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Social Distancing and Distanced Societies: A Case study of leadership in the early days of COVID-19 in South Africa

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ABSTRACT

The outbreak of COVID-19 This paper provides a leadership analysis of the first five months of the COVID-19 response in South Africa. Societal mobilisation requires a unified and rapid response to crisis, meaning that effective leadership must reach all areas of society. This paper examines the strength of the leadership foundation by applying Olanisakin and Walsh's markers of sustained influence to two disparate communities in Durban, South Africa: Inanda, a working-class township, and Durban North, a middle-class suburb. A case study was produced using social media, news articles, and government communications to compare mobilisation in the two neighbourhoods. This paper argues that the sense of the threat posed by COVID-19, as articulated by the government, was not shared across society. While Durban North residents felt the medical threat of the virus, people living in Inanda were more concerned with the threat of poverty. This research found that the government's COVID-19 policies did not sufficiently protect those living outside of everyday structures of governance, such as informal workers, and this led to an exacerbation of pre-existing inequalities. Without a common sense of what is at stake, and a common experience of this threat, it is difficult to establish a 'whole society' response. While a strong software of leadership infrastructure enables action based on trust and shared values of togetherness, a weakness in the software can lead to reliance on the hardware of leadership infrastructure, which in this example reproduces existing inequalities within society.

Keywords: COVID-19; South Africa; Societal Mobilisation; Leadership Infrastructure

1. INTRODUCTION

*"As we walk this road together, as we struggle to defeat this pandemic, we remain strong and united and resolved"*¹

President Cyril Ramaphosa 09/04/2020

Speeches from world leaders during the early days of the COVID-19 global pandemic were laced with sentiment of unity and togetherness. We were told that the virus did not discriminate², and that it could have a levelling effect on society. And yet, the statistics tell a

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¹ Ramaphosa, Cyril (2020), 'President Cyril Ramaphosa: Extension of Coronavirus COVID-19 lockdown to the end of April', [Speech made 9th April 2020], available at; <https://www.gov.za/speeches/president-cyril-ramaphosa-extension-coronavirus-covid-19-lockdown-end-april-9-apr-2020-0000>, accessed 07/08/2020

² Ahmed, Ameer, Laura Foster, Terry Saunders (2020), 'BAME Coronavirus deaths : What's the risk for ethnic minorities?', available at <https://www.bbc.co.uk/news/av/explainers-52969054/bame-coronavirus-deaths-what-s-the-risk-for-ethnic-minorities>, accessed 07/08/2020

different story: in the USA, Black Americans represent 30% of those who contracted the virus whilst only making up 14% of the population; in England, the mortality rate of deaths involving COVID-19 was 139.6 per 100,000 people in the most socioeconomically deprived areas, but only 63.4 per 100,000 in the least-deprived areas³. Indeed, this pandemic highlighted patterns of inequality within societies across the world. South Africa is no exception to this. Despite this year celebrating 30 years since the end of the highly divisive apartheid regime, South Africa still claims the title for most economically unequal society in the world⁴. Where South Africans were historically divided by race, we now see a huge and destructive class divide, with the top 20% of the population holding over 68% of income⁵, even before this pandemic began. COVID-19 has highlighted social, spatial and economic disparity, from policing techniques in different communities, problems of overcrowding and access to healthcare⁶.

A 2018 World Bank report found that inequality has actually increased since the end of Apartheid in 1994, despite progress in reducing multidimensional poverty. For example, access to healthcare is still extremely disproportionate. 84% of people are still reliant on public healthcare⁷, which is largely underfunded and under-resourced⁸. In 2015, the South Africa government

spent 8.9% of its GDP⁹ on healthcare, which is aligned with many developed countries spending. However, 50% of this funding goes towards private healthcare which can only be afforded by 16% of the population¹⁰. Furthermore, South Africa still struggles with high prevalence of HIV/Aids¹¹, which disproportionately affects black communities; in 2012, the prevalence of HIV/Aids for black South Africans was 15%, whilst only 3.1% for coloured, 0.8% for Asian, and 0.3% for white South Africans¹². This context of inequality, demonstrated in the healthcare infrastructure and previous epidemics, provides important framing as this paper goes on to explore the sustained influence of leadership for societal mobilisation in response to COVID-19.

In this paper, societal mobilisation refers to the spontaneous and rapid response to a crisis across the breadth of society. Unlike social mobilisation, societal mobilisation must be driven by the protection of society as a whole, and usually lies outside of normal rules of governance as a temporary response to an emergency¹³. Arguably, this is what the South African government targeted, using slogans such as 'Together, we can beat coronavirus' - a proven way of stimulating collective self-efficacy¹⁴ and building a sense of common purpose. To build an understanding of the success of the

³ Office of National Statistics (2020), 'Deaths involving COVID-19 by local area and socioeconomic deprivation: deaths occurring between 1 March and 30 June 2020', available at <https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/bulletins/deathsinvolvedcovid19bylocalareasanddeprivation/deathsoccurringbetween1marchand30june2020#english-index-of-multiple-deprivation>, accessed 07/08/2020

⁴ Sulla, Victor, Precious Zikhali, Pablo Facundo Cuevas (2022), 'Inequality in Southern Africa: An Assessment of the Southern African Customs Union', World Bank Group, available at <http://documents.worldbank.org/curated/en/099125303072236903/P1649270c02a1f06b0a3ae02e57eadd7a82>, accessed 30/11/2024

⁵ IMF Country Focus (2020), 'Six Charts Explain South Africa's Inequality', *International Monetary Fund*, available at <https://www.imf.org/en/News/Articles/2020/01/29/na012820six-charts-on-south-africas-persistent-and-multi-faceted-inequality>, accessed 31/08/2020

⁶ Valodia, Imraan and David Francis (2020), 'South Africa needs to mitigate the worst of its inequalities in tackling coronavirus', available at <https://theconversation.com/south-africa-needs-to-mitigate-the-worst-of-its-inequalities-in-tackling-coronavirus-135564>, accessed 07/08/2020

⁷ Britnell, Mark (2015), *In search of the perfect health system*, (New York: Palgrave Macmillan), pp. 75

⁸ Sethi, Simon (2018), 'Healthcare in South Africa: Lessons in History and Inequality', *NHS Horizons*, available at <https://nhshorizons.passle.net/post/102f2mk/healthcare-in-south-africa-lessons-in-history-and-inequality>, accessed 31/08/2020

⁹ Gross Domestic Product

¹⁰ Britnell, (2015), pp. 75

¹¹ Statista (2020a), 'Ranking of countries with the highest prevalence of HIV in 2000 and 2019', Statista, available at <https://www.statista.com/statistics/270209/countries-with-the-highest-global-hiv-prevalence/>, accessed 31/08/2020

¹² Zuma, Khangelani, Olive Shisana, Thomas M. Rehle, Leickness C. Simbayi, Sean Jooste, Nompumelelo Zungu, Demetre Labadarios, Dorina Onoya, Meredith Evans, Sizulu Moyo & Fareed Abdullah (2016), 'New insights into HIV epidemic in South Africa: key findings from the National HIV Prevalence, Incidence and Behaviour Survey, 2012', *African Journal of AIDS Research*, Vol. 15, No. 1, pp. 69

¹³ Olonisakin, 'Funmi and Walsh, Barney (2024), Leadership in Crisis: Markers of sustained influence for societal mobilisation in response to COVID-19, *Journal of Leadership and Developing Societies*, Vol. 9, No. 1

¹⁴ van Bavel, Jay J., Katherine Baicker, Paulo S. Boggio, Valerio Capraro, Aleksandra Cichocka, Mina Cikara, Molly J. Crockett, Alia J. Crum, Karen M. Douglas, James N. Druckman, John Drury, Oeindrila Dube, Naomi Ellemers, Eli J. Finkel, James H. Fowler, Michele Gelfand, Shihui Han, S. Alexander Haslam, Jolanda Jetten, Shinobu Kitayama, Dean Mobbs, Lucy E. Napper, Dominic J. Packer, Gordon

government in promoting societal mobilisation, this paper is grounded in the case study of two socioeconomically polarised communities in Durban, in the province of KwaZulu Natal. If societal mobilisation requires a whole society response, then we would expect to see a common thread running between the behaviours in a cross section of society, such as these two communities represent. Inanda is a working class, underprivileged, black African township and Durban North is a middle class, predominantly white neighbourhood. Durban North runs along the coast, while Inanda is situated on the edge of the city, reflecting apartheid era organisation to ensure segregation¹⁵.

For the purposes of comparison, I collated data from the census last taken in 2011, which produced statistics divided by municipality ward¹⁶. The data presents a clear case for the class divide between the two communities. In Durban North in 2011, only 5% of households were living in informal dwellings, and 97.9% of people had access to flushing or chemical toilets. However in Inanda¹⁷ 32.4% of households were living in informal dwellings and only 41.7% had access to flushing or chemical toilets. Across Inanda, formal employment does not exceed 40% of the population, while in Durban North, 70.2% were in formal employment. This reflects household income, which is fifteen times the amount in Durban North (R230,700) as the lowest in Inanda (R14,600). Clearly, these two communities, despite being close geographically, represent vastly different ends of the class spectrum in South Africa - if societal mobilisation relies on total society response, then we would expect to see mobilisation across these communities.

This paper analyses leadership by examining sustained markers of influence for societal mobilisation. The following sub-section of this introduction will outline the research methodology, which focused on social media as a medium for understanding underlying motivations and behaviours in each community. Section 2 will provide the conceptual framework for analysis, namely the role of leadership in crisis, and sustained

markers of influence for societal mobilisation as outlined by Olonisakin and Walsh. Section 3 will then briefly outline the first five months of the COVID-19 pandemic in South Africa, before extracting key themes and ideas which arose from the discourse analysis of social and other forms of media from Durban North and Inanda. This case study comparison will provide the basis for analysis of leadership under the conceptual framing. The conclusion section will reiterate evidence that the ideas of a shared sense of threat, and the strength of the leadership foundation are markers of sustained influence. Without a common sense of what is at stake, and a common experience of this threat, it is difficult to establish a 'whole society' response. While a strong software of leadership infrastructure enables action based on trust and shared values of togetherness, a weakness in the software can lead to reliance on the hardware of leadership infrastructure, which in this example exacerbated existing inequalities within society.

1.2 Research Methodology

This research is a desktop, primary data collection study that relied heavily on social media platforms and information publicly available. It adopted a qualitative approach, using discourse analysis to highlight underlying motivations, values, fears and relationships of those living in these two communities during the COVID-19 pandemic. This was mapped against government measures and guidance to gain insight into leadership effectiveness for societal mobilisation.

To ensure clarity and depth, I conducted analysis on data collected during the first five months of the outbreak, following President Cyril Ramaphosa declaring a National State of Disaster on 15th March. My research utilised multiple sources of data in order to consolidate and triangulate findings. Firstly, I used Twitter data, with the assistance of the African Leadership Centre's Datalab, to identify key themes and opinions of those living in Durban and within these specific neighbourhoods. To consolidate these opinions, I have identified key Facebook Groups set up as

Pennycook, Ellen Peters, Richard E. Petty, David G. Rand, Stephen D. Reicher, Simone Schnall, Azim Shariff, Linda J. Skitka, Sandra Susan Smith, Cass R. Sunstein, Nassim Tabri, Joshua A. Tucker, Sander van der Linden, Paul van Lange, Kim A. Weeden, Michael J. A. Wohl, Jamil Zaki, Sean R. Zion & Robb Willer (2020), 'Using social and behavioural science to support COVID-19 pandemic response', *Nature Human Behaviour*, Vol. 4, pp. 466

¹⁵ Mahajan, Sandeep (2014), 'Economics of South African Townships : Special Focus on Diepsloot', *World Bank Study*, (Washington, DC: World Bank Group), pp. 34

¹⁶ Wards identified through harmonisation of previously mentioned maps of Inanda, and confirmed via conversations with members of the community. Six wards were identified to represent the community of Inanda (42, 52, 53, 55, 57 and 107), covering a total area of 25.5 km² and with a total population of 192,915. Durban North is represented by ward 36, which has a total area of 13.6 km² and a population of 26,606.

¹⁷ ward 57

community forums to discuss issues within each community. This included two groups for Durban North, named Group A and Group B¹⁸, which have 14,700 and 2,918 members respectively, and one from Inanda which has 32,704 members¹⁹.

I identified key blogs and facebook pages for Durban based businesses, including news outlets and radio stations, such as Northglen News (Durban North) and Inanda FM. I was also able to conduct an interview with a member of the Inanda community, who lives and works for a local non-profit organisation in Inanda. I was able to use this contact for translation of social media posts and information written in isiZulu, the most prevalent local language, in order to ensure local nuances were recorded and the potential problems with inaccurate translation are mitigated.

I also used literature such as national and local government reports, communication from the Mayor of Durban, and reports from the South African Police Service (SAPS), to build a picture of the government's response. This data was used to map societal mobilisation as expected by government guidelines, against actual patterns of mobilisation.

There were, naturally, limitations to conducting research remotely. Namely, accessibility of a representative sample of participants, which was at one point even articulated by a member of the Inanda facebook group:

"lol mawucabanga nje, laba obabhalele lePost abangaz kwenzakalani n y we on lockdown, do u think they even have Facebook accounts?"

[Lol just think, the people you wrote that post for, who don't even know we are in lockdown, do you think they even have facebook accounts?]

Not all members of each community have, or are active on social media, meaning my sample was limited in its scope. The remote nature of my research also limited the access and availability of participants for interviews. However, social media platforms are largely unregulated, which allow the public to offer sincere opinions, suggestions and pose questions over the internet, and can give insight into the underlying

assumptions, values and relationships of community members. Furthermore, consolidating this approach by accessing news articles, government reports, interviews and more, provides insight into the community and moderates the risk of solely examining social media.

2. LEADERSHIP IN CRISIS: SUSTAINED INFLUENCE FOR SOCIETAL MOBILISATION

In 1993, Joseph Rost argued that true leadership should have three elements; firstly, multi-directional influence between leader and follower, rather than hierarchical influence; secondly, more than one leader and more than one follower; and finally, that the relationship should be mobilised for substantial change²⁰. This suggests that leadership is not dependent on the leader themselves, but on the people and the process of working through change. Leadership requires a relationship between leader and follower which serves in working towards a common goal. As Keith Grint argues, it involves moving away from the individual capacities and competencies of individual leaders and recognising leadership as a function of community²¹. In this sense, leadership can be seen as a *process*²², highly dependent on the context and emergent in times of change.

With this in mind, leadership responses must be shaped by the nature of the problem. 'Tame' problems are those which can be solved through applying systematic, proven techniques to achieve the obvious solution²³. 'Wicked' problems are more complex; their interpretation is subjective and they have no definitive solution. They are often embedded in other wicked problems, unique to their context, and therefore require collective and adaptive response²⁴.

Approaching COVID-19 as a wicked problem recognises the complexity created by existing inequalities within society. The crisis moment, more than just an opportunity for leadership, was also a window through which to examine the existing state of leadership - the infrastructural tendencies - and its potential for societal mobilisation²⁵.

¹⁸ Names changed in order to protect the identity of those posting in private groups.

¹⁹ Figures accurate as of 30/08/2020

²⁰ Rost, Joseph (1993), *Leadership in the Twenty First Century*, (Westport, Connecticut: Praeger), referenced in Jackson, Brad and Ken Parry (2011), *A very short, fairly interesting and reasonably cheap book about studying leadership*, (London: Sage Publications), pp. 14-15

²¹ Grint, Keith (2005), *Leadership: Limits and Possibilities*, (Basingstoke: Palgrave Macmillan), pp. 30

²² *Ibid.*, pp. 27

²³ Jackson, Brad and Ken Parry (2011), *A very short, fairly interesting and reasonably cheap book about studying leadership*, (London: Sage Publications), pp.11

²⁴ *Ibid.*, pp. 9

²⁵ Olonisakin and Walsh (2024)

This paper draws on the markers of sustained influence for societal mobilisation, outlined by 'Funmi Olonisakin and Barney Walsh²⁶. Firstly, Olonisakin and Walsh argues that one marker of sustained influence is a shared sense of threat. This can be dictated by the population's direct experience of the threat of COVID-19, and whether the experience of that threat was the same across all sections of society. It can also be seen in whether leaders are and were able to pursue a shared goal across society. Fundamentally, the population's perceptions and the behaviours they lead to will challenge leaders' capacity to mobilise collective effort. Comparison of the two Durban communities' discourse of what was at stake, therefore demonstrated the potential for sustained influence, and provides explanation for why societal mobilisation did or did not occur.

The second marker of influence is the strength of the leadership foundation. Within academia, much focus has been taken on exploring the hardware of leadership infrastructure: the formal sites and institutions of governance. A core element of the Westphalian state, under state sovereignty, is this hardware seen in the structures and positions of government, judicial system or even corporate organisation. This approach recognises leaders, in position and performance, more than it recognises the process of leadership as explored above. For South Africa, the hardware includes policies such as the National State of Disaster Act and proceeding COVID-19 regulations, and the sites in which leadership is performed, including the Presidential Palace, provincial government offices, and even in the healthcare system. The software, on the other hand, concerns the underpinning relationships within society. At its base, the software underpins the true location of power and how effectively it is exercised. It is not mutually exclusive to the hardware, but does not exist within the same parameters of governance and is variable across different societies. Fundamentally, the strength of this software hinges on trust. As Olonisakin and Walsh argue:

"Whether or not a cross-section of the population had abiding trust in the existing systems and whether the managers of the formal systems of governance were trusted to exercise power

*for the common good, helped determine the degree of success in responding to the crisis."*²⁷

Use of coercive power demonstrates unsuccessful societal mobilisation because it signals an underlying mistrust of leaders to act for the common good, and leads to a lack of willingness to abide by prescribed behaviours. Coercion is what leaders must fall back on when they are unable to assert influence through other means. In this sense, using social media to understand underlying perceptions of the South African government helps uncover the strength of this leadership foundation within and across society and its sub-groups.

By applying this conceptual framework to the case study of Inanda and Durban North, this paper seeks to explain patterns of mobilisation in the early months of the COVID-19 pandemic. Fundamentally, this paper analyses the pandemic as a leadership issue: a crisis moment from which leadership may or may not emerge. The disparity between the two communities is demonstrative of the existing wicked problem facing South African society - that of systemic racism and enduring class inequality. This provides a testing ground for leadership, which must recognise the context on top of which the new COVID crisis landed. The aim of this paper is to examine these markers of sustained influence for societal mobilisation, with the hope of better understanding the signs of effective leadership during crisis and how they could be understood and applied in future.

The nature of crisis requires people to live outside their normal patterns of behaviour. Much research has been dedicated to the role of human security as a development issue, which grounds security in the everyday experience of individuals trying to meet their own basic needs^{28,29}. South Africa has provided an interesting context to explore these issues^{30,31}, with COVID-19 exposing inequalities which underpin security norms in many countries³². Whilst this would provide an interesting perspective from which to analyse the COVID-19 response across the two Durban communities, this paper focuses on societal mobilisation through the framing of leadership to provide new insight to the writing on COVID-19.

²⁶ ibid

²⁷ Olonisakin and Walsh (2024), p. 5

²⁸ Poku, Nana K., Neil Renwick and Joao Gomes Porto (2007), 'Human security and development in Africa', *International Affairs*, Vol. 83, no.6, pp.1155-1170.

²⁹ Olonisakin, 'Funmi (2015), 'Re-conceptualising Leadership for effective peacemaking and human security in Africa', *The Strategic Review for Southern Africa*, Vol. 37, no.1, pp.112-151

³⁰ Zondi, Sikhumbuzo (2021), 'The Qualitative Review of Human Security in South Africa: A Four Levels Analysis', *The Strategic Review for Southern Africa*, Vol. 43, no. 2, pp.150-175

³¹ Africa, Sandy (2020), 'Human Security in South Africa', *The Strategic Review for Southern Africa*, Vol. 37, no.1, pp.178-189

³² Newman, Edward (2022), 'COVID-19: A human security analysis', *Global Society*, Vol. 36, no. 4, pp.431-454

3. SOUTH AFRICA AND THE FIRST FIVE MONTHS: THE ABSENCE OF INFLUENCE

On the 5th March 2020, South Africa recorded their first case of COVID-19³³. The government acted strongly and quickly, declaring a 'National State of Disaster' on the 15th March. As of 30th August 2020, there had been 622,551 confirmed cases of COVID-19 in South Africa³⁴, with KwaZulu Natal taking 110,521 of those cases³⁵ as of 25th August. The country reported a low number of deaths in relation to the virus, at only 13,981³⁶, however doubts have been raised as to the accuracy of such data, as they recorded a 60% rise in death rate during July³⁷.

Figure One shows the relationship between COVID-19 daily cases and the introduction of government regulations within the parameters of this research, from mid-March to mid-August. This diagram shows that despite an initial decrease in cases, following the beginning of a level 5 lockdown on the 27th March, there was continued growth in case numbers. Interestingly, the case numbers increase after the 31st May (referenced '5' on the graph), when the government increases their testing in townships suggesting that records of COVID-19 cases may be inaccurate, as it is reliant on testing capacity and reach.

Figure one: Graph of new daily cases in South Africa, 15th February to 16th August, including dates of amended governmental regulations and brief summary of changes

³³ Wiysonge, Charles Shey (2020), 'South Africa's War on COVID-19: Key dates, interventions, and impacts of responses are helping to create a community of practice among African countries', *Think Global Health*, available at <https://www.thinkglobalhealth.org/article/south-africas-war-covid-19>, accessed 20/08/2020

³⁴ Worldometers (2020), 'Coronavirus: South Africa', available at <https://www.worldometers.info/coronavirus/country/south-africa/>, accessed 30/08/2020

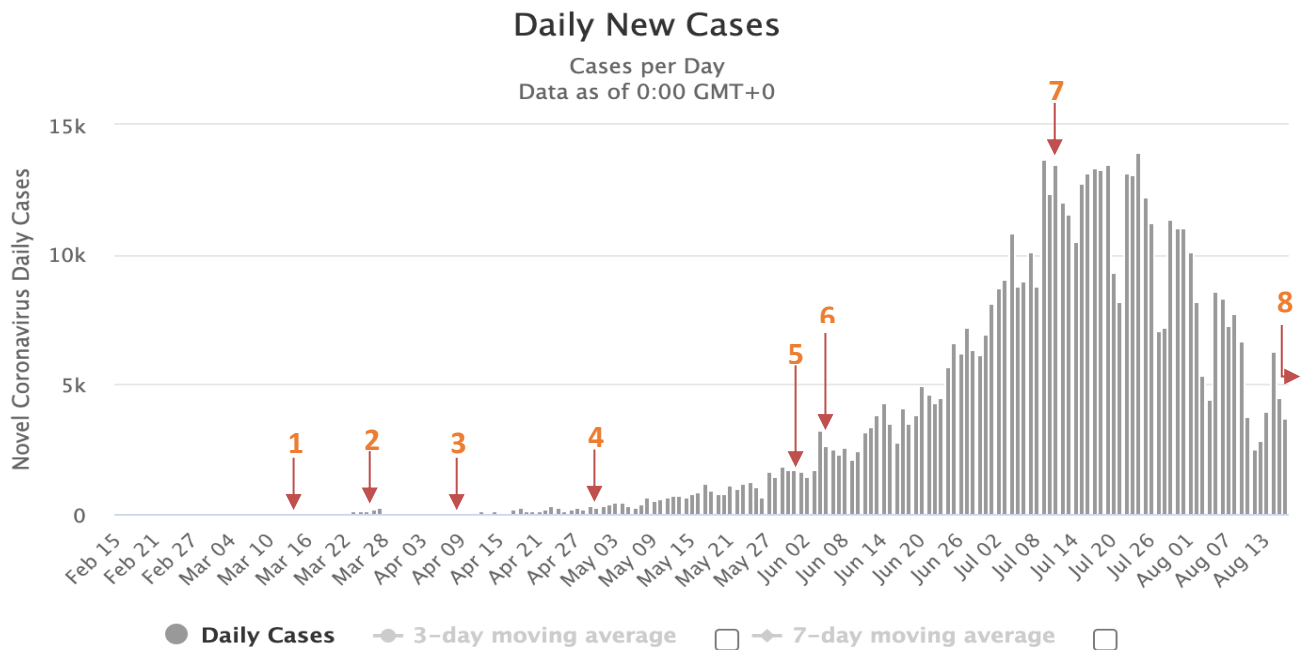
³⁵ Statista (2020b), 'Confirmed coronavirus (COVID-19) cases in South Africa as of August 30, 2020, by region', *Statista*, available at

<https://www.statista.com/statistics/1108127/coronavirus-cases-in-south-africa-by-region/>, accessed 31/08/2020

³⁶ Worldometers (2020)

³⁷ Burke, Jason (2020), 'South Africa records 60% rise in excess deaths, suggesting high COVID-19 toll', *The Guardian*, available at

<https://www.theguardian.com/world/2020/jul/23/south-africa-sees-60-spike-in-excess-deaths-suggesting-high-covid-19-toll#:~:text=1%20month%20old-.South%20Africa%20records%2060%25%20rise%20in%20excess%20deaths,suggesting%20high%20Covid%2D19%20toll&text=South%20Africa%20has%20recorded%20nearly,national%20research%20body%20has%20concluded,> accessed 31/08/2020



1 – 15th March: National State of Disaster Announced.

2 – 27th March: 21 day lockdown begins (Level 5). A stay-at-home mandate is put in place, meaning no-one is allowed to leave their home unless under specific and strictly controlled circumstances, e.g. to buy food, for medical purposes, or employees working in essential services. The sale of tobacco and alcohol is banned. Borders (international and internal) are closed. The SANDF and SAPS are deployed to ensure implementation of measures.

3 – 9th April: Lockdown extended (Level 5).

4 – 1st May: Lockdown reduced to Level 4. Outdoor exercise is permitted between 6 and 9am, and a nationwide curfew implemented between 8pm and 5am. Some industries are allowed to re-open.

5 – 1st June: Lockdown reduced to Level 3. The sale of alcohol resumes. Exercise hours are increased from 6am to 6pm, and curfew is reduced. People are advised to wear masks in public places, including public transport and shops. Testing introduced in townships.

6 – 6th June: Phased return to school begins, starting with Grades 7 and 12.

7 – 12th July: Level 3 lockdown is amended. The ban on the sale of alcohol is reintroduced, alongside the extension of curfew hours and masks are made mandatory in public.

Turning point in nation-wide cases

8 - 18th August: Lockdown reduced to level 2. The sale of alcohol and tobacco is reintroduced, alongside opening of places such as gyms, bars, restaurants, beaches and parks.

i. Socially distanced: a case study of Inanda and Durban North

In his announcement of the National State of Disaster in March, President Ramaphosa said

“This is the most definitive Thuma Mina [‘send me’] moment for our country. I have great trust that our people will respond positively to this call to common action.”³⁸

This ‘send me’ attitude requires a willingness to act for the collective good, despite the challenges that might be faced, and reflects the need for societal mobilisation: the rapid and unified response from an entire population. This section will explore the key themes and ideas which were collated from data mining of social media sites for the two communities. Whilst this does not provide a comprehensive timeline of what happened, and how residents responded, it does provide insight into the key narratives and behaviours within each community. This case study evidence will provide a basis for the analysis, to better interrogate the markers of sustained influence and their role in societal mobilisation.

The state of healthcare

It is perhaps unsurprising that the South African government relied heavily on medical discourse. Firstly, with his announcement of the State of Disaster on the 15th March, Ramaphosa said that specific state hospitals in each province were being assisted to increase capacity. South Africa went into lockdown on the 27th of March³⁹, with restrictions gradually reduced from the 1st May. On the 13th June, 100 days after the first COVID-19 case was confirmed in South Africa, the President was still assuring the population that medical facilities were being strengthened:

“We used the time during the lockdown to prepare and enhance our health system and put in place public health

measures to minimise infections.... The work to strengthen our health system – which includes establishing over 100 quarantine centres, increasing the number of intensive care units and beds in field hospitals and identifying additional health personnel – continues across all our provinces”⁴⁰

Using words such as ‘enhance’ and ‘strengthen’ with regards to the health system suggests that there was a perceived weakness in the system, which is being addressed by the government as a priority. By focusing their communication on this, the government clearly demonstrated their belief that the biggest threat faced by South African society is the ability of the health system to cope with this crisis.

In a COVID-19 response update on the 1st August, Ramaphosa praised South Africans for their actions:

“The national lockdown succeeded in delaying the spread of the virus by more than two months, preventing a sudden and uncontrolled increase in infections in late March. Had South Africans not acted together to prevent this outcome, our health system would have been overwhelmed in every province. This would have resulted in a dramatic loss of life”.⁴¹

Again, this quote shows that the messaging around lockdown is focused on the health threat, and protecting weak health systems as a means to preserving life. Ramaphosa justified lockdown measures by suggesting here that health systems being overwhelmed would result in increased deaths. Many ministers and members of the government, meanwhile, made visits to various COVID-19 facilities and hospitals “to assess.. the provincial response to the COVID-19 pandemic”⁴². The Minister for Health, Dr Zweli Mkhize, gave updates via Twitter on his visit to Kwa-Zulu Natal (KZN) in August 2020:

<http://www.thepresidency.gov.za/speeches/address-president-cyril-ramaphosa-south-africa%E2%80%99s-response-coronavirus-pandemic%2C-union-buildings%2C-tshwane-4>, accessed 20/08/2020

⁴¹ Ramaphosa, Cyril (2020d), ‘Statement by President Ramaphosa on progress in National Coronavirus Response’, [Speech made 1st August 2020], available at <http://www.thepresidency.gov.za/speeches/statement-president-ramaphosa-progress-national-coronavirus-response>, accessed 20/08/2020

⁴² South African Government (2020), President Cyril Ramaphosa visits Mpumalanga COVID-19 Coronavirus facilities, [media announcement 3 July 2020], available at <https://www.gov.za/speeches/president-cyril-ramaphosa-visits-mpumalanga-covid-19-coronavirus-facilities-3-jul-2-jul>, accessed 20/08/2020

³⁸ Ramaphosa, Cyril (2020a), ‘Statement by President Cyril Ramaphosa on measures to combat COVID-19 epidemic’, [Speech March 15th 2020], available at <http://www.thepresidency.gov.za/press-statements/statement-president-cyril-ramaphosa-measures-combat-covid-19-epidemic>, accessed 20/08/2020

³⁹ Al Jazeera (2020), ‘South Africans brace for 21-day lockdown as virus cases rise’, available at <https://www.aljazeera.com/news/2020/03/south-africans-brace-21-day-lockdown-virus-cases-rise-200324073801136.html>, accessed 20/08/2020

⁴⁰ Ramaphosa, Cyril (2020c), ‘Address by President Cyril Ramaphosa on South Africa’s response to the coronavirus pandemic, Union Buildings, Tshwane’, [Speech made 17th June 2020], available at

*"At Richmond Hospital, which has been converted from a TB facility into a state-of-the-art #COVID19 hospital. The hospital has a total of 95 beds for quarantine and isolation. #KZNVisit"*⁴³

*"It's really all upto us as South Africans to turn this situation around. We end our visit to KZN, I am convinced the province is ready. The preparation of beds etc. is in place. Where there are weaknesses we need quick action and responsiveness. #KZNVisit"*⁴⁴

Minister Mkhize's public actions are intended to reassure the public of the capacity of medical facilities. Sending the Health Minister to reassure the KZN population, reinforces the government's discourse that this is a health crisis. Not only this, but using physical examples of readiness - "preparation of beds" and conversion of TB resources - focuses attention on the physical sites through which they practise governance, in this case the healthcare system.

This discourse of fear, and focus on healthcare systems reflects much of narrative in the social media posts from Durban North:

*"I wonder about the people who aren't on medical aid because these are private hospitals in Durban 😊"*⁴⁵

"have you seen the state hospitals. Are people supposed to wait their turn with the masses or how is this going to work"

These examples show scepticism of the capacity of state healthcare facilities, which again, focuses the narrative around the health threat. In some ways this consolidates and justifies the government's focus on communicating their actions to strengthen healthcare systems. However, the tone of these comments arguably expose an underlying lack of trust in the government. The sarcasm used in the second quote - "how is that going to work" - suggests that residents do not perceive that state sponsored healthcare will be enough to support them through this crisis.

These comments from Durban North, however sarcastic, do place emphasis on the role of healthcare systems, in support of the government's narrative. On the other hand, social media posts from Inanda meet the virus this indifference:

*"When we're in the taxis people will say ah the virus came and it will go, just like HIV came, just like TB came, so it's just another disease"*⁴⁶

The nonchalant tone with which this new crisis is described - "the virus came and it will go" - highlights that COVID-19 is only one of the many health threats that Inanda residents face.

This sentiment was echoed in the posts on a facebook group for Inanda and surrounding areas. At the time of the initial lockdown, many used comparison of HIV when discussing COVID-19:

*"Guyz yini ndaba iHIV ingenzelwanga lutho kodwa Corina Virus yenzelwa 21st 😂😂😂"*⁴⁷
[Guys why is it that HIV did not have 21 [days] but coronavirus has 😂😂😂]

*"ilokhu klike Corona Virus thina be-HIV asisanakwa ❤️"*⁴⁸
[Ever since coronavirus came we (HIV patients) no longer get attention/attended to ❤️]

To the residents of Inanda, COVID-19 represents just another concern to add to the existing list of health threats. It is unsurprising then, that residents of Inanda feared the diversion of resources from their ongoing treatments to support COVID-19 measures. This is in contrast to communications such as the tweet from Minister Mkhize, stating that resources had been transferred from TB treatment to COVID-19 facilities. Comparing HIV, or other diseases, to COVID showed a disconnect between Inanda resident's fear and government messaging. The government had done little in its communication to directly address the potential negative outcomes of shifting resources from other medical treatments, and this demonstrated a lack of understanding of the threat felt by those living in Inanda.

Fear of Poverty

A fear of neglect is not only felt by those suffering with HIV. Some early literature on the COVID-19 pandemic in South Africa suggests for people living in informal settlements, the biggest fear was lack of economic opportunities to earn a living and feed their families due

⁴³ DrZweliMkhize (2020a), [Twitter post, 6th August 2020, 12.53PM], available at <https://twitter.com/DrZweliMkhize/status/1291341542909784065>, accessed 15/08/2020

⁴⁴ DrZweliMkhize (2020c), [Twitter post, 8th August 2020, 8.53am], available at

<https://twitter.com/DrZweliMkhize/status/1292005881962520581>, accessed 15/08/2020

⁴⁵ Durban North Facebook Group A

⁴⁶ Interview with Inanda resident, 14th August

⁴⁷ Inanda Facebook Group, 26th March 2020

⁴⁸ Inanda Facebook Group, 20th April 2020

to lockdown measures⁴⁹. My research highlighted this fear of poverty within the Inanda community:

“Thina syafa indlala la ntuzuma kuvaliwe zonke indawo”⁵⁰
[We starve to death when this ban has closed everywhere]

This quote, in reference to residents ability to work and earn money during lockdown measures, inverts the concern about the COVID-19 as a virus to complain about the measures put in place to reduce its spread. Inanda was a low income community even before the COVID-19 pandemic began, and many residents are reliant on informal employment such as street trading and domestic work⁵¹.

Four days into the initial lockdown, police minister Bheki Cele visited cashpoints in Inanda. The news articles of the visit reported a lack of social distancing as members of the community came to collect their social grants⁵². From the offset, this shows not only a lack of compliance with government regulations, but also that priority is given to collection of social grants, supporting the idea that fear of poverty was overriding a fear of the virus. Schotte and Zizzamia argue that COVID-19 in South Africa deepened reliance on government grants because the sudden and dramatic shock to labour markets was especially severe for those reliant on the informal sector; often a survivalist livelihood strategy in itself⁵³. This fear of poverty was evident in my interview with a member of the Inanda community:

“before people were ignorant, totally ignorant, people believed that this is not existing and it’s just a conspiracy from the government to kill people because of the high population. The

first lockdown was business as usual, people were not complying with regulations as they were supposed to”⁵⁴

The government did set out economic priorities in their COVID-19 response agenda, including an increase for South Africans who already received grants, and the launch of the Social Relief of Distress grant for those who find themselves in hardship due to the pandemic⁵⁵. However, such economic policies retained a top-down approach and supported bigger industries rather than small to medium sized businesses, making loans and other schemes less accessible to smaller enterprises⁵⁶, and unattainable for informal workers. Lockdown measures which require residents to stay at home negatively affect those who are not supported by formal employment.

Throughout my research, this fear of poverty became a prevalent theme in the discourse of social and other media from Inanda. As an example, on the 17th June in the township of Amaoti in Ward 53, Inanda, violent protests began following ongoing power-outages in the township⁵⁷. Without electricity, the population were unable to keep their fridges working, which meant they were unable to keep food fresh and much was wasted. When asked whether the people of Inanda were scared of the virus, an interviewee from Inanda answered:

“People are more scared of going hungry. Like one of the days we had in Amaoti, the people of Amaoti [were] angry because they didn’t have electricity for about 3 to 4 days and they were blaming the councillor, they burnt the councillors office, it was burnt down completely... I don’t think people are scared of the

⁴⁹ Stiegler, Nancy and Jean-Pierre Bouchard (2020), ‘South Africa: Challenges and Successes of the COVID-19 Lockdown’, *Annales Medico-Psychologiques*, Vol. 178, pp. 695-698

⁵⁰ Inanda Facebook Group, 31st March 2020

⁵¹ Hiralal, Kalpana (2010), ‘The “Invisible” Workers of the Informal Economy – A Case study of Home-based Workers in Kwazulu/Natal, South Africa’, *Journal of Social Sciences*, 23(1), pp.29-37

⁵² SABC News (2020), ‘2000 arrested for lockdown non-compliance’, available at <https://www.sabcnews.com/sabcnews/2000-arrested-for-lockdown-non-compliance/>, accessed 20/08/2020; Mavuso, Sihle (2020), ‘Social distancing still an issue at Sassa grant pay points: Bheki Cele’, *IOL*, available at <https://www.iol.co.za/news/politics/social-distancing-still-an-issue-at-sassa-grant-pay-points-bheki-cele-45788778>, accessed 20/08/2020

⁵³ Schotte, Simone, and Rocco Zizzamia (2023), ‘The livelihood impacts of COVID-19 in urban South Africa: a

view from below’, *Social Indicators Research*, Vol. 165, no. 1, pp. 1-30.

⁵⁴ Interview with Inanda resident, 14th August

⁵⁵ Dhever, Sushila and Andricia Hinckemann (2020), ‘COVID 19 Relief for the most vulnerable: Increase in Social Grants and the provision of Social Relief of Distress Grants’, *Lexology*, available at <https://www.lexology.com/library/detail.aspx?g=25186006-2018-458c-b36b-22c58158c468>, accessed 26/08/2020

⁵⁶ Bowman, Andrew and Reena das Nair (2020), ‘COVID-19 has hit SMEs in South Africa’s food sector hard. What can be done to help them’, *The Conversation*, available at <https://theconversation.com/covid-19-has-hit-smes-in-south-africas-food-sector-hard-what-can-be-done-to-help-them-142064>, accessed 31/08/2020

⁵⁷ Mkhize, Nothando (2020), ‘MEC intervenes after Amaoti power outage protests turn violent’, *East Coast Radio*, available at <https://www.ecr.co.za/news/news/mec-intervenes-after-amaoti-power-outage-protests-turn-violent/>, accessed 30/08/2020

virus as much as they are scared of dying of poverty and losing their jobs.”⁵⁸

In Inanda, the fear of lack of food incited anger which was directed towards the local councillors, the local site of governance. Residents of Inanda experienced the threat of the virus through fear that state response would drive them deeper into poverty.

Alcohol and cigarettes

In Durban North, there were similar patterns of breaking lockdown rules:

“People are treating this virus with flippancy. I hear of people visiting friends having braais [barbeque] when there are laws and rules in place. The general population that talks about our government being corrupt [are] the same people who are ignoring the rules!”⁵⁹

In Durban North, one of the biggest areas of contention was resistance to the alcohol and cigarette ban which had been brought in to reduce related emergency hospital admissions⁶⁰. While this is widely considered to have been successful in reducing both unnatural deaths⁶¹ and trauma admission rates to hospitals⁶², it also revealed patterns of drinking instilled during apartheid era.

The ‘admin’⁶³ of the Durban North facebook group demonstrated this by asking more than once for members to stop requesting advice on where to obtain banned items:

“Sorry Neighbours ! We have many requests asking where to buy or who is selling alcohol & cigarettes - Sadly we can't approve these posts as currently it is illegal to sell 🚫”⁶⁴

On the facebook page of local news outlet, Northglen News, articles which discussed alcohol or cigarettes gained much more engagement through comments than any other posts, even government announcements and COVID-19 statistics. On one article which reported that the government were not ready to lift the alcohol ban, angry commenters replied:

“Absolutely Corrupt!”⁶⁵

“Ugh !!!! Fed up with all this BS !!!!”⁶⁶

What became clear through this research is that the alcohol and cigarette ban incited the most anger, and was most likely to be ignored by residents. The lack of trust in the government and its formal state institutions stemmed from a restriction of privileges such as socialising, or buying alcohol and cigarettes. Such ‘lifestyle’ restrictions, as they could be termed, created frustration which results in the breaking of lockdown rules.

There is a complicated history of alcohol restriction in South Africa: from many black South Africans being paid in alcohol rather than a paycheck (known as the Tot System)⁶⁷; to being prohibited from drinking during the apartheid era. This led to home brewing and illegal sheebans [bars] becoming part of culture in many townships⁶⁸. Interestingly, the alcohol ban did not feature heavily in complaints about lockdown from the Inanda facebook groups. This is perhaps because

⁵⁸ Interview with Inanda resident, 14th August

⁵⁹ Durban North Facebook Group A, 27th June 2020

⁶⁰ BBC (2020), ‘South Africa Coronavirus lockdown: is the alcohol ban working?’, available at: <https://www.bbc.co.uk/news/world-africa-52358268#:~:text=The%20idea%20was%20simple.,so%20prevalent%20across%20South%20Africa>, accessed 17th January 2025

⁶¹ Moultrie, T. A., R. E. Dorrington, R. Laubscher, P. Groenewald, C. D. H. Parry, R. Matzopoulos, and D. Bradshaw (2021), ‘Unnatural deaths, alcohol bans and curfews: Evidence from a quasi-natural experiment during COVID-19’, *South African Medical Journal*, Vol. 111, no. 9, pp.834-837.

⁶² Chu, Kathryn M., Jenna-Lee Marco, Eyitayo Omolara Owolabi, Riaan Duvenage, Mukhethwa Londani, Carl Lombard, and Charles DH Parry (2022), ‘Trauma trends during COVID-19 alcohol prohibition at a South African regional hospital’, *Drug and Alcohol Review*, Vol 41, no. 1, pp.13-19.

⁶³ A member who manages the group and it’s content

⁶⁴ Durban North Facebook Group A, 19th July 2020

⁶⁵ Comment on Northglen News facebook page, in response to post sharing article titled ‘Health Minister Dr Zweli Mkhize says that the country is not yet at a point where it is ready to lift the bans on the sale of tobacco products and alcohol’, 6th August 2020

⁶⁶ Comment on Northglen News facebook page, in response to post sharing article titled ‘Health Minister Dr Zweli Mkhize says that the country is not yet at a point where it is ready to lift the bans on the sale of tobacco products and alcohol’, 6th August 2020

⁶⁷ Peralta, Eyder (2021), ‘Why South Africa banned booze - and what happened next’, available at

<https://www.npr.org/sections/goatsandsoda/2021/04/16/987399442/south-africa-banned-booze-to-stop-covid-a-harsh-truth-was-revealed>, accessed 17th January 2025

⁶⁸ Albernaz, Elizabete R., Daniel M. Lage da Cruz, and Juliana Braz Dias (2023), ‘From public problems to social experiences: the alcohol ban in South Africa during the COVID-19 pandemic’, *Vibrant: Virtual Brazilian Anthropology*, Vol 20

townships such as Inanda already have existing structures for accessing alcohol through illicit means - they already work outside the systems of governance - and so the ban was less effective. This research highlights again the different experience of lockdown across class divides.

Uneven patterns of Mobilisation

It would be unhelpful to suggest that there were no instances of mobilisation within each community, though limited in their scope. On the Durban North facebook group, one member praised the action in a local supermarket:

"Again, WELLDONE Eastman's Spar. A lot of retail groceries stores have let their guards down a little with regards to sanitizing hands, trollies or even monitoring the amount of people in the store, but not at Eastman's. When the shop is busy, one still have to wait in line, trollies and baskets are still being wiped down before you can take it and hands are still being sanitized by friendly staff... keep up the good work!! You are doing your part for COVID-19"⁶⁹

Not only does this demonstrate clear adherence to government regulations, but also shows support for following such rules. Many members use the facebook group to ask advice over COVID-19 regulations - examples include asking whether others are allowing domestic helpers back to work:

"Hi neighbors, hope everyone is well! I was just wondering how many of you have your domestic workers back at work? ... Our domestic worker wants to come back to work (and Heaven knows so do!!!!) but I want to make sure it's at least reasonably safe to do so..."⁷⁰

Use of community groups for advice demonstrates a desire to stay safe and follow regulations. It also demonstrates a lack of clear guidance in response to informal employment, including domestic workers, many of whom live in Inanda:

"[My domestic worker] lives in Inanda. All taxis and [buses] operational. Won't allow her on without mask and sanitizer."⁷¹

Not only does this show a continued fear of the virus and desire to mitigate against becoming ill, it also suggests that residents of Durban North have relative control over their decision to adhere or not. On the other hand the domestic worker, an Inanda resident, is reliant on the Durban North resident to enable her mobility.

On the 20th May a blogger living in Durban North wrote a post named 'Life in the time of Corona'. In this blog, she detailed her day at work in an office job, which included temperature checks on arrival, hand sanitising, wearing of masks and social distancing. Gathering her thoughts at the end of the post, the blogger writes:

"Sometimes it's easy to forget that there's a pandemic going around. We have adjusted to the rules pretty well"⁷²

This blog provides insight into the measures being taken to comply with regulations in the workplace. Not only this, but once again it demonstrates an attitude of willingness to adjust behaviour in light of the pandemic and regulations given. Particularly in the parameters of formal employment, wearing masks and hand sanitising is easy to adhere to because the means of doing so are provided by employers.

As the pandemic continued, a new pattern of compliance also emerged in Inanda. This became evident particularly through increased concern as the virus began to affect those living in the community. On the 12th May it was reported that the Inanda Police station had been closed for sanitisation after an officer had tested positive for the virus⁷³. On the Inanda facebook group, this garnered concerned posts and comments, including photographs taken at the station showing officers and people in Personal Protective Equipment (PPE) outside of the station. These comments included:

Yebo cc kuvaliwe nje namhlanje au isingenile eNanda sizofisa okwezintuthane kodwa ke sesthembe umkhuleko 🙄⁷⁴
[Yes sister it [the police station] is closed today, it's come to Inanda eish we are going to die like ants only prayer will help]

⁶⁹ Durban North Facebook Group A, 26th June 2020

⁷⁰ Durban North Facebook Group A, 3rd June 2020

⁷¹ Durban North Facebook Group A, 3rd June 2020

⁷² Singh, Shanice (2020) 'Life in the time of Corona', *Playground of Randomness*, [blog post, 20th May 2020], available at

<http://playgroundofrandomness.co.za/2020/05/20/life-in-the-time-of-corona/#comments>, accessed 31/08/2020

⁷³ Singh, Orrin (2020), 'KZN police station closed as officer tests positive for COVID-19', *Times Live*, available at <https://www.timeslive.co.za/news/south-africa/2020-05-13-kzn-police-station-closed-as-officer-tests-positive-for-covid-19/>, accessed 31/08/2020

⁷⁴ Inanda Facebook Group, 13th May 2020

This was not the only case which saw the closure of public services in Inanda. A few days later, 14th May, the clinic at Inanda Newtown C was closed following 6 members of staff testing positive for the virus⁷⁵. Again this caused widespread concern within the community:

*"INANDA Newtown C clinic kuvalizwe ksasa until 18 May due to Corona case"*⁷⁶

[Inanda Newtown C clinic has been closed until 18th May due to corona cases]

*"Yoh isiseNanda manje"*⁷⁷
[Yoh corona is here in Inanda now]

*"Sesizokholwa ukuth ikhona"*⁷⁸
[We now believe it exists]

*"Yaz wena ukhwaliswa into okude nayo mina it's 3 minutes walk ngiya kule clinic 🙌 we need to be strong and use mask as kushiwo"*⁷⁹

[You complaining but as for me I'm too close to the clinic, it's just a few minutes walk 🙌 We need to be strong and use masks, do as we're told]

When asked if people in the Inanda community had responded differently as the pandemic continued, my interviewee said that she had seen some changes in behaviour:

*"In terms of following a few regulations like putting their mask on, I think it's because people have seen incidences like they will be sitting at the clinic and then all of a sudden the clinic will be closed and people will be put aside and they will see people wearing PPE all over and spraying in the clinic. In the schools, children will be chased out because one of the staff members was found positive, so we've had cases like that. So that alone kind of gives people another way of seeing things and it gives people evidence that this virus is here and it exists."*⁸⁰

As lockdown continued, attitudes changed towards the virus, and particularly towards the use of masks and sanitisation. Interestingly, increased mobilisation occurred in conjunction with increased visible cases in the community. This suggests that proximity to the virus increased understanding of the nature of COVID-19. It also suggests that service provision being disrupted was influential in changing attitudes towards the virus. Again, for Inanda, the pattern of mobilisation was

directly related to access to basic needs, such as money for food, and services such as healthcare and education.

ii. *Analysis: challenges to mobilisation*

If societal mobilisation requires action from a cross-section of society, then we would expect to see the sustained markers of influence between two disparate communities. What is evident through this case study is that there was neither a rapid, nor unified response in either community. This section will analyse the patterns of mobilisation against Olonisakin and Walsh's markers of sustained influence, to understand societal mobilisation through the lens of leadership.

Shared sense of threat

Societal mobilisation, in this case a collective change in behaviour in response to COVID-19, relies upon the population having the same understanding of the threat. Whilst social media posts suggested that there was some mutuality between the government's discourse on healthcare systems and the fears in Durban North, the narrative from Inanda placed little emphasis on fear of COVID-19 as a virus. The reference to other viruses such as HIV, and the relative indifference with which they added COVID-19 to the list of potential health threats, demonstrates a disparity between each community's reactions to the pandemic. People living in Inanda were more concerned about the ability to work and provide for their families during enforced social distancing. This perhaps is unsurprising given the reliance on informal work, which was not supported by the government's economic safety nets. Whilst people in Inanda rioted when their electricity was cut, Durban North residents' anger was propelled by the alcohol and cigarette ban.

Perhaps the most stark comparison between the two communities is the example of domestic workers. While Inanda residents relied on domestic work for an income and wanted to return to work, Durban North residents had the power to say yes or no to receiving informal workers. In this sense, those who worked outside of these formal employment structures were marginalised because of decisions made not only by those in power, but also by those who benefitted from that power under formal structures of power.

⁷⁵ Richardson, James (2020), 'COVID-19: Inanda clinic closed after six nurses test positive', *The South African*, available at <https://www.thesouthafrican.com/news/covid-19-inanda-clinic-closed/>, accessed 31/08/2020

⁷⁶ Inanda Facebook Group, 13th May 2020

⁷⁷ Inanda Facebook Group, 13th May 2020

⁷⁸ Inanda Facebook Group, 13th May 2020

⁷⁹ Inanda Facebook Group, 13th May 2020

⁸⁰ Interview with Inanda resident, 14th August

What is clear in this example is that the experience of COVID-19 as a threat was felt very differently depending on the community, but this was exacerbated by the governments use of the hardware of its leadership infrastructure. The government was over-reliant on the coercive and restrictive laws enacted following the declaration of the National State of Disaster to ensure compliance, and this in itself did not provide sufficient consideration of the socioeconomic realities of the South African population living in overcrowded informal settlements⁸¹. My argument here is that leadership which relies on the formal sites of governance, to assert influence based on position, will find it difficult to reach those who live and work beyond the formal structures of power. Reliance on the hardware of leadership, in this case study, exposes a weakness in leadership effectiveness as it was not able to mobilise collective effort under the same understanding of what was at stake.

Strength of the leadership foundation

To go beyond the hardware of leadership, the software of leadership relies on a relationship of trust between leaders and followers, which enables the sense of a common purpose to develop and motivates followers for a unified response. Both communities showed a lack of trust in their leaders: middle-class Durban North residents claimed that the government was corrupt; while the poorer and working-class Inanda residents felt that the virus was a conspiracy created by the government to cull the population.

In Durban North, social media posts with reference to the government or their policies were met with anger, concern and sarcasm. From questions about how the healthcare system was going to cope, to accusations of corruption when freedoms such as purchase of cigarettes and alcohol were restricted, it was evident that residents did not trust the government to produce policies for the right reasons. State-of-the-art health facilities appear to do little to strengthen trust between leader and follower, perhaps because a strong software of leadership infrastructure relies on “abiding trust in the existing systems”⁸² which, these quotes suggest, was not present as a foundation before the onset of this new crisis. That software and trust is not easily ‘turned on’ purely because a crisis has appeared (or is said to have appeared by those in power). In this sense, reliance on the hardware of leadership infrastructure, in the healthcare system, did not and could not address

underlying weaknesses in the software of leadership as COVID-19 entered South Africa.

Evidence of the weakness in the leadership foundation is also demonstrated in the turning point of acceptance, following the closure of public services in Inanda. This ‘seeing is believing’ attitude, and the change in narrative after public services were affected, demonstrates that residents believed that the virus was real when they had proximity to it, not when the government told them about it. In this case, the hardware of leadership infrastructure (the healthcare system) and fear of it being compromised, exposed a clear weakness in the software of leadership. If it was working well, the software could have effectively portrayed the message about the dangers of COVID-19 long before it reached the communities. Abiding trust in leadership, those trying to sustain their influence in the face of COVID-19, was not evident in the discourse from Durban North nor Inanda. As a result, patterns of mobilisation were sporadic and far more reliant on the direct lived experience of the virus than messaging and policies coming from the government.

4. CONCLUSION

This paper has told a story of perpetuated inequality in South Africa. Serious crises require societal mobilisation: the rapid and unified response from the entire population. While class inequality proves a complex variable in mobilisation, it also provides a viewpoint through which to understand the infrastructural tendencies of leadership within a society. My research found that the software of leadership infrastructure, or leadership foundation, with regards to the government of South Africa during the early stages of the COVID-19 pandemic, were not strong enough to support societal mobilisation. Reliance on the hardware of leadership infrastructure exposes a weakness in the leadership foundation, and in this case, exacerbated existing inequalities within society. Policies which relied on the hardware did not sufficiently protect those who were not reached by everyday structures governance, including informal workers, and this led to an exacerbation of pre-existing inequalities. While the software of leadership infrastructure has the potential to create and sustain societal mobilisation, reliance on the hardware of leadership infrastructure reproduced structural inequalities and discouraged total

⁸¹ Staunton, Chiara, Carmen Swanepoel and Melodie Labuschaigne (2020), ‘Between a rock and a hard place:

COVID-19 and South Africa’s response’, *Journal of Law and Biosciences*, pp. 1-12

⁸² Olonisakin and Walsh (2024), p.5

mobilisation, as comparison of these communities demonstrates. In Inanda, residents became concerned about their ability to feed themselves and access basic health services. In Durban North, residents' concern reflected their ability to buy alcohol and cigarette during their ban, or receive domestic workers. Reliance on policy to coerce the population into compliance is not sufficient for mobilisation, but more than that, it exacerbates pre-existing inequalities because it disproportionately favours those with economic stability.

COVID-19 was a wicked problem, and more work needs to be done to recognise the inequalities that were sustained over the longer term by reliance on the hardware of leadership infrastructure during crisis and now into its aftermath. What was not covered, in part because it didn't appear as a strong theme during research into these communities, was the emergence of leadership outside of positions of power. To better understand leadership in crisis, further studies could look at the role that emergent leadership played during COVID-19, within communities in South Africa, Africa and the world. Existing and binding relationships of trust found elsewhere in society can prove more effective for leadership in crises than those positions of power; such as the role of the celebrity figure in public health messaging and behaviour change⁸³. While evidence of this didn't emerge through the case study analysis of the two communities in this paper, it would be interesting to better understand the role of non-state powers in influencing spontaneous and rapid response to a crisis across the breadth of society, and whether these have had longer term impacts on those or wider societies in the longer term after the COVID-19 pandemic subsided. Understanding COVID-19 through the lens of leadership at all levels undoubtedly provides invaluable lessons for the next crisis.

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⁸³ White, Brianna M., Chad Melton, Parya Zareie, Robert L. Davis, Robert A. Bednarczyk, and Arash Shaban-Nejad (2023), 'Exploring celebrity influence on public attitude

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