



**Western Cape
Government**

Western Cape Recovery Plan

March 2021

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A MESSAGE FROM THE PREMIER

Last year at exactly this time we were putting the finishing touches to the Provincial Strategic Plan. Through a rigorous process of research, drafting, and consultation, we identified the priorities that would shape the next five years.

That now seems so long ago. Working day to day to address the COVID-19 pandemic and doing our best to keep our residents safe from its

devastation, we quickly concluded that we needed to ask fundamental questions: was the Provincial Strategic Plan still valid? Had circumstances changed so much that we needed an entirely new strategy? And how were we to cope with the severe budget constraints that were required in the face of huge, unanticipated COVID-19 expenditures, as well as anticipated budget cuts?

We convened numerous meetings within the provincial government and with our local government partners: Bosberade, Premier's Coordinating Forums, COVID Hotspot meetings, weekly meetings with Municipal Managers, and Medium-Term Budget Policy Committee meetings, amongst others. We formed new partnerships with civil society in the wake of the myriad of negative impacts of COVID-19 and appreciated anew the importance of partnerships.

We came to the conclusion that our strategy was as valid as before: malnutrition in the Province existed before COVID-19, only it is now more severe and requires even more of our focus; unemployment was always a challenge we were determined to confront, and now we have even greater determination; crime and violence were intolerably high and needed to be tackled, and with expectations that it is to become worse, we are more steeled than ever to address it head on.

The way forward was clear: in light of budget constraints and even deeper problems, we needed to assess which initiatives would have the greatest impact and prioritise them, and we believed that how we delivered these services was as important as what we delivered. We have shown ourselves to be more imaginative and flexible than we could have imagined, and we stand firmly ready to put this new-found agility to work.

The Recovery Plan is the result of all of these processes. It reflects the latest research on the impact of COVID-19 and the state of our economy and society, and it prioritises interventions outlined in the Provincial Strategic Plan, to make the maximum amount of impact on crucial matters affecting our residents. It also draws out the lessons we have learned and will put to good use. The way in which we confronted the first two waves of COVID-19 together gives us hope that we will, just as successfully, overcome its aftermath together.

A handwritten signature in black ink, appearing to read 'Alan Winde', with a stylized, flowing script.

Alan Winde
Premier

1. INTRODUCTION: WHY DO WE NEED THIS PLAN?

COVID-19 has had deep, overwhelmingly negative effects on the economic and social life of the Western Cape. This has been described by Premier Alan Winde as the “second pandemic of unemployment, hunger and poverty.”¹

This plan is a recognition of, and response to, these dual pandemics. It identifies the problems that require an urgent, Whole-of-Society response in order to create jobs, foster safe communities, and promote the wellbeing of all the residents of the Western Cape. It will be pursued with the same energy and collaborative approach that created the coalition that came together to fight the virus.

The *Provincial Strategic Plan 2019 – 2024* (PSP) that was launched by the Premier in March 2020 is the guiding document for the growth and development of the Western Cape. It outlines the priorities of the Western Cape Government (WCG) in the form of five Vision-Inspired Priorities (VIPs), namely: (1) Safe and Cohesive Communities; (2) Growth and Jobs; (3) Empowering People; (4) Mobility and Spatial Transformation; and (5) Innovation and Culture.

The problem statements that frame the five VIPs have not changed. What COVID-19 has done is to exacerbate the challenges that are confronting the Province, and new problems have emerged.

There are two compelling reasons for developing a Recovery Plan.

1) In the context of limited resources, prioritisation of PSP interventions is required

Owing to COVID-19, our social and economic challenges are greater while our fiscal resources have dramatically shrunk. This requires the elevation and prioritisation of some PSP interventions and collaboration between stakeholders.

2) We have improved our implementation under COVID-19 and need to institutionalise our learnings

The epidemic saw us re-imagine healthcare, transport, and other services in a matter of weeks, rapidly deploying response interventions to contain the virus and limit the loss of life. It saw the implementation of the COVID-19 Hot Spot approach that brought together national, provincial, and municipal officials to work with communities in local areas to slow down COVID-19 transmission and respond to humanitarian needs. The agility, innovation, and collaboration demonstrated by all stakeholders offer a unique opportunity for a reset of our transformation agenda to create a healthier, fairer, and collaborative future for the people of the Province. We call this the “New Way of Work,” and it is explained in the final section of this Plan.

2. OUR OVERALL CONCEPTUAL APPROACH

2.1. The four themes of the Recovery Plan

The Recovery Plan is based on four themes:

- **COVID RECOVERY:** The pandemic is still with us; existing health measures must continue, and new ones put in place, and we must also deal with the secondary impacts of COVID-19 on the delivery of health services.
- **JOBS:** The economic impact of COVID-19 has been severe. We can only recover if our economy grows and our citizens generate income.
- **SAFETY:** This is the overarching theme for the Provincial Strategic Plan, and it is equally relevant going forward. It is inextricably linked with Wellbeing, as Safety cannot be achieved if basic human needs are not met.
- **WELLBEING:** Government must ensure that the basic human needs of our citizens are realised, as guaranteed in the Constitution.

A concept that is central to the above themes is dignity. The citizen is at the centre of everything that we do as government, and what we deliver and how we deliver it must uphold the dignity of every individual, household, and community. This is illustrated in Figure 1 below.

Figure 1 The focal areas of the Recovery Plan



The national Economic Reconstruction and Recovery Plan identifies priorities for the economic recovery from the socio-economic consequences of the pandemic. The Western Cape Recovery Plan shares numerous priority interventions with the national plan, including infrastructure development, export promotion, energy security and the green

economy, tourism recovery and growth, mass public employment interventions, and increasing food security.

2.2. Applying the life course approach

The Recovery Plan uses the life course to identify the phases in each person's life and the basic needs that they require. When compared with the PSP 2019 – 2024, the life course in the Recovery Plan is extended to older persons to ensure all citizens are covered. In line with the rationale of the PSP, it is critical to intervene at the earliest stages of someone's life right through to 25 years old. This is because intervening at the critical early stages from conception to 25 years will have a positive cumulative effect throughout the person's life and across generations.

The Plan therefore focuses on children and youth up to 24 years of age as a priority and includes vulnerable populations for those older than 24 years – see Figure 2 below.

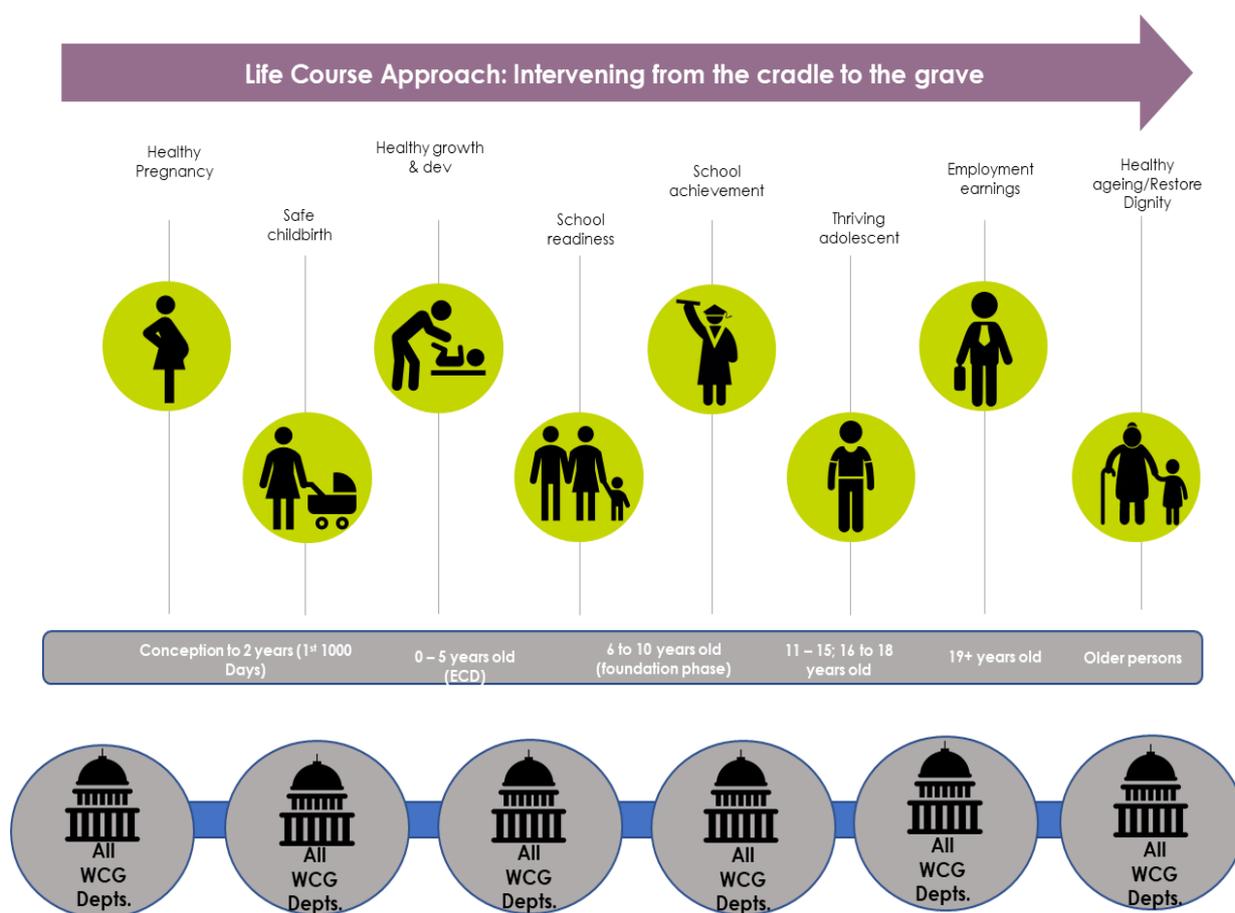


Figure 2: The focal areas of the Recovery Plan (Source: adapted from WHO's Nurturing Care Framework)

2.3. Summary of the process followed in developing the Recovery Plan

As Figure 3 illustrates, various intergovernmental and collaborative spaces have been used to develop the Recovery Plan, and a particularly close relationship was formed between provincial and local officials. An emphasis has been placed on collaborative, joined-up decision-making without losing the urgency demanded by the desperate situation in our economy and society.



Figure 3: The development of the Recovery Plan

2.4. A guide to the Recovery Plan

This plan outlines each of the four themes of the Recovery Plan, namely COVID-19 Recovery, Jobs, Wellbeing, and Safety. Each section explains the impact of COVID-19, and – drawing from the Provincial Strategic Plan – identifies the programmes that the WCG will focus on.

3. COVID-19 RECOVERY

The Province is recovering from the first and second waves of the epidemic and managing the risk of resurgence over the next six to 24 months. The health impact has been severe, including secondary impacts such as lower immunisation, higher testing rates, and the increase in depressive illnesses.

3.1. What has been the health impact of COVID-19?

3.1.1. Direct health impacts

At the onset of the pandemic, the Western Cape experienced a sharp increase in case numbers – earlier than the rest of the country. This is thought to be primarily due to earlier seeding of the virus in areas frequented by tourists.

Figure 4 shows the daily number of cases detected in the Western Cape from March 2020 to January 2021. An exponential increase was seen starting in mid-April 2020, with the first peak being reached at the end of June 2020. Daily case numbers then decreased to a low in mid-September 2020, with the test positivity rate dropping to below 10%. The second wave started in mid-October 2020 in the Garden Route District, was more severe than the first wave, and resulted in more than 5 000 confirmed COVID-19 deaths up to 28 January 2021.

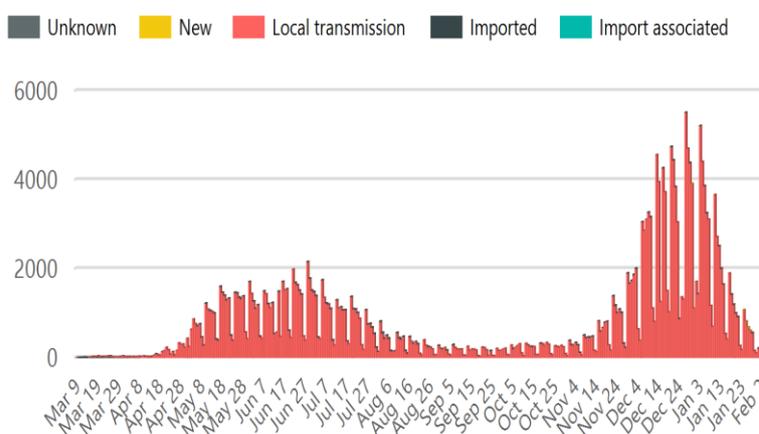


Figure 4 Daily cases diagnosed over time

The pattern of hospitalisations followed that of the number of daily cases. Up to 2 February 2021, there had been 41 078 hospitalisations across both the public and private platforms, with the majority occurring in the public sector.

In total, there were 10 377 deaths up to 2 February 2021. This is equivalent to 1 483 deaths per 1 million people in the Western Cape. As with the first wave, risk of death due to COVID-19 complications increased in patients with co-morbidities and in older people.

3.1.2. Secondary health impacts

The loss of employment during the pandemic has been associated with an increase in depressive symptoms among working-age people. This is more prevalent amongst male

workers.² A survey found that the prevalence of these symptoms after the onset of COVID-19 was 72% among 18 to 35-year olds in South Africa.³ The same study also assessed emotional wellbeing among youth. Nearly one third reported feeling “depressed”, “as though everything was an effort”, “fearful”, “restless”, or “lonely” in the 24 hours prior to participating in the survey. Feelings of loneliness and not being able to get going were experienced by particularly high numbers (35% and 44%) within the week prior to the survey. This situation deteriorated even further as the year progressed: a survey conducted in December 2020 highlighted that 29% of the population reported depressive symptoms, as compared to 24% in July 2020. Formal employment has been found to be a protective factor against depression.⁴

Across South Africa, 18% of adults and 16% of children reported going hungry in a survey conducted in November/December 2020.⁵ These hunger levels were higher than July/August hunger levels, signalling a risk of increased hunger as the pandemic continues to disproportionately affect the poorest households. This has implications for long-term child health outcomes, which have been shown to be linked to nutritional status. The same survey found that of those respondents using chronic medication for both communicable and non-communicable conditions, 26.3% reported hunger – an important finding as adequate nutrition is important in ensuring that chronic conditions do not worsen and that medication can be taken regularly.

The relationship between hunger and depression has strengthened as the pandemic has continued. Indeed, 67% of people experiencing hunger daily and 40% of those experiencing hunger at least once a week also reported depressive symptoms in a survey conducted in November/December 2020. Only 27% of those not experiencing hunger reported depressive symptoms.⁶

The strict measures imposed during the various lockdown levels, followed by continuous messaging to decrease physical interaction, may have contributed to increasing levels of obesity. Decreased human interaction, coupled with job losses and poor physical environments, can lead to stress and poor psychosocial health, which in turn can increase the prevalence of obesity. This will have an impact on chronic disorders such as diabetes and hypertension, which further adds to the burden on the health care system.⁷

The various levels of lockdown and the de-escalation of non-COVID-19 services have impacted access to care to routine services. HIV testing levels fell by nearly 50% between February and April 2020. Testing increased from July 2020 onward but did not reach the levels seen in the same months in 2018 and 2019. Numbers of HIV positive patients initiating anti-retroviral treatment also fell between February and April 2020, following the same pattern of recovery for the rest of the year as HIV testing. These overall decreases have implications for the 90-90-90 targets and potential consequences for HIV incidence, as fewer people are aware of their HIV status and therefore do not access treatment services.⁸

Cervical smears have dropped considerably, which is of concern as early detection of abnormal cervical cells decreases cervical cancer mortality and morbidity and

decreases the cost associated with treatment. Immunisation levels in children under one year old in 2020 appear not to have decreased considerably compared to 2019 levels. This is reassuring, as catch-up strategies to increase immunisation levels require considerable resources.

In order to prepare health facilities to treat COVID-19-related hospitalisation, elective surgeries were cancelled. This resulted in a severe surgical backlog at public hospitals. Delay in receiving elective surgery potentially prolongs loss of function in patients, which could affect their daily lives. This has implications for potential to earn an income and mental well-being and could also result in a poorer prognosis.⁹

Thus, the epidemic is expected to have long-term consequences on the healthcare system, including poorer health outcomes for patients. Delays in providing much needed care and defaulting on treatment regimens can have devastating implications for clinical outcomes, with the likely consequence being an increased demand for care. This is the risk of having to manage the pandemic over a prolonged period. Globally the pandemic has disrupted the provision of primary and secondary prevention interventions for non-communicable diseases, which is of great concern considering the threat that COVID-19 poses for people with comorbidities. The socio-economic impact of the pandemic as a consequence of containment measures, coupled with economic recession, has had a detrimental effect on mental health (e.g. anxiety and depression) and physical health (e.g. weight gain and unbalanced nutrition, which are drivers of non-communicable diseases like diabetes and hypertension).

3.2. Recovery focus areas

3.2.1. Enabling safer choices – behaviour change to prevent COVID-19

The ability to contain the virus relies heavily on the personal protective behaviours of physical distancing, mask wearing, hand and surface hygiene, and respiratory etiquette becoming part of everyday life.

“COVID-fatigue” and the lowering of lockdown levels puts the Province at risk of resurgence. This has required a strong social marketing strategy that promotes and enables the necessary personal protective behaviours so that society and the economy can move forward; thus, the key provincial communication messaging was framed around “**Stay Safe. Move Forward**”. Each Department developed integrated communication campaigns to educate and enable people to make safer choices.

The three Cs, **crowded** places, **close** contact settings and **confined** enclosed spaces, are indicators of likely super spreader social situations and central to the Province's “making safer choices” campaign. Agility will remain a key feature of the on-going communications response, which is enabled by maintaining strong links with health teams

and local government enforcement agencies. The following specific target audiences have been identified:

- The sector which makes use of public transport
- The sector of young adults between 18 and 30 (nudging younger adults to consider "safer socialising" choices)
- Sectors posing a specific risk, such as bars and restaurants, in preparation for the return of tourists
- Key stakeholders (Clinic committees and Facility Boards)

The behaviour change strategy will also require a strong element of regulation and enforcement, which has been co-ordinated via the Joint Operations Centres (JOCs) located in the Provincial and District Disaster Management Centres.

3.2.2. Surveillance and outbreak response to contain the spread of COVID-19

Surveillance enables a better understanding of infection risk and likelihood of a resurgence through seroprevalence or seroepidemiology surveys. The key objectives of surveillance for COVID-19 include:

- **Enabling** rapid detection, isolation, testing, and management of cases
- **Guiding** implementation and adjustment of targeted control measures, while enabling safe resumption of economic and social activities
- **Detecting and containing** outbreaks among vulnerable populations
- **Evaluating** the impact of the pandemic on healthcare systems and society
- **Monitoring** longer term epidemiologic trends and evolution of the COVID-19 virus
- **Contributing** to the understanding of the co-circulation of SARS-CoV-2 virus, influenza and other respiratory viruses, and other pathogens

The Department of Health will continue to refine its contact tracing capability in line with fluctuating demands of the pandemic and to detect super spreader situations. Sub-district teams play a central role, providing support on the ground and interventions that enable self-management.

On average, 22 000 COVID-19 tests are conducted per week in the public sector. Testing criteria varied at different points in the pandemic, ranging from testing only those coming to hospitals to testing all those with symptoms. With the approval of both laboratory-based and point-of-care antibody tests, it has become possible to obtain information about the level of SARS-CoV-2 infection across the population.

All positive cases must be isolated, and all contacts of a confirmed case must quarantine if we are to prevent resurgence. The provincial government will continue to provide quarantine and isolation accommodation for those who cannot do this at home.

3.2.3. Scaling up health platform capacity to manage COVID-19 disease

The focus on the Primary Health Care (PHC) platform remains primary prevention, which includes screening and educating communities about the virus and enabling protective behaviours by providing hand sanitiser and masks where necessary. The PHC platform will continue to ensure appropriate access to adequate COVID-19 testing capacity for all symptomatic patients and appropriate triaging and advice for self-management of most patients with confirmed COVID-19 infections.

Meeting the needs of a potential third wave (assuming the same magnitude as the second wave) requires the operationalisation of more than 700 intermediate care beds and 300 acute beds. In addition, extra capacity can be created through de-escalation of other services, which will free up 30-40% of existing acute beds.

The oxygen supply availability, required PPE, and additional staffing deployment are the key support measures that will continue to be deployed in line with the escalation plans. The use of daily “huddles” to discuss optimal utilisation of available bed capacity (via a bed bureau system) is a key co-ordinating mechanism in the different geographic areas.

A key learning from the first wave of COVID-19 was the targeted management of high-risk patients, especially the elderly and patients with co-morbidities such as diabetes. A dedicated tele-medicine intervention team to manage diabetic patients according to a risk-stratified approach yielded significant reduction in mortality. This intervention was institutionalised across the entire province.

The re-introduction of low risk / high impact services, such as immunisations, TB case detection and treatment, HIV testing and treatment, and mental health counselling and treatment, has been prioritised. The home delivery of chronic medication has been a significant game changer during the first wave of COVID-19. The practice has been institutionalised as a key component of a comprehensive strategy to improve and optimise chronic disease management.

3.2.4. Employee Health and Wellness

COVID-19 has had a profound impact on the mental and physical health of all people, including our employees. Our Employee Health and Wellness Programme (EHWP) includes interventions to address these impacts. There are three components to the service available to employees: preventive interventions, supportive interventions like psychological first aid for those employees who are symptomatic, and appropriate treatment and referral as required.

The WCG is committed to ensuring there is adequate support for employees who are struggling with the impact of the COVID-19 epidemic.

3.2.5. Vaccine roll-out

A central priority of the Western Cape Government will be the roll-out of a COVID-19 vaccine programme during 2021 and beyond.

A workstream will oversee the operational roll-out of vaccines by developing a service delivery and distribution model, ensuring cold chain management and providing adequate human resources. This programme also includes the development of the required information systems that will allow us to do targeted vaccination and to monitor the vaccine roll-out.

In support of the national programme, the WCG will mobilise volunteers, health professional retirees and senior health science students to assist as vaccinators. The WCG is working with the national Department of Health (NDOH) regarding the development of an information system to register facilities, vaccinators, clients, and details of the batches of vaccines to capture the administration of the vaccine.

The WCG will launch a major campaign in the Western Cape, using a variety of different media, as well as community voices, to share accurate and factual information with the public on the vaccines being used.

Early indications are that the national allocation will not be enough for the first phase of the rollout, and the massive, complex, urgent and dynamic nature of both vaccine demand and supply creates an inherent risk of inadequate supply, particularly in Phases 2 and 3. Any delay would slow down the rate of vaccination, with attendant mortality, social and economic costs.

The WCG aims to mitigate the risk and ensure additional pathways to source vaccines. The WCG will therefore embark on a provincial procurement process to acquire additional vaccines to ensure that there is an adequate supply of safe, approved, and effective vaccines for the residents of the Western Cape.

The WCG is completing upfront a thorough demand forecasting and planning, market analysis, and the appropriate procurement modality. This will allow the WCG to properly understand the demand and at the same time determine what product is available in a rapidly changing market.

These steps are intended to complement the vaccine acquisition plan of national government. The WCG fully supports and will coordinate with the national vaccine acquisition efforts, and there will be a continued commitment to transparency in all vaccination-related procurement by the WCG.

4. JOBS

4.1. What has been the impact of COVID-19?

Before the COVID-19 pandemic, our economy was experiencing a period of protracted economic weaknesses. In the Western Cape, the economy grew by only 0.8 percent in 2018, and this declined to a projected 0.2 percent in 2019. By the time lockdown happened, South Africa was already in a technical recession.

Then came COVID-19. The economic impact of COVID-19 has been widespread – the global impact and local lockdown has resulted in lower investment and business confidence, loss of jobs, limited trade, and business vulnerabilities related to South Africa's dependence on international markets. Investment, which is sensitive to perceptions related to confidence, has declined.

In January 2021, the International Monetary Fund estimated that the world economy would contract by 3.5 percent in 2020, up 0.9 percentage points from the October 2020 projection. COVID-19 is expected to result in an 8.5 percent contraction in provincial economic activity and an employment decline of 140,891 jobs (5.9 percent) in 2020. While the South African labour market showed a strong recovery by October 2020, with employment levels close to February 2020 pre-pandemic levels, there appears to have been a major shift in the labour market. Only half of those employed in April 2020 were again employed in October 2020, while a third of those employed in October 2020 were employed in February 2020.¹⁰ In short, those who were employed pre-pandemic were not automatically those who were employed in October 2020.

The hardest hit sectors in the Western Cape are tourism, the informal sector, construction, trade, and manufacturing, as illustrated in Table 1 below.

Sectors	GVA in 2019	GVA loss in 2020	GVA in 2020	GVA loss as a % of subsector	Emp in 2019	Emp losses in 2020	Total employed 2020	Emp loss % of sub-sector
Tourism	15 534 736	9 474 751	6 059 985	61.0%	174 982	75 477	99 505	43.1%
Informal	N/A	N/A	N/A	N/A	301 543	25 705	275 838	8.5%
Construction	31 715 441	5 045 860	26 669 581	15.9%	159 542	17 578	141 964	11.0%
Trade	102 087 570	9 716 082	92 371 488	9.5%	354 328	7 967	346 361	2.2%
Manufacturing	94 959 965	8 114 377	86 845 588	8.5%	295 183	7 858	287 325	2.7%

Table 1: Impact of COVID-19 on economic sectors in the Western Cape¹¹

Notwithstanding weak economic fundamentals and the Western Cape economy's reliance on international tourism, provincial employment rebounded stronger than expected and significantly stronger than the rest of the country. In the fourth quarter of 2020, the Western Cape's employment growth of 5.5% is 139% faster than the rest of South Africa. In the same quarter, 36% (or 121,000) of the 333,000 jobs created nationally were created in the Western Cape.

Agriculture, agri-export, retail trade, construction and BPO employment growth partly explain this performance. However, it is also the resilience of our provincial companies, people, infrastructure, and the support rendered to the domestic economy by the Western Cape Government that explain the relatively robust employment growth.

Because 174,982 jobs are dependent on the tourism sector, a full recovery of that sector is dependant not only on the rate of domestic vaccinations but also on the rate of international vaccinations.

4.2. How has our strategy changed, given the impact of COVID-19?

Owing to persistently low economic growth in the past few years, our economic recovery will focus on the underlying reasons for a lack of growth. The “Growth and Jobs” Priority of the PSP focused on the structural reasons for low growth and laid out a plan to increase investment, build and maintain infrastructure, grow exports, create jobs through skills development, and protect our resource base and build its resilience.

The impact of COVID-19 is expected to be deep and long-lasting, requiring all stakeholders to addressing the underlying reasons for low growth while at the same time implementing short-term initiatives that will tackle some of the worst impacts of COVID-19.

The WCG has taken account of the increase in unemployment, reduction in provincial economic activity, and lack of investment, and has developed a plan to help the economy “bounce back” and “bounce up”.

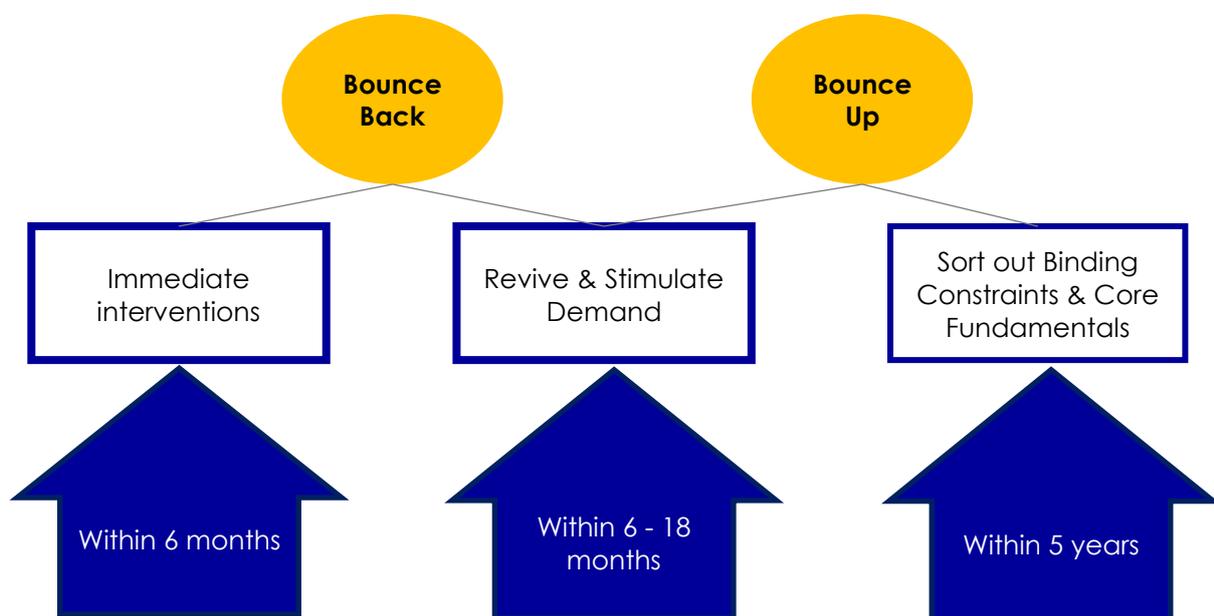


Figure 5: Overall approach of the "Jobs" Priority

The plan to help the economy “bounce back” has involved the provision of immediate public sector support to provide capital and jobs for the economy and boost business and consumer confidence.

In the medium term the aim is to help the economy “bounce up” by fast-tracking private and public sector infrastructure projects and addressing some of the fundamentals constraining economic growth and job creation. This strategy builds on the “Jobs and Growth” Priority of the PSP in the areas of skills development, increasing investments and exports, creating economic (resource) resilience, and boosting infrastructure.

The COVID-19 pandemic has highlighted the inter-relatedness of the work of all departments. In particular, there is a close relationship between growing our economy

and ensuring that our education system provides our young people with the self-esteem, knowledge, and skills required to be productive citizens. COVID-19 has created educational gaps owing to school closures, and the loss of revenue and earning capacity will have a long-lasting impact. A critical component of the recovery strategy is therefore to address these gaps and strengthen education provision (as outlined in Section 6 below) and link it with what the economy needs.

4.3. Recovery focus areas

The goal for the focus area of Jobs is to:

Create an enabling environment for job creation, primarily through supporting the private sector and markets, thereby improving wellbeing and safety

An enabling environment to grow the economy and create jobs will be achieved by focusing on the following themes, across the WCG:

Accelerate Ease of Doing Business	Enable the ease of doing business by addressing 1) the binding and systemic constraints in the economy, and 2) the red tape of government and its agencies
Boost investment and exports	Boost private sector investments and promote and support exports
Boost infrastructure	Stimulate the economy by boosting infrastructure investment and job creation in the public sector
Scale up work opportunities and skills for people without jobs	Boost employment for people without work through accelerating skills supply and work placement initiatives
Economic resilience	Enable energy and water resilience

Table 2: Overview of focus areas - Jobs

4.3.1. Secondary priorities: Economic intelligence and communications

Economic intelligence is a secondary priority, given that the WCG will continue to follow an evidence-led approach in the delivery of all interventions. Economic intelligence ensures informed decision-making and underpins the delivery of the key themes. Similarly,

communication is a secondary priority, given that business and consumer confidence are a vital aspect of the recovery plan. All Departments must undertake to support communication drives that will raise awareness of positive developments and help boost business and consumer confidence.

4.3.2. Underpinning foundations and spatial focus

All Departments will continue with the programmes and interventions that speak to their core mandate and strategies, which underpin the delivery of the themes. These include SMMEs and the informal economy, Catalytic Economic Infrastructure, Digital Economy and Innovation, Consumer Protection, Skills Development, Sector Development, Economic Advocacy and Stakeholder Coordination, Spatial and Municipal Economic Support, and the Green Economy.

Furthermore, regional economies across the Western Cape have been severely impacted by the COVID-19 pandemic, and an integrated response that aligns to their unique characteristics is required. Using the Joint District & Metro Approach and the District Consultative forums as key platforms for engagement, the provincial approach to economic recovery is transversal in nature and will apply a spatial lens at district, rural and township level.

For municipalities to shape their way forward, the Recovery Implementation Plan includes key thematic areas with accompanying support interventions to assist municipalities with their local-level programmes.

4.4. Recovery focus areas

4.4.1. Immediate Interventions

The jobs theme had an immediate response that focused on providing relief by getting income into households. This was achieved through immediate interventions that focused on supporting and creating jobs within the public and private sectors. Key achievements of the immediate interventions included:

- Over 7 493 job opportunities created or sustained through interventions aimed at supporting businesses to retain or grow employment opportunities by December 2020;
- Over R1.3 billion worth of investment value recruited into the region and over 3 000 companies provided with support;
- Municipalities were prepared to take advantage of the recent legal approval for municipal self-generation of power, which will have a positive impact on economic growth and energy security;

- A total of 1 095 provincial public works projects provided 27 690 work opportunities as at December 2020, of which an estimated 6 766 Full-Time Equivalent work opportunities were provided.

The key success within the public sector has been the upscaling of the Expanded Public Works Programme and fast-tracking of existing projects through re-prioritising departmental budgets. Going forward, an additional R50 million has been allocated to municipalities to provide public employment opportunities and thereby offer some short-term relief.

4.4.2. Focus areas, 2021 MTEF onward

Accelerate Ease of Doing Business	<ul style="list-style-type: none"> • Find and implement systemic solutions for economic challenges and binding constraints • Provide Red Tape Reduction support for municipalities • Improve efficiency of government procedures and administrative systems • Provide clear policy direction and legislative reform 	Short Term April 2021 - March 2022
Boost investment and exports	<ul style="list-style-type: none"> • Enhance international and national positioning of the Western Cape region • Implement investment facilitation and retention strategy • Promote trade in key destination markets (i.e. rest of Africa) • Increase productivity growth and product complexity • Support tourism • Support agribusiness • Support growth opportunities in sectors like Agriculture and SMMEs, including support to the township economy 	
Boost Infrastructure	<ul style="list-style-type: none"> • Identify and guide the planning and execution of major public infrastructure interventions • Support municipal infrastructure implementation and spend, particularly on labour-intensive projects • Identify enabling infrastructure gaps • Mobilise and direct new infrastructure investments, e.g. ecological infrastructure investment 	

Scaling up work opportunities and skills for people without jobs	<ul style="list-style-type: none"> • Increase internships and skills programmes • Improve access to skills opportunities and workplace opportunities • Improve the skills ecosystem • Place people into public sector work opportunities, e.g. EPWP programmes 	Short Term April 2021 - March 2022
Economic Resilience	<ul style="list-style-type: none"> • Diversify the regional energy mix and reduce energy intensity by promoting the natural gas sector and promoting & enabling solar PV installations and energy efficiency by businesses and households • Initiatives that support the Green Economy • Climate change resilience • Water Resilience • Waste Management 	

The rationale for the above interventions is as follows:

- **Ease of Doing Business** has become a cornerstone of economic growth due to its ability to unlock growth potential through the removal of constraints to growth opportunities and job creation.
- **Investment will be attracted** into our two special economic zones and other economic development infrastructure initiatives, and foreign investment will also be attracted through international marketing interventions. Furthermore, growth of formal and informal SMMEs will help stimulate private sector investment into the economy, sustaining and growing employment.
- **Infrastructure-driven growth** will focus on infrastructure maintenance and the construction and maintenance of dams, roads, and education, health, and general building facilities. This will catalyse economic productivity and competitiveness. Enhancing the rate of municipal infrastructure spend will unlock growth, benefiting the construction industry and its supply chain.
- **Scaling up work opportunities** will increase opportunities for finding employment in the private sector through increasing skills programmes, access to skills opportunities and facilitating the placement of people into work opportunities.
- **Economic Resilience** will focus on creating energy and water resilience and security in order to contribute to sustainable production and to support job creation.

The Jobs priority is mindful of the fundamental economic shortcomings that have resulted in an economy that has been underperforming for more than a decade. The proposed interventions will create an enabling environment for job creation and in turn will contribute to wellbeing and safety.

5. SAFETY

5.1. What has been the impact of COVID-19?

The initial lockdown and subsequent restrictions have resulted in lower crime rates, but it is expected that significant job losses and disruptions in learning and other activities will lead to an increase in crime in the medium- and long-term.

In the first weeks of their respective lockdowns, countries around the world recorded decreases in violent crime, including in South Africa and the Western Cape. For the period April to June 2020, the South African Police Service (SAPS) reported extensive decreases in crime, including a decrease in murder by 27.4%, a decrease in sexual offences by 37.5%, and a decrease in robbery by 51.1%.¹² In addition, trauma admissions in emergency centres have on average been 36% lower when alcohol was banned than when alcohol was available.

Indeed, these gains were reversed by the third quarter (for the period October to December 2020). Compared with the same period in 2019/20, there was a 11.2% increase in murder, 2.1% increase in sexual offences, and an increase of 10.3% in aggravated robbery. Common robbery on the other hand decreased by 24%.

The reasons for the decrease in crime are likely related to people not leaving their homes (which led to fewer opportunities to commit crime), the alcohol ban, and people's fear, unwillingness, or inability to report crime to the police. With the easing of the lockdown restrictions and the unbanning of alcohol, crime has increased.

A South African survey has predicted an increase in inequality due to COVID-19, with the poorest 50% of South Africans being the hardest hit by job losses early in the pandemic.¹³ There is evidence from previous pandemics that inequality increases by an average of 1.5% five years after an epidemic.¹⁴

Furthermore, inequality (and especially income inequality) and poverty are significantly related to homicide. A Southern African study indicated that a one percent increase in inequality was associated with an increase in the homicide rate of 2.3 to 2.5%.¹⁵

There is also an increased risk of youth violence due to a decrease in opportunities. Decreased mental health causes stress and anxiety in the household and increases the risk of domestic violence. Finally, in the longer term, the increased malnutrition of children during the pandemic increases the risk of their violent behaviour as adults due to nutrient deficiencies affecting healthy brain development.¹⁶

5.2. Our approach to increasing safety

The PSP identified three problems that need to be tackled simultaneously. First, Western Cape residents face particularly high levels of violent crime, with young men being at greatest risk of being murdered and women facing high levels of gender-based violence, especially at the hands of intimate partners. Public trust in the police has been declining over the years, with only 58% of Western Cape residents expressing trust in the police in 2017/18. Lastly, inadequate spatial planning and infrastructure development remain breeding grounds for weak social cohesion and criminal activity.

The PSP identified three focus areas for intervention:

- **The capacity and effectiveness of policing and law enforcement** will be enhanced through deployment of additional law enforcement officers, data-led and evidence-based policing, strengthened crime prevention partnerships with non-government role players, and the implementation of a Rural Safety Plan.
- Programmes to **reduce exposure to and experience of violence by children** and between caregivers will be key to reducing high levels of violence and eventually violent crime.
- Programmes will be implemented to increase the **safety of public spaces and promote social cohesion** in targeted communities.

These three focus areas of the PSP have been developed further in the Recovery Plan, as demonstrated below:

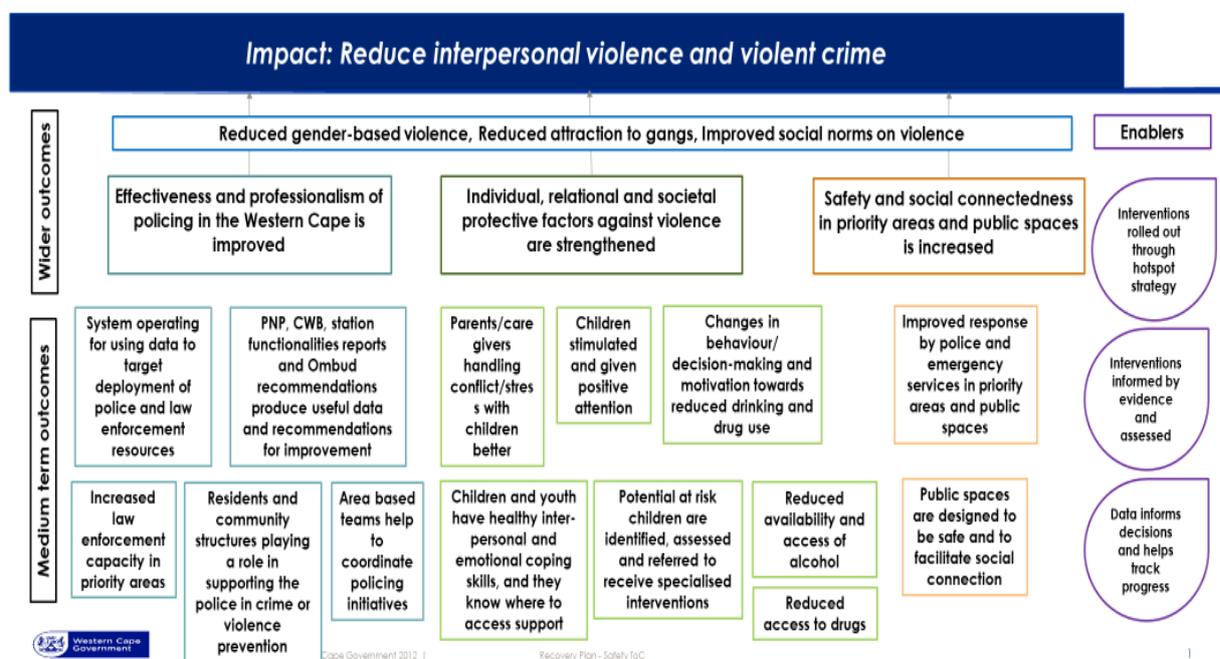


Figure 6: Theory of Change of the Safety Priority

The definition of safety for the Recovery Plan follows from the above:

Safety is an aspiration. It is the state of being free from crime and violence. Being free from inter-personal violence will be the key driver of safety in the Western Cape.

Reducing inter-personal violence requires an evidence-informed, data-led, area-based public health approach to law enforcement and violence prevention.

Strengthening the multiple protective factors for violence requires the adoption of a life-course approach, as outlined in the Introduction. This includes the acknowledgement that exposure to violence as a child increases the likelihood of committing or being the victim of violence as adults.¹⁷

5.3. How has our strategy changed, given the impact of COVID-19?

The WCG has learned much under COVID-19, and these learnings are informing our approach to safety. There will be an even greater emphasis on evidence-based and data-led implementation, and a new emphasis will be placed on area-based planning and implementation, as shown in Figure 7 below.

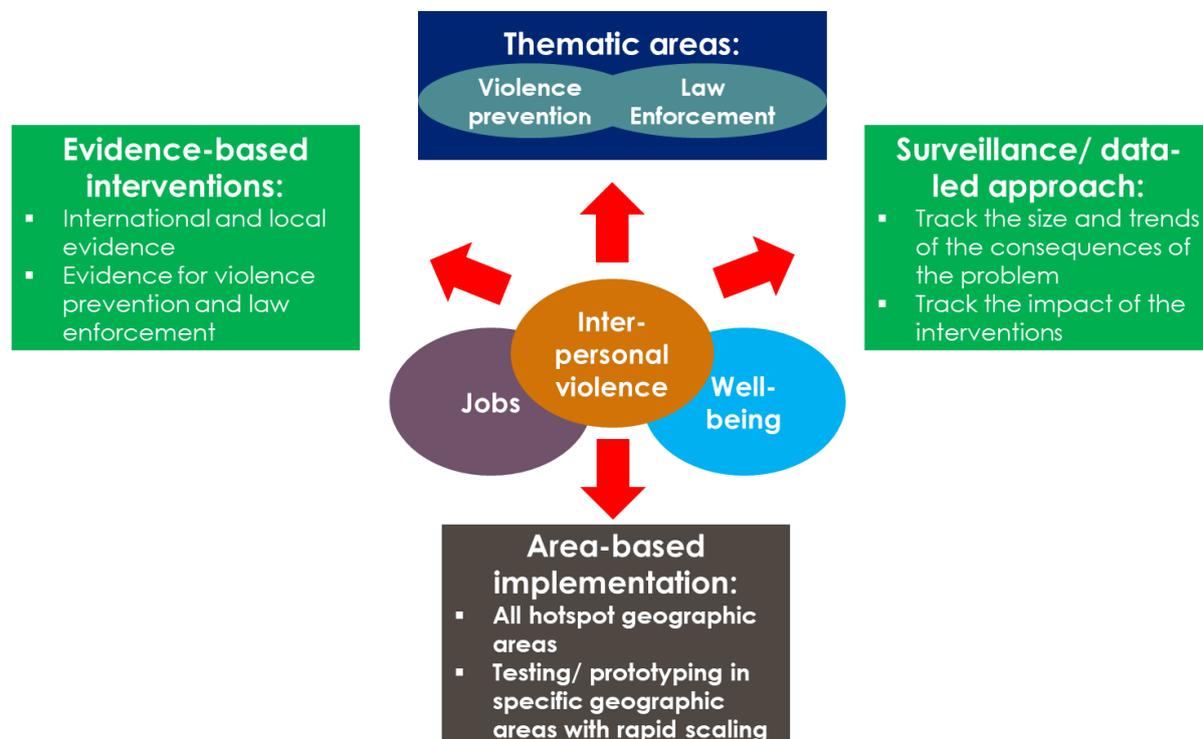


Figure 7: Rationale for the Safety Priority Approach

Each of these elements is critical to ensuring impact on the ground.

(i) **An evidence-informed approach to safety:** International and local evidence of what works in addressing specific safety challenges faced by the “law enforcement” and “violence prevention” streams will be translated into the implementation of existing and new interventions.

(ii) **A data surveillance approach to safety:** Adapting the Cardiff model for violence prevention, we will develop a safety data surveillance system which will integrate data from different government departments to identify hotspots of violence and its drivers, track the size and trends of the consequences of the problem of crime and violence, and track the impact of our interventions.

(iii) **An area-based approach to implementing the safety priority:** We will establish area-based teams in hotspots of violence with representatives from the law enforcement and violence prevention streams, who will coordinate safety interventions in those areas. There will be close coordination with the Wellbeing Priority, given the importance of social cohesion in preventing and addressing violence in our communities. Our area-based operations and priorities will be data-led and evidence-informed. The Joint District and Metro Approach (JDMA) will provide the municipal linkage for the Safety Priority and will build on existing safety entry points.

5.4. Recovery focus areas

5.4.1. Immediate interventions

The roll-out of the multi-sectoral and evidence- and data-led area-based process outlined above will not be immediate. To address some of the urgent safety needs of communities, the following programmes are in the process of implementation:

- Establishment of Area-based Teams in geographical areas recording the highest murder and gang violence in the Province;
- Establishment and implementation of the Youth Safety Ambassador Programme;
- Youth training and work placement in jobs in the high-crime areas in which they live via the Expanded Public Works Programme (EPWP);
- Expansion of Chrysalis Academy;
- Training and placement of peace officers at six municipalities;
- Establishment of a Rural Safety Desk;
- Up-scaling services to survivors of gender-based violence;
- Establishment of a Highway Patrol to monitor and apprehend flows of illicit goods; and

- Deployment of an additional 500 law enforcement advancement programme (LEAP) officials in high-crime areas in the City of Cape Town.

5.4.2. Focus areas, 2021 and beyond

International evidence identifies eight focus areas for intervention of what works in reducing interpersonal violence.¹⁸ These will inform the choice of interventions, which include the following:

- Develop safe, stable and nurturing relationships between children and their parents and caregivers;
- School needs assessment to assess levels and drivers of violence in schools;
- Reduce the availability and harmful use of alcohol;
- Reduce access to firearms and knives;
- Create safe spaces through urban design;
- Empower women socially and economically;
- Change social and cultural norms that support violence;
- Continuation of Chrysalis academy youth development;
- Strengthen child protection services in high-crime areas under the co-ordination of area-based safety teams;
- Support safety partners such as Community Police Forums (CPFs), Neighbourhood Watches (NHWs), Non-Governmental Organisations (NGOs), and Community-Based Organisations (CBOs); and
- Ensure that victim support services are effective.

All these interventions will rely heavily on strong intersectoral collaboration and coordination through a Whole-of-Government and Whole-of-Society approach.

6. WELLBEING

6.1. What has been the impact of COVID-19?

COVID-19 has had a devastating impact on public health, education, and social outcomes in the Province.

The health sector has been hard hit by COVID-19, most notably the direct impact on the ability of the health system to deal with routine health care services such as HIV treatment and chronic disease control (such as diabetes) while responding to the pandemic. These impacts have been explained in Section 3 above.

The Early Childhood Development (ECD) sector has similarly been severely impacted by the pandemic. Compounding an already strained sector, the data show that the ECD sector was operating at just a quarter of the pre-crisis level a month after they could reopen (mid-July/August 2020). Only 15% of children aged 0-6 were attending ECD programmes by mid-July to mid-August compared to 47% in 2018, but this increased to 31% by November/December 2020.¹⁹

ECDs were also the last cohort of education providers that could open after the first wave.²⁰ Many women were doubly burdened by needing to take care of small children in their household and dealing with delays in returning to work and earning an income – 67% of women versus 25% of men said that they were looking after their children themselves by mid-2020, although these additional responsibilities decreased drastically for both men and women as children returned to school.²¹ This said, women continue to bear the largest share of household duties, impacting on their ability to access the labour market.

Additionally, the re-opening of some ECD centres was too costly due to PPE requirements, while others have had to either temporarily close or permanently shut their doors due to unaffordability. This said, by January 2021, a total of 3 801 ECDs in the province have reopened and 170 remain closed. However, 68% of people living with young children in South Africa could not afford to pay fees by November/December 2020, confirming that the majority of children remain unable to access ECD centres.²²

Nationally, school attendance improved as schools reopened in the course of 2020. In July 2020, only 37% of children across the country were attending school. This increased to 98% in November 2020. However, most schools put in place a rotational schedule, and therefore most children only attended school every other day. The extent of learning losses due to this staggered system is yet unknown.

With the onset of COVID-19 and the sudden shift to remote online learning, the digital divide between the advantaged and disadvantaged has been further exacerbated. Only 5-10% of learners in South Africa can continue their learning, given their lack of access to computers and connectivity. The Western Cape Department of Education built on its efforts in the past few years to increase online learning and connectivity, which

enabled schools to respond positively to the rapid shift to online teaching required by intermittent school closures. Learning material was made available online. However, the pandemic highlighted the need to expand the delivery of online learning so that all schools can effectively deliver online teaching and all learners can easily access online learning. In response to school closures and to assist teachers and learners to cope with the mounting pressures of protracted school closure, the Department developed material and lessons that were available via the ePortal. Learners could access this material to assist with their own learning and it prepared them for their final academic performance assessment.

Other support mechanisms to learners and teachers included the provision of screening and sanitising material, the continuation of learner feeding throughout the academic year, and the provision of psycho-emotional support for COVID-19 related trauma through school psychologists, social workers, and other wellness support.

The level of youth unemployment was high before COVID-19 and has deteriorated much more since then. The Quarterly Labour Force data (Q3 of 2020) show that 25% of Western Cape youth aged 15-24 fall into the category of NEETS (not in education, employment or training), with more NEET males (28.3%) than females (21.9%).²³

TB management services have taken a severe knock during the lockdown. The GeneXpert testing volumes declined by 50% during levels 5 and 4 of lockdown. Furthermore, between March and April 2020 there was a 40% decline in the number of TB cases diagnosed. In comparison to April 2019, there was a 47% decrease in the number of diagnosed TB cases in April 2020. However, from August to September 2020, there was a 36% and 42% increase in testing volume and diagnoses respectively.

The TB test positivity rate has also increased in 2020 compared to 2018 and 2019. This is indicative of poorer TB epidemic control. The COVID-19 pressure on the healthcare system has led to decreased contact tracing, screening and testing of suspected TB patients, and a decrease in the start of TB treatment for those with confirmed TB.

The mortality statistics in the Western Cape have drawn attention to the high incidence of food-related non-communicable disease (NCD) co-morbidities, namely diabetes and high blood pressure.²⁴ This is often the result of inadequate or unhealthy diets. Nutrition security has been a longstanding and growing problem. In addition to creating jobs and raising incomes, therefore, there is a need to improve the access of low-income households to nutritious food.

In many areas, the COVID-19 pandemic has highlighted how close the average household is to hunger and food insecurity. As the Premier recently put it, having a job “is for many people the difference between putting food on the table, and starving... Job losses mean malnutrition, starvation, increases in crime and, in the long term, premature death.”²⁵ As indicated in section 3, both child hunger and adult hunger increased across South Africa in 2020, signalling a risk of prolonged food insecurity in 2021. This coincided with the removal of top-ups to the Child Support Grant and Old Age Pension at the end

of October 2020, with only the R350 Social Relief of Distress grant being extended into 2021. Since the grants are not cumulative, the poorest households, and especially Black women with children, risk being most affected and suffer most from hunger, with potential devastating long-term consequences on child well-being.²⁶

The pandemic has also laid bare inequality in access to water and sanitation, especially for households living in informal settlements who do not have access to water in their homes to wash their hands with soap, which was a public health recommendation. In response, the Department of Human Settlements focused on the provision of basic services, as better access to water and sanitation addresses not only their physical needs but goes to the heart of giving individuals dignity.

6.2. Our approach to increasing wellbeing

Wellbeing in many circles is viewed as happiness or quality of life, but happiness is very specific in that it refers to the experience of pleasure and the absence of pain. Wellbeing is broader: it includes the idea of happiness but also embraces qualities in broader society.²⁷ The government of the United Kingdom relates wellbeing to our personal wellbeing, our relationships, health, what we do (work and leisure), where we live, personal finance, economy, education and skills, governance and environment.²⁸

Amartya Sen's *capability approach* states that people need to develop their capability sets so as to develop their full potential and find their purpose in life. His work gave impetus to the Human Development Index, which combines measures of GDP, life expectancy and education; while imperfect, this does consider the notion of wellbeing in government policy and approaches.²⁹

Drawing from such global approaches, the Wellbeing priority has been defined below:

The promotion of wellbeing involves the protection of fundamental human rights,* the progressive realisation of socio-economic rights, and the creation of a sense of belonging.

*Human rights include shelter, safety, social protection, health care, and basic education, amongst others.

A sense of belonging in communities is essential to wellbeing, which includes increasing trust between government and communities.

The Wellbeing priority closely mirrors the main problem statements in the Empowering People chapter of the PSP, and it uses a life course approach. This approach aims to intervene at the critical points in a person's life to ensure future success. The stages of the life course and the links with the current plan are highlighted below.

The Wellbeing priority uses an evidence-based approach to determine the interventions. The Wellbeing priority has four focus areas:

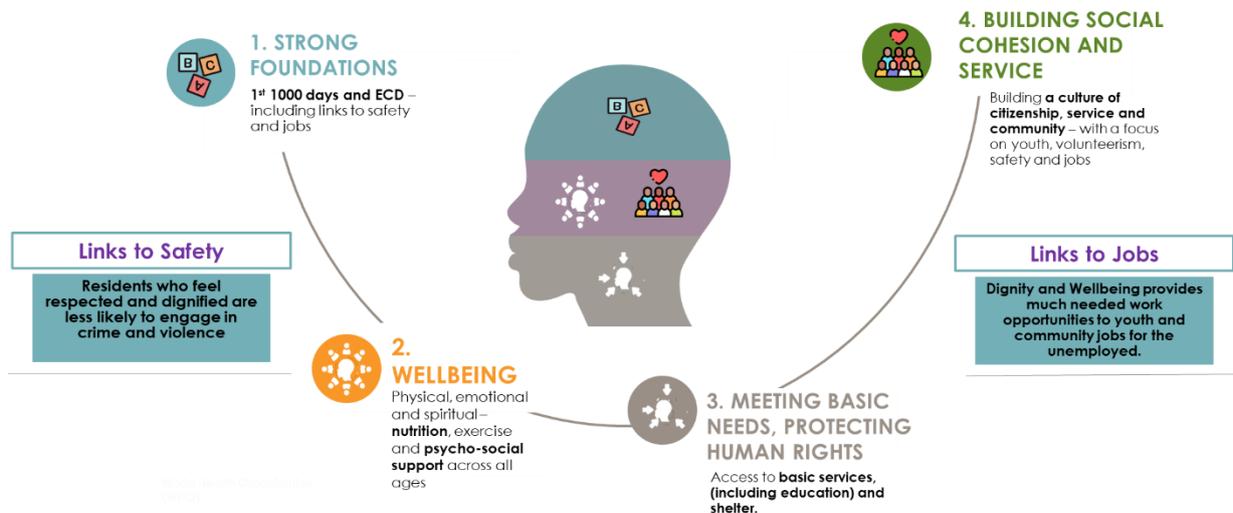


Figure 8: The four focus areas of the Wellbeing priority

6.3. How will we respond?

The Wellbeing priority will elevate the initiatives that are critical to ensuring the psychological, social, and physical health of our residents. In implementing these initiatives, the worst impacts of COVID-19 will also be addressed.

In the area of **strong foundations**, research shows that children who benefit from essential First 1000 Days outcomes (such as child and maternal support, attachment and care, and infant stimulation) can earn up to 20% more as adults versus their counterparts and are more likely to have healthy families themselves. The Recovery Plan's focus on Wellbeing therefore elevates the importance of the 1st 1000 days of life for both mother and child.

Evidence has shown that programmes aimed at encouraging safe, stable and nurturing relationships between children and their parents or caregivers have been found to work in preventing child maltreatment and reducing childhood aggression and youth violence.³⁰

For children aged 2-5 years, evidence suggests that substantial Early Childhood Development (ECD) interventions can help to improve their cognitive and physical development.³¹ Literacy and numeracy testing of grade 3 learners done by the WCED indicates that children are not adequately prepared for school and that the school system is not always able to address the effects of early deprivation. As a result, there will be a

significant focus on ECD, and partnerships with municipalities will be strengthened in this regard.

In terms of **individual wellbeing**, COVID-19 has highlighted that a combination of soft skills (growth mindset,³² self-regulation, social awareness, and relational skills) are as critical as the hard skills of literacy and numeracy. The Recovery Plan will therefore elevate social-emotional learning and psycho-social skills to build resilience and grit for our most disadvantaged learners. Social and emotional learning, for example, has played a significant role in contexts where violence and conflict exist and where children and youth are disproportionately affected.³³

After School Programmes are being offered by DSD, DCAS, WCED and NGOs at about half of the no- and low-fee schools in the Province. They provide whole child support and safe spaces after formal schooling. These offer children the opportunity to develop relationships with caring adults, find and nurture their passions, and build positive peer networks. This work is supported by the advocacy and research effort to creating an enabling environment for impactful after school programmes.

The PSP emphasised that **youth** engage in unhealthy and risky behaviours, have few educational and economic opportunities, and become disconnected from productive society as a result. The Recovery Plan will continue to prioritise the provision of opportunities for youth both in the employment and after-school space. Engaging with youth-at risk is especially important, and this connects with the violence prevention component of the Safety priority.

The YearBeyond Youth Service Programme offers almost 1 000 youth an opportunity to gain meaningful work experience and build their CVs and pathway into studies or work. In addition, the YearBeyond Programme offers at-risk learners in grades 3 and 4 with academic support in literacy and numeracy and the grades 8 and 9 programme offers maths and homework support to struggling learners to ensure they do not drop out in grade 10.

The Wellbeing and Jobs priorities are closely linked, as the education system both prepares students for specific jobs and provides them with the confidence and skills to start their own businesses.

Core healthcare concerns such as the burden of injury will be elevated in the Safety Priority due to the direct impact on crime and violence.

Improving the **nutrition** of children increases their educational potential and reduces behavioural and psycho-social problems and chronic health conditions.³⁴ In adults, chronic health conditions increase the pressure on the resources of the health system as well as the lost productive capacities of people who are absent from work, or work less effectively, due to Non-communicable Disease related illness. For these reasons, the issue of food security has gained prominence in the Wellbeing priority.

Similarly, the issue of **homelessness** emerged strongly through the COVID-19 crisis and highlighted the urgent need to provide homelessness assistance across the Province. While homelessness was not highlighted as a specific intervention in the previous PSP, the Wellbeing theme has elevated this priority due to the growing need in the Province because of COVID-19. Various studies suggest that homelessness has negative effects on public health and social systems and that reintegration into more permanent housing solutions can assist to improve socio-economic outcomes in society.³⁵

A central theme within Wellbeing is social cohesion, which is the ongoing process of fostering dignity, social participation within communities, and cooperation and trust across socio-economic divides. It is also a transversal theme in the Recovery Plan, as creating safe communities goes hand in hand with social cohesion.

6.4. Recovery focus areas

6.4.1. Immediate interventions

Interventions in the PSP were initiated during 2020 to address immediate needs, and these will provide the basis for the initiatives implemented during the 2021 MTEF and beyond. Implementation will take place throughout the province utilising the structures and mechanisms of the JDMA.

The specific interventions in the four focus areas include:

- Support to the ECD sector through PPE and income protection package;
- Food relief through resourcing of community kitchens, partnerships with NGOs, spaza shop food voucher schemes, and food parcel deliveries for beneficiaries in remote areas;
- Stunting and malnutrition surveillance in order to ensure appropriate targeting of food relief;
- Growth Mindset at schools, initially for Grade 12s;
- Provision of 1000 additional shelter spaces and reunification services for the homeless;
- Thusong homework hubs;
- Red Dot Light – transport for health care workers;
- Expansion / enhancement of school feeding schemes;
- After School MOD, Neighbourhood Schools, Partial After Care, YearBeyond and Grade 8 and 9 programmes
- YearBeyond Youth Service work experience for NEETS
- Community, school, and household food gardens; and
- Provision of basic services and sanitation in targeted informal settlements

6.4.2. Community structures formed through partnerships with NGOs working in the built environment sector to facilitate community based participatory planning Focus areas, 2021 and beyond

Many of the immediate initiatives listed above will continue into the 2021/22 Financial Year, and additional focus areas will include:

- Finalisation and roll-out of the Gender-based Violence Implementation Plan;
- ECD infrastructure support and registration drive;
- Specialised learners support at ECDs expanding into Grade R;
- First 1000 days services for maternal health and early childhood development;
- Libraries reading drive;
- Continuation of food relief and roll-out of food gardens;
- Development and implementation of a "nourish to flourish" mobilisation strategy for the Province;
- On-going support for After School Programmes;
- @ Home learning drive to extend education beyond the classroom;
- Catch-up on routine health services, including Road to Health scheduled vaccinations;
- Design of safe spaces in urban areas;
- Facilitation of sport, arts and culture spaces, activities and skills to build social cohesion; and
- Further expansion of Youth in Service programme to 1000 youth per annum offering social sector services while gaining work experience and building their CVs.

7. ENABLER: OUR NEW WAY OF WORK

The WCG has been faced with enormous challenges under COVID-19 and could not have responded effectively if it had not done so with agility and innovation. This has provided impetus for a review of how the WCG delivers services to society in a way that reduces the costs, time and effort of residents and institutions when accessing government services.

The crisis is not over: it has now led to severe fiscal challenges, and our new-found abilities will be put to the test as we aim to achieve more with fewer resources. The WCG has gained valuable learnings, which will be embedded further as we tackle the challenges ahead.

7.1. Intergovernmental collaboration is central to service delivery

Before COVID-19 arrived in the Western Cape, the WCG had been building a strong system of collaboration called the Joint District Approach (since re-named the Joint District and Metro Approach, or JDMA). This approach brings together the three spheres of government at the metro, district, and local levels. During the pandemic, the District Coordinating Forums and their supporting Technical Forums were bolstered by the participation of additional national and provincial officials, and in the Cape Town Metro, COVID hotspot teams were established.

This saw an unprecedented level of co-planning and co-budgeting between the WCG and municipalities. These relationships quickly expanded to include active collaboration between all levels of government, the private sector and civil society, and this has been essential to the Western Cape's effective response to COVID-19.

This collaboration will be further embedded through the Recovery Plan, which will establish the linkages between national and provincial programmes and their implementation within municipal areas.

7.2. The value of deeper citizen engagement through an area-based approach has become clear under COVID-19

The WCG is exploring how to build on the relationships and collaborations that have been developed with citizens, civil society, and businesses around the provision of humanitarian relief in response to COVID-19. The humanitarian crisis is far from over and these partnerships will be critical to provide ongoing relief to vulnerable citizens and communities.

Households in the Western Cape are under more pressure than before COVID-19, and the WCG will be challenged to meet their needs with fewer resources at hand. This will require clear communication about what we can and cannot do and engagement with communities about what they see as the priorities and how they can work with the WCG

to address them. This requires a different way of deciding on, designing, and implementing service delivery.

The COVID-19 Hot Spot approach drew together a wide variety of government officials, who engaged with community structures and residents to slow down COVID-19 transmission and respond to humanitarian needs. This area-based approach will now be embedded within the JDMA and bring government and communities together more closely to address local problems.

7.3. Data and evidence must guide us

During the COVID-19 pandemic, data and evidence have been key to inform decisions at levels never experienced before. The rationale for the decisions, and the data supporting them, have been regularly communicated to the public and have increased public trust in government's response to the pandemic. Going forward, the value in better using data and evidence to make decisions to solve complex social problems has been acknowledged.

Therefore, an equally important requirement of the new way of working is that we are data- and evidence-led in decision making and priority setting. The WCG will use all its data and information capacities to inform and guide the planning path we are about to embark upon. The Provincial Data Office in the Department of the Premier is an important provincial resource to be used in this regard.

7.4. We have improved service delivery through innovation and need to continue the momentum

A number of innovative delivery mechanisms emerged in the wake of COVID-19. In the healthcare sector, this was exemplified by home delivery of medicines, optimising appointment systems, and introducing telemedicine. In the transport space, the Red Dot and Red Dot Lite taxi services pioneered a new model for partnering with the taxi sector and transporting patients and essential workers. COVID Hotspot teams were established throughout the Province and demonstrated that joined-up planning and implementation was possible. In the finance space, new and quicker procurement processes were designed and implemented while maintaining full transparency and accountability.

With the prospect of having significantly fewer resources, it will be imperative to develop new service delivery models that improve delivery to our residents while at the same time reducing the resources required.

7.5. Our COVID learnings should form the basis of new capabilities and a “new norm” culture in the Western Cape Government

Globally, the novelty and magnitude of COVID-19 has led government to rapidly implement new policies and programmes. Overall, COVID-19 has allowed governments to be agile and to learn, fail, and adapt quickly.

In the Western Cape as well, the COVID-19 period has underscored the importance of the New Norm culture programme, which aims to shift the culture to one that is more adaptive, stimulates innovation, harnesses data intelligence, and promotes continuous learning and a caring approach. The New Norm culture programme is at the heart of the new way we work, and its aims must direct our planning ethos.

The New Way of Work also requires us to critically review the capability required to achieve our current and revised strategic priorities and operational priorities. The proposed WCG Capability is depicted in the diagram below.

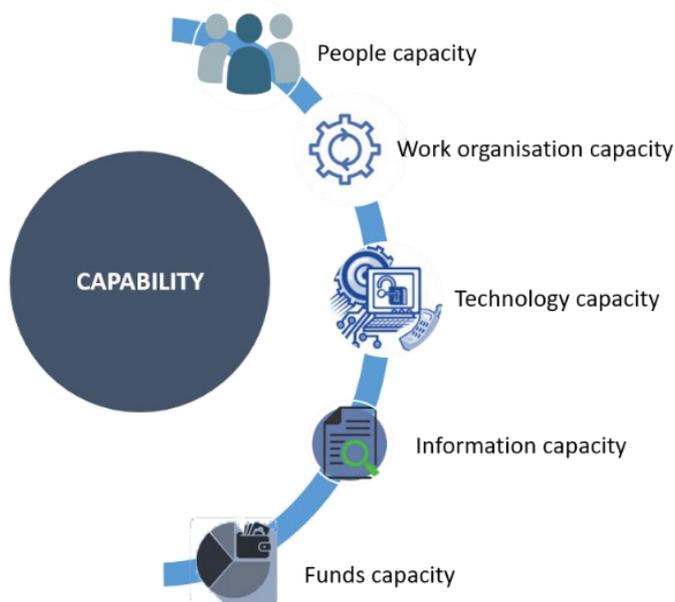


Figure 9 WCG Capabilities

Our People remain our core implementing capacity, and this requires us to be mindful of whether we have the requisite people and are optimally utilising them.

7.6. Digitisation

The COVID-19 pandemic has highlighted the importance of delivering services via digital platforms and being able to continue our operations using digital technologies. Departments need to indicate which of their services can be accessed remotely by citizens with no or limited face-to-face interactions, for those citizens who want to access such services online.

This might require a department to collaborate with other departments or spheres of government to enable end-to-end services to the citizen, thereby saving the citizen from having to physically go from one Department to another. However, as some of government services are not rendered efficiently, it is important that service delivery processes and value chains also undergo a re-design process before they are automated.

8. CONCLUSIONS

The Western Cape has experienced a myriad of shocks owing to the COVID-19 pandemic. Many have caught the illness, and some have died. The economy has contracted, and our residents are coping with the physical and mental after-effects. The effects on the health, education, and welfare of the residents will continue well into the future.

On the positive side, this shock has also shaken up governments throughout the world and challenged them to be more responsive, agile, and innovative. Informed by the Provincial Strategic Plan, the Recovery Plan prioritises PSP interventions in the face of shrinking budgets, responds to the many new challenges we are facing, and outlines how we will embed our learnings from COVID-19.

The Recovery Plan has been in implementation even while it was being designed: departments identified and implemented short-term interventions, and most of these will continue into the 2021/22 Financial Year. The approach and over-arching interventions in this document will therefore be reflected in the Recovery Implementation Plan, which will specify the outputs, targets, and progress of each intervention. It will also specify the APP linkages, so that the roll-out of the Implementation Plan can, through departmental APPs, be monitored on a regular basis by government and the public alike.

¹ Alan Winde (2020). Statement by Alan Winde, Western Cape Premier: Press statement <https://coronavirus.westerncape.gov.za/news/media-release-premier-alan-winde-his-weekly-digital-press-conference-20-august>

² Oyenubi, A. & Kollamparambil, U. (2020). Covid-19 and Depressive Symptoms in South Africa. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM).

³ Mudiriza, G. & De Lannoy, A. (2020). Youth emotional well-being during the Covid-19-related lockdown in South Africa. Southern African Labour and Development Research Unit. Working Paper Series Number 268.

⁴ N Spaul and others, *Synthesis Report. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM) Wave 3*, February 2021.

⁵ N Spaul and others, *Synthesis Report. National Income Dynamics Study (NIDS) – Coronavirus Rapid Mobile Survey (CRAM) Wave 3*, February 2021.

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