published (GN R422 in GG 43175 of 27 March 2020) (p3).
- l) Ministerial Order regarding International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Regulations, 2020 published (GenN 175 in GG 43105 of 18 March 2020) (p9).
- m) Ministerial Order regarding International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Regulations, 2020 published (GenN 175 in GG 43105 of 18 March 2020) (p11).
- n) International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Regulations, 2020 published (GenN 175 in GG 43105 of 18 March 2020) (p3).
- o) COVID-19 Block Exemption for the Healthcare Sector, 2020 published (GN R349 in GG 43114 of 19 March 2020) (p3).
- p) Consumer and Customer Protection and National Disaster Management Regulations and Directions published (GN R350 in GG 43116 of 19 March 2020) (p3).
- q) National Ports Act (COVID-19 Restrictions on the movement of persons and crew) Regulations, 2020 published (GenN 173 in GG 43103 of 18 March 2020) (p3).
- r) Ministerial Order regarding International Air Services (COVID-19 Restrictions on the Movement of Air Travel) Regulations, 2020 published (GenN 175 in GG 43105 of 18 March 2020) (p13).
- s) Rules amended with effect from 23 March 2020 to provide for the exemption of foreign-going ships from the payment of duty on stores consumed on such ship in any port in the Republic or between any places in the Republic for the duration of national state of disaster (GN R458 in GG 43222 of 9 April 2020) (p3).

- t) National Textile Bargaining Council: Extension to Non-parties of the COVID-19 Lockdown Collective Agreement (GN R452 in GG 43210 of 7 April 2020) (p3)
- u) COVID-19 Block Exemption for the Healthcare Sector, 2020 published in GN R349 in GG 43114 of 19 March 2020 amended (GN R456 in GG 43215 of 8 April 2020) (p3).
- v) Tribunal Rules for Covid-19 Excessive Pricing Complaint Referrals published (GN R448 in GG 43205 of 3 April 2020) (p3).
- w) Independent Communications Authority of South Africa (ICASA): The ICT COVID-19 National Disaster Regulations published (GenN 238 in GG 43207 of 6 April 2020) (p3).
- x) Fees Payable to the South African Nursing Council published in BN 80 in GG 42496 of 31 May 2019 amended to provide for Nurse Practitioners who wish to restore to the register for the sole purpose of rendering health services during the COVID-19 national state disaster to pay a restoration fee of R0.00 (BN 52 in GG 43223 of 9 April 2020) (p3).
- y) South African Road Passenger Bargaining Council: Extension to Non-parties of the COVID-19 Temporary Relief Scheme Benefits Collective Agreement published (GN R466 in GG 43235 of 17 April 2020) (p3).
- z) Independent Communications Authority of South Africa (ICASA): Harmonisation of Short Code '111' for COVID-19 National Emergency Services published (GenN 244 in GG 43229 of 15 April 2020) (p3).

3.5 Bills

The Minister of Finance published the following Bills² for public comments³.

- a) Draft Disaster Management Tax Relief Bill, 2020 published for comment

² http://www.treasury.gov.za/comm_media/press/2020/20200329%20Media%20statement%20-%20COVID-19%20Tax%20Measures.pdf

³ The draft explanatory notes regarding the COVID-19 tax measures can be found on the National Treasury (www.treasury.gov.za) and SARS (www.sars.gov.za) websites. Comments on the draft explanatory notes can be made to 2020AnnexCProp@treasury.gov.za

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- b) Draft Disaster Management Tax Relief Administration Bill, 2020 published for comment

4. LOCAL GOVERNMENT CIRCULARS ISSUED TO DATE

On 23 March 2020, the President announced measures concerning a nation-wide lockdown that will be implemented as part of government's intervention to curb spread of COVID-19 and will be enacted in terms of the Act for 21 days effective from 26 March 2020 midnight until 16 April 2020.

The COGTA Minister is designated to administer the Disaster Management Act, 2002 (Act No 57 of 2002), hereunder referred to as the Act. Against this background, the COGTA Minister, Dr Nkosazana Dlamini Zuma, having declared a national state of disaster on 15 March 2020 in terms of section 27(2), of the Act, issued Regulations on 18 March 2020 regarding the steps necessary to prevent an escalation of the disaster or to alleviate, contain and minimise the effects of the disaster. These Regulations covered a number of aspects including release of resources, prevention and prohibition of gatherings, places of quarantine and isolation, closure of schools and partial care facilities to name but a few. These Regulations were subsequently amended to give effect to the nation-wide lockdown announced by the President. Subsequent amendments were developed with a view to enhance and clarify measures to contain the spread of COVID-19.

On 16 April 2020, the COGTA Minister amended the Regulations to provide for the extension of the nation-wide lockdown from 16 April to 30 April 2020.

Flowing from these Regulations, the COGTA Minister issued Directions, in terms of section 27(2) of the Act to address, prevent and combat the spread of COVID-19 in South Africa. The purpose of these Directions were to direct municipalities and provinces in respect of the following matters in response to COVID -19:

- (a) Provision of water and sanitation services;
- (b) Hygiene education, communication and awareness;
- (c) Waste management;

- (d) Cleaning and sanitisation of municipal public spaces such as facilities and offices, taxi ranks;
- (e) Suspension of customary initiations and cultural practices;
- (f) Identification of isolation and quarantine sites;
- (g) Monitoring and enforcement;
- (h) Providing guidance on budgets and IDPs;
- (i) Emergency procurement;
- (j) Institutional arrangements and development of COVID -19 response plans; and
- (k) Precautionary measures to mitigate employee health and safety risks.

Additionally, COGTA issued a Circular to provide clarity in relation to basic services rendered by municipalities that are designated as essential services. All provinces and municipalities were also encouraged to prioritise sanitisation and cleaning of taxi ranks and other public facilities. From the Regulations issued by the COGTA Minister, other Ministers were empowered to issue Directions within their areas of responsibilities resulting in 34 Regulations/ Directions as of 03 April 2020. Ministers also made Regulations or Directions under their own legislation e.g. Home Affairs, Trade, Industry and Competition, Transport. In this regard, it is important to note that some Regulations/ Directions had unintended consequences, e.g. Taxi industry who argued that they were running at a loss, opening of Spaza shops, informal trading, etc.

With regard to institutional arrangements, the President has established a National Covid 19 Command Council (NCCC) that meets three (3) times a week. The NCCC led by the President is coordinating and guiding government response to the pandemic by all spheres of government and the society. The NATJOINTS has also been established to provide overall coordination of the response to CIVD-19. COGTA has activated its National Disaster Operations Centre to coordinate response to COVID-19 for local government. The COGTA Disaster Operations Centre (DOC) interfaces with the NATJOINTS and PROVJOINTS structures. All provinces have established similar institutional structures i.e. Provincial Command Councils and Provincial Command Centres to coordinate response within their areas of jurisdiction. Metros and Districts have also established/ activated similar institutional structures.

Additionally, all Disaster Management Centres in provinces, districts and metros have been established/ activated across the country. Thus, the COGTA COVID-19 DOC serves as a nerve centre for overall coordination of national, provincial and local


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government operations guided by the principles of cooperative governance set out in Chapter 3 of the Constitution read with Section 154 thereof. The activities of the COGTA COVID-19 DOC as of 12 April 2020 are reflected hereunder.

5. INSTITUTIONAL ARRANGEMENTS

COGTA has activated its National Disaster Operations Centre to coordinate response to COVID-19. The COGTA Disaster Operations Centre (DOC) interfaces with the NATJOINTS and PROVJOINTS structures. The COGTA DOC is staffed primarily by COGTA Senior Managers as well as Managers from the NDMC. The DOC operates from 07:00 to 19:00 daily. All provinces have activated their Provincial Disaster Management Centres (PDMCs). Provincial Command Councils and Centres have been established in all provinces as depicted in Table 1 below: **Activation and Functionality of provincial COVID-19 institutional structures**

| Provinces | Provincial Command Council | Provincial Command Centre | Provincial Disaster Centre |
|---------------|--|--|---|
| Eastern Cape | The Command Council has been established and chaired by Premier and HODS | Operational through the Prov-joints chaired by the DG. Operating at the PDMC venue | All provincial command Structures established |
| Free State | The Command Council to be established and chaired by Premier | Technical Structure established and Chaired by the DG | Structures established |
| Gauteng | Command Centre established chaired by the Premier | A war room established chaired by the DG | The structures are existing however, they are named differently |
| KwaZulu-Natal | Established and chaired by the Premier | Established and chaired by the DG | Structures established |

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| Limpopo | Established and chaired by the Premier and attended by all MEC's | Established and chaired by the DG | 5 District Disaster Management centers established |
| Mpumalanga | Command established and chaired by Premier | Council established and chaired by DG | Command centre Structures established |
| Northern Cape | Command established and chaired by the Premier | Council established and operational through PROVJOINT, chaired by DG | Command centre Structures established |
| North West | The Command established and chaired by the Premier | Council established and operational, reporting daily on SRS System | Command centre All Structures established |
| Western Cape | Extended Cabinet Inter-Ministerial Committee established and operational | and Structure established and operational | has been established and per sector within the provincial technical structure |

6. ISSUES RAISED BY THE PORTFOLIO COMMITTEE

| RELEVANT REGULATION | ISSUES OF CONCERN | SPECIFIC QUESTIONS/COMMENTS | COMMENTS |
|---|---|--|---|
| <p>Regulation 5(3) Gazette No. 43107, Notice.R.318, 18 March 2020</p> | <p><i>The accounting officers of municipalities must identify and make available sites to be used as isolation and quarantine facilities within their local areas, and provide the list to the Department of Health for resourcing.</i></p> | <p>Have all municipalities complied with this provision?</p> <ul style="list-style-type: none"> - What monitoring mechanisms does the Department have in place to ensure municipal compliance with this provision? - For those municipalities in compliance, what is the progress in terms of resourcing? - What does the resourcing entail? - What measures are in place to ensure that municipalities use the resourcing for the intended purposes, and not divert it to other ends? | <ol style="list-style-type: none"> 1. The municipalities coordinated by the Districts have identified buildings and places e.g. stadiums as quarantine site. 2. The provincial departments of COGTA monitors the work of municipalities in the identification of the sites and report to national COGTA through the Disaster Operation centre. 3. The Department of Public Works inspects the sites for suitability and then provides a report to the department of Health. The slide on quarantine slides depicts those that are ready base don the assessment conducted. 4. Resourcing refers to the provision of services and personnel such as water, laundry, catering, clinical team, security, transport. 5. The resourcing of quarantine and isolation sites is primarily the responsibility of the Department of Health in collaboration with the Department of Public works and Infrastructure. However the majority of the sites activated are hotel rooms which do not require resourcing except funds to cater for standard costs. Provincial Departments of Health provide for |

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| <p>Annexure B, Part B, Gazette No. 43148, Notice R. 398, 25 March 2020</p> | <p>Categorisation of essential services during lockdown</p> | <p>What recourse can the Ministry provide to religious leaders who are critical for providing spiritual and moral support in their suffering communities, while the Regulations do not consider their interventions as an essential service?</p> | <p>the costs. The national Department of Health is approaching National Treasury for funds..</p> |
| <p>1. When the list of essential services was prepared, sectors of society were assessed on amongst others the degree of close contact they have, the immediate importance of their services provided to maintain a functional society and whether that service could be provided remotely. Given that church goers have regular close contact in large numbers, that pastors regularly move between different congregants, that cases of transmission was linked to church gatherings and pastors could provide services remotely for the lockdown period, it was concluded that the risk of transmission was significant and for the purposes of the lockdown, pastoral services should not be deemed as an essential service.</p> <p>2. The sale of hot food is prohibited based on the rationale that the sale of hot food will increase the movement of people, encourage gatherings, decrease social distancing and impact on hygiene.</p> <p>3. This goes against the general intention that, to prevent the spread of Covid-19 virus close contact and poor hygiene must be reduced to</p> | | | <p>1. When the list of essential services was prepared, sectors of society were assessed on amongst others the degree of close contact they have, the immediate importance of their services provided to maintain a functional society and whether that service could be provided remotely. Given that church goers have regular close contact in large numbers, that pastors regularly move between different congregants, that cases of transmission was linked to church gatherings and pastors could provide services remotely for the lockdown period, it was concluded that the risk of transmission was significant and for the purposes of the lockdown, pastoral services should not be deemed as an essential service.</p> <p>2. The sale of hot food is prohibited based on the rationale that the sale of hot food will increase the movement of people, encourage gatherings, decrease social distancing and impact on hygiene.</p> <p>3. This goes against the general intention that, to prevent the spread of Covid-19 virus close contact and poor hygiene must be reduced to</p> |

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| <p>Amendment Regulation 8(d) (No Gazette and Notice Numbers yet available at time of writing) 16 April 2020</p> | | <p>some catering small businesses have been under the impression that this is an essential service, only to have their permits revoked later.</p> | <p>the minimum. The Regulations was however not explicit on the ban of prepared hot food in grocery and retail stores which lead to broad interpretations that it provides for any food or food product to be sold as an essential good. In view of this, in the Minister on 19 April 2020 amended the regulations to explicitly prohibit the sale of cooked hot food.</p> <p>4. The provisioning of catering services to essential services into the regulations is permitted.</p> |
| <p>The deletion of paragraph (h) of sub-regulation 8. Paragraphs (h) read as follows: 'A person issued with a permit contemplated in paragraph (d), travelling to another metropolitan or district area, or province and who has to be in that metropolitan or district area, or province for the duration of the funeral or cremation, but not for more than 48 hours, and cannot stay at the place of residence of a relative or friend, may stay at a hotel, lodge or guest house</p> | <p>Where and what is the replacement for this deleted paragraph? What is the motivation and rationale for the deletion?</p> | | <p>1. The regulation was deleted.</p> <p>2. The challenges with this provision were twofold: the increasing rate of travel supposedly by manipulating the affidavit provisions for attending funerals and the expectation created that hotels can be used when attending funerals.</p> <p>3. In this regard, residing at members of the family rather than at a public facility was deemed to have a lower risk for local transmission, given that should a transmission occur, the close contacts of the infected person could be traced</p> |

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| | <p>for the period of 48 hours: Provided that the permit issued in terms of paragraph (d) is presented to the owner or manager of the hotel, lodge or guesthouse.'</p> | | <p>in a shorter time and more effective manner.</p> <p>4. Additionally, the provision for an affidavit has been repealed to provide only for a death certificate to be used when applying for a permit to travel on account of a funeral.</p> |
| <p>Amendment Regulation 14(b) (No Gazette and Notice Numbers yet available at time of writing) 16 April 2020</p> | <p>'Grocery store and wholesale produce markets, spaza shops, informal fruit and vegetable sellers and langanas, with written permission from a municipal authority to operate being required in respect of spaza shops and informal fruit and vegetable sellers: Provided that all valid permits for spaza shops and informal fruit and vegetable traders issued before or during the declared national state of disaster and which fall during the said period, will remain valid for a period of one month after the end of the national state of disaster.'</p> | <p>The amendment is convoluted and needs reconsideration.</p> <ul style="list-style-type: none"> Is the Department aware of any municipalities that are contravening this provision by refusing to issue trading permits, as reported in the media? What mechanisms does the Department have at its disposal to monitor such alleged instances of noncompliance by municipalities? | <p>1. The regulation has to accommodate a broad spectrum of formal and informal traders. As such, considering legislative drafting principles, the regulation was drafted in the least convoluted form possible.</p> <p>2. The Minister issued Circular 9 of 2020 dealing with permits for informal food traders. The circular requests all municipalities to open their sections dealing with informal trade licences and to issue the required authority to informal food traders in a standardised template. From the provincial reports received, as monitored by the LED units in the provinces, all municipalities are complying with the</p> |

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| <p>provision. e.g in the Eastern Cape the Department of economic development, environmental affairs and tourism is following up every municipality's status quo. In Limpopo and the Northern Cape municipalities have informed informal traders to use licences issued to them before the lockdown. In the Free State, Gauteng, North West, Western Cape, KwaZulu Natal and Mpumalanga all municipalities are issuing licences.</p> | <p>3. The department in collaboration with the LED units in the provinces attends to these matters as they arise. Reports are received daily from the Provinces and the number of permits issued are updated daily.</p> |
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7. Support to House of Traditional Leaders and priority municipalities

The department has received a donation from Tirisano Construction to supply hygiene packs to Traditional Communities and some of the municipalities. All the nine Provincial Heads of Traditional Leaders and 41 municipalities in the 9 provinces received and confirmed receipt of packs as follows:

| PROV | DELIVERY TO MUNICIPALITY | DELIVERY TO TRADITIONAL LEADER | TOTAL | |
|------|--|--------------------------------|---------------------------------|--------|
| | NUMBER OF MUNICIPALITIES RECEIVING | NO DELIVERED | NO DELIVERED | |
| EC | 5 (DMs only) - Alfred Nzo DM OR Tambo DM Amathole DM Chris Hani DM Joe Gqabi DM | 5500 | EC HTL (Bhisho) 4765 | 10 265 |
| FS | 2 (LMs only) – Matjhabeng LM Tokologo LM | 3000 | FS HTL (Bloemfontein) 288 | 3288 |
| GP | 3 (LMs only) – Merafong LM Lesedi LM Emfuleni LM | 9300 | National House and GP HTL 519 | 9819 |
| KZN | 7 (1 DM and 6LMs) – Umndoni LM uMuziwabantu LM Ugu DM Umngeni LM Richmond LM Endumeni LM Uphongolo LM Mandeni LM | 3000 | KZN HTL (Pietermaritzburg) 5841 | 8841 |
| LMP | 3 (2 DMs and 2 LMs) – Mopani DM Vhembe DM Lephalale LM Mogalakwena LM | 3500 | LP HTL (Polokwane) 3612 | 7112 |
| MP | 1 (LM only) – Dr J S Moroka | 3000 | MP HTL (Mbombela) 1191 | 4191 |

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|--------------|---|---------------|-------------------|---------------|---------------|
| NC | 4(LMs only) – Phokwane, Gamagara Kai Garib Khai-Ma | 3000 | NC HTL (Kimberly) | 173 | 773 |
| NW | 9 (LMs only) – Mahikeng LM Greater Taung LM Mamusa LM Kagisano Molopo LM Ratlou LM Rustenburg LM Madibeng LM Ditsobotla LM Naledi LM | 3700 | NW (Mmabatho) | HTL 3611 | 6611 |
| WC | 6 (DMs and Metro only) Central Karoo DM Garden route DM Overberg DM Cape Winelands DM City of Cape town West coast DM | 6000 | N/A | 0 | 6000 |
| TOTAL | | 40 000 | TOTAL | 20 000 | 60 000 |

In addition to the above, the Department of Traditional Affairs purchased hand sanitizers and masks, which were distributed to Traditional Councils as follows:

| Province | Number of Traditional Councils | Proportional Allocation of PPE's | |
|------------------|--------------------------------|----------------------------------|--------------|
| | | Hand Sanitizers | Masks |
| * Eastern Cape | 248 | 506 | 2 249 |
| * Free State | 15 | 31 | 136 |
| * Gauteng | 2 | 4 | 18 |
| * Kwa-Zulu Natal | 304 | 620 | 2 757 |
| * Limpopo | 188 | 384 | 1 705 |
| * Mpumalanga | 62 | 127 | 562 |
| * Northern Cape | 9 | 18 | 82 |
| * North-West | 54 | 110 | 490 |
| * Western Cape | - | - | - |
| Total | 882 | 1 800 | 8 000 |

8. Overview of Quarantine Sites

As demonstrated in the table below, the report captures updated number of quarantine and isolation sites per province as at 17 April 2020 and presented to the various PCCCs. This table is updated daily as municipalities continue to identify sites.

| PROVINCE | FACILITIES | | DISTRICTS | ROOMS | BEDS | ASSESSED AND READY | NOT YET ASSESSED | NUMBER OF SITES ACTIVATED | | NUMBER OF BEDS ACTIVATED | |
|--------------|------------|------------|-----------|-------------|---|--------------------|------------------|---------------------------|-----------|--------------------------|------------|
| | STATE | PRIVATE | | | | | | STATE | PRIVATE | STATE | PRIVATE |
| EC | 40 | 109 | 10 | 622 | 8441 | 12 | 137 | 0 | 0 | 0 | 0 |
| FS | 11 | 1 | 6 | 425 | 1613 | 4 | 8 | 0 | 0 | 0 | 0 |
| GP | 46 | 21 | 3 | 769 | 8950 | 45 | 22 | 2 | 1 | 816 | 136 |
| KZN | 5 | 12 | 7 | 1057 | 1057 | 8 | 9 | 5 | 3 | 115 | 182 |
| LP | 6 | 2 | 3 | 16 | 1731 | 2 | 6 | 2 | 0 | 80 | 0 |
| MP | 27 | 34 | 6 | 1233 | 12424 | 12 | 49 | 1 | 1 | 94 | 23 |
| NC | 23 | 55 | 8 | 1951 | 3078 | 15 | 63 | 0 | 4 | 0 | 183 |
| NW | 8 | 0 | 1 | 2260 | 288 without Taung Hotel School. | 9 | 20 | 0 | 0 | 0 | 0 |
| WC | 18 | 25 | 6 | 1051 | 3869 | 2 | 41 | 0 | 2 | 0 | 391 |
| TOTAL | 181 | 261 | 51 | 9364 | 43584 | 100 | 342 | 10 | 11 | 1105 | 915 |

In addition, 75 Stadiums have been identified and out of these only 13 qualify (as reflected in the table below) to be regarded as possible field hospitals. A total number of 14 000 beds can possibly fit in those identified hospitals this work is still work in progress.

| PROVINCE | NAME OF THE STADIUM | POSSIBLE BEDS |
|---------------|------------------------|---------------|
| GAUTENG | FNB | 2100 |
| | Ellis Park | 1500 |
| | Loftus Versveld | 1700 |
| WESTERN CAPE | Newlands | 1200 |
| | Green Point | 1200 |
| KWAZULU NATAL | Moses Mabhida | 1100 |
| | Kings Park | 850 |
| FREE STATE | Bloemfontein | 800 |
| LIMPOPO | Peter Mokaba | 800 |
| EASTERN CAPE | Nelson Mandela | 1100 |
| MPUMALANGA | Mbombela | 800 |
| NORTHERN CAPE | Kimberly (Tafel Lager) | 450 |

With regards to the availability of cemeteries and Crematoria, municipalities and Traditional Councils are also in the process of collating information on the availability of cemeteries to prepare for worst. However, they indicated that the current capacity is used daily for other deaths either than for people who have died of the Covid 19 virus.

9. CONCLUSION

The approach to responding to Covid-19 in South African has proven to be an effective one by reducing a peak in the spread of the virus. The road ahead however requires concerted efforts to the course of public health infections containment which must be an all of society responsibility.

The mass screening and testing programmes being rolled out nationally will contribute significantly to the public health containment measures but they need to be supported by measures such as social distancing, the use of PPE and the enhancement of public health infrastructure.

The regulatory mechanisms imposed by government since the classification of a disaster and the declaration of a national state of disaster have also proven to be beneficial despite glitches particularly on areas of compliance. The department is however, part of the NATJOINTS to report the non-compliance from the reports received from the provinces.



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Ms F Muthambi (MP)
Chairperson of the Portfolio Committee
Cooperative Governance and Traditional Affairs
Parliament of the Republic of South Africa
Cape Town

Dear Chairperson

**CODID-19 NATIONAL RESPONSE: A WRITTEN RESPONSE ON THE QUESTIONS
RAISED BY MEMBERS OF THE PORTFOLIO COMMITTEE DURING THE MEETING
HELD ON 22 APRIL 2020**

Thank you for accoring the Department the opportunity to brief Parliament about the work being done in response to Covid-19 pandemic as classified and declared national state of disaster in terms of the Disaster Management Act, 2002.

Kindly note that the integrated response to Covid-19 pandemic is carried out through multi-disciplinary efforts involving various departments where COGTA's role is two fold: to contribute measures and reports on provincial and municipal level coordination arrangements and as part of some of the technical work-streams within the NATJOINTS.

As the outbreak is declared a national state of disaster, the role of COGTA, through its subsidiary departments, is to support all sectoral measures by inter alia processing regulations and supporting their implementation through various Covid-19 sectoral plans.

Accordingly, while COGTA would like to provide as much information as possible on Covid-19 response matters, it is practically impossible to account for every details of the multi-sectoral work on the response to Covid-19 pandemic. These responses to the questions should therefore be read in that context while COGTA will always endeavour to provide as much information as possible.

Mr

The table hereunder therefore presents responses to the questions raised during and after the meeting as received from honourable members of the Portfolio Committee.

Kind regards,



Mr. Fosi

Acting Director-General

Date: 23/04/2020

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| PORTFOLIO COMMITTEE QUESTIONS | DCCOG RESPONSES | DCCOG COMMENTS |
|--|---|---|
| <p>1. What are the economic support packages to be put in place</p> | <p>These were announced by the State President on 21 April 2020 as per the attached statement</p> | <p>It is anticipated that relevant the Ministers will unpack the implementation of these measures as they apply to their respective portfolios on Friday, 24 April 2020 at 10:00 (as per the media release dated 22 April 2020)</p> |
| <p>2. Northern Cape Vovid-19 base disusses:</p> <p>2.1. The coronavirus cases for the Northern Cape Province has been 16 for the past 10 days. I believe these statistics to be untrue. Last week, 3 cases was determined in one of my wards in my Constituency by a doctor. We need more screening and testing in the Northern Cape Province and I plead that the updated number of cases tested daily be communicated to the MPs and MPLs.</p> <p>2.2. The Northern Cape Province command council has been established yet no communication has been forthcoming from the Premier since day 1 of the lockdown despite various communication via email and whatsapp from the DA Provincial Leader, Andrew Louw, to the Premier regarding the lockdown. We are flying in the dark in this province and need urgent</p> | <p>A. The Northern Cape Premier has approved the Provincial Government Covid-19 Action Plan which spell-out measures for containment of the pandemic in the Province. The plan spells-out measures for implementation by the Province and includes contact details of relevant officials.</p> <p>B. The below email contains a response on quarantine facilities as per the available information. It is believed that detailed information can be obtained from the Office of the Premier as per the contents of the plan. The email details of officials that can be contacted ares as follows:</p> <p>Hendrik Cloete@health.gov.za mawabo.rtclosi@gmail.com mawabo.rtclosi@gmail.com rriaans@gmail.com mabonac@gmail.com Christie.Engelbrecht@health.gov.za</p> | <p>Find Covid-19 National Strategic Plan</p> <p>The Provincial Department of Health's technical contact person is as follows:</p> <p>Mr Riaan Strydom Chief Director : DHS (Acting) Director : Nursing and PHC Northern Cape Department of Health Cell: 071 201 1497 Tel: 053 830 0636 Email: rriaans@gmail.com Rstrydom@ncpg.gov.za Sdoye@ncpg.gov.za</p> <p>The Northern Cape Covid-19 Plan can be obtained from the officials mentioned above.</p> <p>Lockdown Regulations have been gazetted.</p> |

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intervention because Legislatures still need to hold the executive to account.

2.3. The district has identified quarantine sites or facilities. 2 of these in the Northern Cape Province are in my Constituency. One in my hometown Loeriesfontein, and one in Williston, in the same constituency. These facilities has not been resourced up to date. Who compiled the site reports? The Loeriesfontein site hasn't been functional for the past 3 years due to personnel shortages and no working medical equipment. These two sites are not suitable, no more than 8 beds per site, no transport, no catering, no enough staff, no test kits. Williston received one pack of test, Loeriesfonteiners received none, yet 3 cases were confirmed in Calvinia adjacent to this ward last week.

Food parcels has been highly politicized. Where do I report this and where do people apply for social relief, since they don't have data to call the numbers provided and those who can call don't get help due to flooding of call centres.

2.4. There has been a cancellation of mass screening and testing in Sol Plaatje last week.

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vhobereni@gmail.com
solani.khosa@health.gov.za
Yogvan.Pilay@health.gov.za

Mr. Mawabo Ntloosi from Northern Cape Province contacted Mr Riaan Strydom in the Northern Cape Province and he indicated that the facility, and maybe others like that, were cleaned but not commissioned with staff and supplies as there are no patients or PUI's to be accommodated in such locations.

This communication serves to record verbal information from the Province in absence of written communication in this regard.

The accuracy of the information could be verified by our colleagues in the Northern Cape Province upon receiving this e-mail.

C. Issues of vandalism of schools, shooting incidents and other forms of criminality are deeply condemned. Notable is that the Provincial Plan also caters for some of those issues as the Provincial Commissioner of the Police is the co-chair of the Provincial Coronavirus Command Centre (PCCC).

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| <p>This is the most densely populated municipality in the Northern Cape Province. What are the reasons behind the cancellation?</p> <p>2.5. There are allegations of a lack of test kits in Namaqua region in the Northern Cape Province. I am concerned that the lull in case findings may give our citizens a false sense of security to abandon social distancing.</p> <p>2.6. 26 schools in the Northern Cape Province have already been vandalized since the corona onslaught. Last night, 1 more in my own ward Loeriesfontein Primary school. We need urgent intervention with regard to this issue.</p> <p>2.7. Yesterday a 22 years old man was shot by the police in Port Nolloth. He was fetching food supplies from family members. Excessive police force and brutality needs to be condemned. Station commanders also need to debrief and update members daily on new regulations passed or amended. Today, it was chaos when police refused mothers to buy baby clothes from PEP stores all over the country because we are not all up to date.</p> <p>2.8. Criminal actions need to be instituted against all politicians who politicized the national food</p> | <p>D. Issues of travelling by members of the community are regulated by the current Lockdown Regulations which prohibit movement except for listed exceptions areas. See Regulations attached for ease of reference.</p> | |
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| <p>parcel initiative. Theft of food parcels took place by a councillor in the Dawid Kruiper Municipality in the Leeu-Krans community. Please follow up on that.</p> <p>2.9. Most towns in the Northern Cape Province have no police or army presence therefore no social distancing. We urgently need more awareness and education in the rural areas on Covid-19 as was promised at the start of lockdown.</p> <p>2.10. My local police station do not have forms or permits for people who need to travel. There are mothers and teachers stranded here in Loeriesfontein for the past 2 weeks with their children. They cannot get back to their homes and husbands in the Western Cape Province and the local police in Loeriesfontein just shrug and say nothing can be done. Lets please intervene to get these families home.</p> | | |
| <p>3. Post Disaster Recovery Plan must be developed</p> | <p>The directive is fully supported and it is in line with the requirements of the Disaster Management Act. The Department of Health, as with other departments, will be supported in the development of Disaster Management Plans for their functional areas as required in terms of Section 25 of the Disaster Management Act, 2002. These</p> | <p>The institutionalisation of disaster management by all sector departments is what the postponed colloquium was meant to address in order to ensure a broadbased integration of disaster management in all the sectors. The role of COGTA remains that of coordination hence the significance of the development of disaster management plans</p> |

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| | <p>departments must also establish units responsible for disaster management within their functional areas.</p> | <p>and structures in every department since COGTA cannot carry out the specialised disaster risk management responsibilities of other departments.</p> <p>This area requires strong emphasis and hands-on oversight by all sectoral portfolio committees as climate change is likely to bring about the frequency and severity of hazards which require better preparedness and response measures by all sectors of society.</p> <p>The delivery of items follow a prior approved plan and monitoring of deliveries will be done according to the plan.</p> |
| <p>4. Delivery of products, such as sanitary products, must be monitored to ensure it reaches its rightful owner</p> | <ul style="list-style-type: none"> - Agreed and regular meetings with Premiers (PCC), MECs (MINMEC) and HODs (Technical MINMECs) will put emphasis on this matter. | |
| <p>5. Follow-up on quarantine sites in the Western Cape Province</p> | <ul style="list-style-type: none"> - The Province has been consulted and they also shared an approved provincial Covid-19 Response Plan. - The quarantine facilities are said to be available for any patient of Covid-19 in the Province. - The Western Cape Provincial Government is in the process of assessing and resourcing sites which should be available for use as required. | <p>The provincial government has established an Inter-Ministerial Committee to oversee the implementation of the Provincial Response Plan. The Committee meets three times a week and reports can be obtained or shared directly with the Honourable Members of the Portfolio Committee of COGTA.</p> <p>The Provincial Plan is available.</p> |
| <p>6. Public awareness regarding regulations needs to be heightened. It is not enough to Gazette. Communities are not always aware of developments leading to uneven implementation of regulations.</p> | <ul style="list-style-type: none"> - A response was sought from the GCIS which is the custodian of government communication. The Department has a representative at GCIS to ensure that communication reaches all communities. In addition, Councillors and Traditional Leaders will be utilised to communicate the Regulations to ensure compliance. | <p>The fact that some businesses opt not to operate for cost efficiency purposes is a challenge which cannot be enforced.</p> |

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| | <p>Furthermore the Department has in collaboration with GCIS developed a Plan to strengthen communication of regulations to communities through e.g. loud hailing, social media and community radio stations.</p> <p>A discussion was also held with the economic work-stream of the NATJOINTS which provided an assurance that the business structures will continually be informed about changes on the regulations in order to improve on compliance. It was however pointed out that some bussinesses are reluctant to open and operate with less capacity because they believe that this will be costly for their businesses.</p> <p>Premiers, MECs, Mayors, Councilors and Traditional Leaders are also championing advocacy and public awareness programmes in their localities. The Chairperson of the National House of Traditional Leaders, Nkosi Mahlangu has been on TV and local radio programmes addressing people about Covid-19 and containment measures.</p> | |
| <p>7. A written submission from Honourable Inkosi Luthuli:</p> <p>7.1. Chairperson this Regulations enacted in terms of the Disaster Relief Act out of necessity by the President in order to prevent a rapid spread and infection of COVID-19 in South Africa has</p> | <p>The Minister of COGTA issued Directions to provinces and municipalities on the need for them to continue providing services. The Department of Water and Sanitation has established a Command Centre within the premises of Rand Water to champion the delivery of water nationally.</p> | <p>The Minister's Directions have been gazetted and are accessible. Each province has established Provincial Command Centres at political level and reports on interventions and service related issues are tabled regularly.</p> |

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| <p>had many unforeseen and unintended consequences which must be addressed. For the IFP, we feel the following to be most important.</p> <p>7.1.1. The uninterrupted continuation of basic services like water, electricity and sanitation. This must be a priority.</p> <p>7.1.2 Communication between the spheres of COGTA at National, Provincial and local levels seems to be in disorder. This is not assisting us in communicating the correct information to people in our constituencies like informal traders and licensing requirements.</p> <p>7.1.3. Social distancing is not taking place in our informal areas which is evidence that governments 'blanket approach' to lockdown does not work and should rather be made specific to areas in terms of their needs, requirements and challenges.</p> <p>7.1.4. Questions must be asked and answered – what should the state be doing during this period to ensure that lockdown meets its targets and what should it not be doing in order to detract from these goals?</p> | | <p>The opening remarks of the Minister of COGTA (as presumably summarised by the PC secretariat) will help to clarify these issues further.</p> |
| <p>8. What is the department doing to deal with contracts of Municipal Managers whose</p> | <p>Municipal councils have the following options to deal with contracts of municipal managers whose contracts are coming to an end:</p> | |

contracts are ending during the Lockdown where Council cannot sit.

- 1) To extend the contracts for a period not exceeding one year after the next election (2021 Local Government Elections) of the council of the municipality;
- 2) To appoint an acting municipal manager from the ranks of its current senior managers; or
- 3) To request the MEC or Minister to second a suitable person to act as a municipal manager.

Council is allowed to use IT platforms to hold virtually meetings to address and resolve any matters relating to governance issues.

The Department, through NATJOINTS interacts with sector departments to receive reports. The Department of Water and Sanitation (DWS) also submits information on water provision daily to COGTA. COGTA also communicates with DWS through its War Room to attend to issues raised by provinces on water provision.

9. The Department should ensure that sector departments share their progress reports with COGTA. To ensure that there is seamless service delivery to communities

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