

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

FRIDAY, 1 SEPTEMBER 2017

COMMITTEE REPORTS

1. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON AN OVERSIGHT VISIT TO THE BONNYTOUN CHILD AND YOUTH CARE CENTRE IN KRAAIFONTEIN ON TUESDAY, 13 JUNE 2017

Report of the Standing Committee on Community Development (Social Development) on its oversight visit to the Bonnytoun Child and Youth Care Centre in Kraaifontein, dated 13 June 2017, as follows:

Delegation

The delegation included the following Members:

Democratic Alliance

Botha, LJ (Chairperson)

Mitchell, DG

Wenger, MM

African National Congress

Makeleni, PM (ANC)

Additional Members

Gopie, D (ANC)

Lekker, PZ (ANC)

The following Parliamentary official accompanied the delegation:

Ms. N Jamce, Committee Co-ordinator

1. Introduction

The Standing Committee as part of its oversight mandate over the Department of Social Development and complying with the Committee programme resolved to embark on an oversight visit to the Bonnytoun Child and Youth Care Centre for the awaiting and sentenced youth in Kraaifontein.

The Bonnytoun Centre for the awaiting and sentenced youth in Kraaifontein is located in a rural setting in an established farm area known as De Novo in Kraaifontein. The Centre currently provides care to 130 boys between the ages of 14 to 21 years who are awaiting finalisation of statutory intervention in terms of the Child Justice Act (Act 75 of 2008) and who are convicted of offences and sentenced by Courts to compulsory residency in a Child and Youth Care Centre in line with the Child Justice Act, Section 76 of (Act 57 of 2008).

Following the escape of 31 boys in January 2017 from the Bonnytoun Child and Youth Care Centre, the Committee decided to conduct an oversight visit to the Centre. The purpose of the visit was to conduct a walkabout of the facility followed by a briefing by the Department of Social Development on the day to day operations of the Centre and on the safety plan of Bonnytoun.

Ms. Goosen, Director Facility and Child and Youth Care Centres informed the Committee that 31 boys escaped from the centre in January because the facility manager failed to follow rules and regulations including the security plan for the centre and that resulted in the escape of children. She reported that due to non-compliance with the policy and regulations by the center manager, children attacked and stabbed each other, and the centre manager separated five boys from other children and locked them in a store room. Ms Goosen mentioned that the facility manager and the social works that were working at the centre during the incident had been suspended. She highlighted that the policy and procedures that govern the child and youth care centres allow facility managers to separate a troubled child from other children for at least two hours under supervision. She mentioned that disciplinary steps will be taken against the suspended facility manager and the social workers. The social workers will be charged under their ethical code and will be reported to the social workers' council.

2. Overview

The delegation visited the Bonnytoun Child and Youth Care Centre in Kraaifontein on Tuesday, 13 June 2017. The main objective of the visit was to assess the safety plan of the facility following the escape of 31 boys from the Centre in January 2017. This visit was one of many visits which the Standing Committee on Community Development had planned as part of its programme for the 2017/2018 financial year.

3. Committee findings and /or observations on the activities of the Open Circle

- 3.1. The Bonnytoun facility is a fully registered school with a five-day educational programme.
- 3.2. All children are actively involved in the educational programmes to ensure that they are occupied for the entire day.
- 3.3. The units are split when education programmes are in progress, the children are in smaller numbers in their class groups to avoid incidents in classrooms.
- 3.4. Children that are already sentenced are separated from trial awaiting youth at all times.
- 3.5. The center provides the youth with empowerment and development services, therapeutic programme that are designed for crime specific intervention, entrepreneurial and workplace skills.
- 3.6. Some of the programmes that are provided by the facility to the residents include the developmental programme and needs such as physical, emotional, social and spiritual wellbeing.
- 3.7. The formal education that is provided at the facility aims to equip children with skills. The Department of Education has an oversight mandate over the educational curriculum of the facility.
- 3.8. The Centre also provides behavior management programme, a positive behavior modification programme whereby children earn points for good behavior and can use their points to buy luxuries from the tuck-shop every Friday.
- 3.9. The Centre provides positive reinforcement to the youth instead of adopting a punitive approach.
- 3.10. The delegation was informed that the residents are also offered with a suicide and self-harm management programme due to the rise of mental health in children because of substance abuse.
- 3.11. The residents are also provided with medical assistance to address their health requirements. There is an onsite clinic that provides primary health care services to the residents of Bonnytoun.
- 3.12. The HIV&AIDS was on the rise due to substance abuse, some children are admitted to the centre already infected with HIV virus.
- 3.13. The youth from the Centre took part in the Western Province Cross Country Athletics games and the Bonnytoun boxing team took part in the National Boxing Championship in Pretoria and East London.
- 3.14. The Centre maintains good stakeholder partnerships with Rugby Unions, Athletics Associations, the Boxing fraternities and provincial Soccer structures.
- 3.15. The police from Kraaifontein police station conduct regular searches at the Centre.
- 3.16. The centre has implemented an early release protocol.
- 3.17. The Bonnytoun Centre has a total of four social workers and the ratio is 1:35.
- 3.18. The Centre has a confidential and complaints system for residents and for an early release protocol has been implemented.

4. Challenges

- 4.1. The Infrastructure is inadequate, during the visit, the room of the workshop was wet and leaking due to the heavy rains. The machinery in the workshop cannot function if the room is flooded.
- 4.2. The late arrival of staff on duty due to the train delays.
- 4.3. There is high absenteeism, sick and stress leave of staff members.
- 4.4. There is a shortage of staff members.
- 4.5. During the visit, there was a shortage of sewing material.
- 4.6. Attempts to reunite families with the residents of Bonnytoun are not successful since some families do not visit the children as required by the Centre.

5. The following legislative challenges were highlighted to the Committee during the visit that:

- 5.1. A child that has been sentenced cannot be charged if they commit a serious offence.
- 5.2. There are no management options for placement of children between the ages of 18 -21 years old after being sentenced.
- 5.3. There is a lack of parole system, as a result of this, the Department has created a provincial policy and will form part of the national policy.
- 5.4. There is no accommodation for children suffering from mental health challenges.
- 5.5. There is a lack of guidance with regards to the use of force control and restraint in Child and Youth Care Centres. The delegation was informed that police officers respond late during riots at these centres and this leaves DSD staff members not knowing how to control the situation.

6. Resolutions

The Committee resolved that:

- 6.1. The Department should expedite the procurement of the sewing material for the centre
- 6.2. The boys that wanted to talk to the Committee should make use of the centres confidential and complaint system.

7. Information requested by the Committee

The Committee requested that the Department provide the following documents on or before Friday, 7 July 2017:

- 7.1. A copy of the policy recommendation to the National Department on the control and restraint.
- 7.2. The Department of Transport and Public Works to provide a progress report on the renovations of the Bonnytoun Child and Youth Care Centre.

- 7.3. The centre manager to report to the Committee the nature of the complaint by the boys during the Committee visit and provide an update on what happened to the boys after the incident.

8. Incident during the Committee visit

During the walkabout of the Committee Members at Bonnytoun, one of the boys from the green room class approached the Chairperson and requested to talk to the Committee, the Chairperson said the Committee was still busy with the visit and will see after the visit. While the Committee was busy with the presentation by the Department, the Acting Manager of Bonnytoun was called out of the meeting and later the Committee was told that the boys that requested to talk to the Committee thought that the Members had left without talking to them and they became angry and started attacking the facilitators with chairs, it was alleged that one of the facilitators was injured. The facility manager phoned the police from Kraaifontein Police Station and three of the boys that are awaited trials were taken to Kraaifontein Police Station before the Committee could finish the presentation by the Department.

9. Consideration and adoption of the Committee minutes of 25 April 2017

The Chairperson tabled the draft minutes of 25 April which were considered and adopted.

10. Conclusion

The Committee successfully concluded the oversight visit to the Bonnytoun Youth and Child Care Centre in Kraaifontein.

2. **Report of the Standing Committee on Community Development (Health) on its oversight visit to the Mowbray Maternity Hospital, on 20 June 2017, as follows:**

Delegation

The delegation included the following Members:

Democratic Alliance

Botha, LJ (Chairperson)
Mitchell, DG
Wenger, MM

African National Congress

Gillion, MN
Makeleni, P

Additional Members

Gopie, D (ANC)

Lekker, PZ (ANC)

The following parliamentary official accompanied the delegation:

Ms. N Jamce, Committee Co-ordinator

1. Introduction

The Standing Committee, as part of its oversight mandate over the Department of Health and complying with the Committee programme, resolved to embark on an oversight visit to the Mowbray Maternity Hospital.

2. Overview

The delegation visited the Mowbray Maternity Hospital (the Hospital) on Tuesday, 20 June 2017. The main objective of the visit was to assess the day-to-day operations of the Hospital and assess the infrastructure condition of the facility by conducting a walkabout of the Hospital. This visit was one of many visits which the Standing Committee on Community Development has planned as part of its programme for the 2017/18 financial year.

3. Committee findings on the activities of the Hospital

- 3.1. The Mowbray Maternity Hospital is a public referral hospital that is dedicated to the care of mothers and new-born babies.
- 3.2. Women with obstetric complications are referred to the Hospital from Mitchells Plain and False Bay Hospitals and from the Midwife Obstetric Units from Retreat, Hanover Park, and Gugulethu.
- 3.3. The Hospital provides a service to low-risk women from the immediate catchment areas such as Observatory, Newlands, Rondebosch, and Claremont.
- 3.4. The health facilities in the catchment areas provide a level 1 basic antenatal care that is managed by the midwives and refer level 2 patients to the Mowbray Maternity Hospital.
- 3.5. The hospital has been accredited for the Mother Baby Friendly Initiative (MBFI) and has won the Premier's Service Excellence Award in 2007.
- 3.6. The staff complement of the Hospital consists of 42 medical doctors, 234 nurses, 92 officers and 12 allied health officials that includes pharmacists, social workers, dietitians, etc. The total approved staff complement of the hospital is 393. Currently 397 posts are filled.
- 3.7. The Hospital outsourced services such as cleaning, catering and security services.
- 3.8. The Hospital has an allocation of 205 beds and is divided into two disciplines, the obstetrics and the neonatology.
- 3.9. The obstetric section has a total allocation of 132 beds, six of which are allocated to special care patients, the high-risk women. The neonatal has

72 beds, six of which ICU beds, 16 kangaroo mother beds, and three lodger beds.

- 3.10. The Hospital has a total of 850 babies delivered per month and has two theatres that operate 24- hours a day.
- 3.11. The Committee was informed that the stillbirths for the entire country have shown no decline for the last 20 years and many are not avoidable. South Africa as a country has a total of 20 stillbirths per 1000 births and the Hospital has a total of 10 stillbirths per 1,000 births. The HIV prevalence is at 22% among pregnant women at the Hospital.
- 3.12. Some of the clinical services and obstetric innovations at the Hospital include a dedicated room for women delivering stillbirths, special care post-delivery ward, patient-centered maternity care code of practice and better birth initiative.
- 3.13. The Committee was also informed that the best care at the Hospital has always been the reduction of the surgical site infections post the caesarean section and the provision of the universal treatment to the HIV positive women.

4. Challenges

- 4.1 Substance abuse amongst pregnant mothers is on the rise in the province.
- 4.2 There is too much demand for beds at the Hospital.
- 4.3 Staff morale at the Hospital is low due to staff burnout.
- 4.4 The Hospital is in need of a physiotherapist and additional midwives for the labour wards.
- 4.5 There is a shortage of resources in the maternity ward, such as the ultrasound scans, etc.
- 4.6 The litigation cases are on the rise.
- 4.7 The counselling room for family bereavement needs to be refurbished.
- 4.8 The doors in the intensive care unit need to be fixed urgently as they do not close properly.
- 4.9 There is a need for extra lodger beds for mothers after giving birth.
- 4.10 The lifts to the maternity wards are often out of order at the Hospital.
- 4.11 The security electronic project that is being piloted at the Mowbray and Tygerberg Hospitals is expensive, costing about R1 million per annum.

5. Information requested by the Committee

The Committee requested that the Department provide the Committee the following documents on or before Friday, 11 August 2017:

- 5.1 The statistics on the Implanon (implant) and Intrauterine device (IUD) contraceptive.
- 5.2 A detailed statistical report on the number of babies born with the Foetal Alcohol Syndrome during the 2016/17 financial year.
- 5.3 The litigation statistics of the Mowbray Maternity Hospital.
- 5.4 A report on the impact of HIV&AIDS on the child mortality rate at the Hospital.

6. Conclusion

The Committee successfully concluded the oversight visit to the Mowbray Maternity Hospital.

3. REPORT OF THE STANDING COMMITTEE ON COMMUNITY DEVELOPMENT ON STAKEHOLDER AND PUBLIC CONSULTATION MEETINGS ON THE ATTACKS ON EMERGENCY MEDICAL SERVICES (EMS) PERSONNEL IN THE PROVINCE

The Standing Committee on Community Development having conducted stakeholder forum meetings on the attacks on Emergency Medical Services (EMS) personnel in the province on 3 March 2017 and two follow up meetings on Tuesday, 18 and 25 April 2017 in Kalksteefontein and Site C, in Khayelitsha, respectively, reports as follows:

Members

Democratic Alliance

Botha, LJ (Chairperson)

Mitchell, DG

Kivedo, BD (Alternate)

African National Congress

Makeleni, P

Additional Members

Gopie, D (ANC)

Lekker, PZ (ANC)

Apologies

Wenger, MM (DA)

Gillion, MN (ANC)

1. Introduction

Following media reports on the spate of continuous attacks on Emergency Medical Services (EMS) personnel in the province when they render services in specific communities, and as part of the Committee's oversight mandate, and in trying to deal with issues of provincial importance, the Committee resolved to include in its programme two stakeholder and consultation meetings in two areas that were identified as red zone areas based on the number of attacks on EMS personnel.

2. Overview

The Western Cape Provincial Parliament's (WCPP) Standing Committee on Community Development resolved to hold two stakeholder forum meetings on the

attacks of EMS personnel in the province. The decision to hold the stakeholder forum meetings was taken during the briefing meeting of 7 February 2017 at which the Department of Health (Department) briefed the Committee on the continuous attacks of EMS personnel in the province. The Committee decided to hold the stakeholder forum meetings in two communities that were identified as red zone by the Department namely, Kalksteefontein and in Site C, Khayelitsha. The Department informed the Committee that these areas were amongst the areas that experienced a high number of attacks on EMS personnel.

3. Purpose

The purpose of the meetings was to provide relevant stakeholders and community members with the opportunity to give input on the impact of the continuous attacks on communities. The meetings were also aimed at exploring how communities can find solutions to curb the attacks on EMS personnel when they render services in specific communities. The Committee also wanted to involve the members of the public in order to make well-informed recommendations that can ensure the safety of the EMS personnel and that EMS services are rendered without disruptions.

4. Background

The Standing Committee on Community Development was briefed by the Department of Health on Tuesday, 7 February 2017 on the continuous attacks of the Emergency Medical Services (EMS) personnel in the province; and the strategies that the Department has put in place to curb the attacks to ensure the safety of EMS personnel. Dr de Vries, Head of EMS in the province, briefed the Committee.

5. Highlights emanating from the briefing by the Department of Health

The analysis of the incidents by the Provincial Department of Health revealed a dramatic increase in the number of incidents over the last four years, peaking at 75 incidents in 2016. This pattern was particularly dramatic over 2015 and 2016. What was particularly alarming was the increase in violent incidents directed at individual staff members. This was illustrated by the sharp increase in robberies and threats with weapons. It should, however, be noted that the incidents were likely far higher than that being reported as incidents of verbal abuse and gang violence were frequently under reported.

Whilst the Department's analysis indicated that attacks on EMS personnel who provide services in rural areas also occurred, the challenge was phenomenon. The Department's data also appeared to suggest that the incidents were fairly evenly spread across the greater Cape Town but the Department also noted a preponderance of incidents in the Southern and Northern quarters of the Metropole.

The same pattern or lack thereof was observed when analysing incidents across the days of the week. While Fridays and Saturdays were the busiest days, the trend was that all the days of the week were evenly represented with no meaningful

observable pattern. This was likely related to the random and seemingly opportunistic nature of the events themselves, thus further confounding interventions. The attacks directed at EMS personnel were largely an evening phenomenon with a peak period observed between 9 pm and 3 am. Suburbs in which crime and interpersonal violence plague all members and services within the communities were also areas where these attacks frequently occurred. This observation by the Department largely explains the distribution of the red zones.

The Department reported that it has developed a triage system in which areas are categorised based on the number of attacks. The Department mentioned that the areas with the high number of attacks were categorised as red zones and these include areas such as Nyanga, Philippi, New Cross Roads, Gugulethu, Tafelsig in Mitchells Plain, Heideveld, Site C and Mandela Park in Khayelitsha, Hanover Park and Kalksteefontein. The attacks in these areas were continuous despite an agreement between the Department and the South African Police Services (SAPS) to escort ambulances into areas that had been categorised as red zones.

The Department reported that it has done everything to stop the attacks on the EMS personnel. In many parts of the province, the EMS personnel had to be escorted by police when they responded to emergency calls. The Department also informed the Committee that for the period July to December 2016, it recorded a total of 35 attacks on EMS personnel and about 50 paramedics had been booked off sick for Post-Traumatic Stress Disorder caused by the attacks and robberies of EMS employees while rendering services in some communities. As a result of these attacks, EMS personnel were applying for transfers to work in areas outside Cape Town and some refused to work overtime in certain areas.

The measures that the Department had put in place to eliminate the attacks included paramedics not carrying their cell phones and the load-and-go rule that allowed paramedics to treat patients on the way to hospitals instead of treating patients on the scene.

Following the briefing by the Department, the Committee resolved that the two stakeholder forum meetings be advertised in the *Weekend Argus*, and *community newspapers, such as the Tygerberg (Elsies River–Kalksteefontein) and City Vision*. Calls for written and/or oral submissions were advertised in these newspapers, the programme was also publicised through the WCPP social media platforms, its official website, as well as via media alerts sent out by the WCPP media office. In addition, the relevant stakeholders were invited to attend and give input in these meetings. Councillors of both Kalksteefontein and Site C wards were invited to attend the meetings.

6. Key findings emanating from the Kalksteefontein stakeholder meeting

6.1 The Community of Kalksteefontein informed the Committee that they were not aware that their area was in the red zone. This showed a lack of

communication between, the Department, community representatives, and community members.

- 6.2 The Kalksteefontein community members reported that the street lights were not functional and that robberies occurred during the evenings as the streets were unlit.
- 6.3 Police vans were not visible in the area, it was reported that police only patrolled the area after shooting incidents.
- 6.4 Crime, unemployment, and high substance abuse were identified as the challenges in Kalksteefontein and the surrounding areas.
- 6.5 Neighbourhood Watch members that were in attendance requested the Department of Community Safety to accredit them to qualify for level 1 credentials, to get training and resources from the Department of Community Safety.
- 6.6 Bonteheuwel's community members informed the Committee that there was only one Neighbourhood Watch for the entire area and this was a problem.
- 6.7 Members of the Neighbourhood Watch requested to be provided with radios to strengthen their communication with community members and to fight crime.
- 6.8 Kalksteefontein was divided into two parts, namely, the northern and southern parts. It was reported that there was no Neighbourhood Watch in the northern area of Kalksteefontein.
- 6.9 The recreational centres for the youth were inadequate.
- 6.10 There were several reports that community members fought with police when police were arresting criminals in these communities. As a result of this, at the time of the meeting, a total of seven police vehicles at Bishop Lavis Police Station were booked in for maintenance after they were vandalised by community members.
- 6.11 Brigadier Jones, the Bishop Lavis Station Commander informed the Committee that the Bishop Lavis police personnel were burdened with a responsibility of transporting psychiatric patients to hospitals. Family members phone the police when these patients are out of control and expect police officials to take them to the hospital. This has a negative impact on policing because police personnel had to wait in the hospital the entire day until patients were admitted. This use of personnel and police vehicle affected regular policing duties. He also indicated that, due to high substance abuse in the area, psychotic illnesses were on the rise.
- 6.12 Community organisations operating in the area were working in silos.
- 6.13 There was no adequate infrastructure and youth resource centres in Kalksteefontein, community members complained that their area was forgotten by the government.
- 6.15 Community members informed the Committee that their Councillor does not communicate with them.

7. Key findings from meeting held at Site C in Khayelitsha

- 7.1 The community of Site C, Khayelitsha was also not aware that their area was in the red zone. They reported that there was a lack of communication between the Department of Health and the community structures.

- 7.2 There was a challenge of teenagers who are always on the streets until the early hours of the morning. It was recommended (by the community?) that parents need to talk to their children, and parental responsibility should be strengthened.
- 7.3 The Site C community complained that there was only one clinic in Site C, the Nolungile clinic, and it closes early at 16:00. This makes it difficult for people who get sick after-hours. The community requested that as a short term measure, the Nolungile clinic in site C should be opened for 24 hours.
- 7.4 There was a high rate of unemployment in Site C and the surrounding communities. Community members mentioned that they were willing to work as Neighbourhood Watch members and fight crime but the government should give them stipends and resources.
- 7.5 The members of the community informed the Committee that there was no police station in Site C and the police kiosk closes early and opens late. The community therefore requested that as a short term measure, this police kiosk should open 24 hours. They requested that police visibility and patrols should be strengthened in Site C.
- 7.6 The community complained that it takes time for the South African Police Service (SAPS) to fill vacancies. It was reported that it takes more than three months for SAPS to appoint a new police officer if one has been murdered on duty.
- 7.7 The community members requested that the Department of Community Safety should provide Neighbourhood Watch members with uniforms and resources. They further mentioned that they do not want the City of Cape Town uniform because everybody is wearing it even criminals and according to the community, people do not trust anyone in the City uniform.
- 7.8 Community members reported that councillors are not visible and do not communicate with community members.
- 7.9 An official from the City of Cape Town informed the meeting that during the diarrhoea season two babies from Site C died because the ambulance could not enter Site C, and the parents of these babies could not afford to hire a car to Site B hospital in the middle of the night and were scared to walk. She emphasised the negative impact the attacks have on poor people.
- 7.10 Community members stressed that the unemployment rate in the area contributes to crime, the youth of Site C is not doing anything, and as a result, they commit crime.
- 7.11 The Site C Neighbourhood Watch members are not properly equipped and needs resources.
- 7.12 The illegal shebeens were identified as a contributing factor to the high crime rate in the area.
- 7.13 The community of Site C took responsibility to patrol their streets and encouraged the other areas to follow suit.
- 7.14 The Chairperson of the Khayelitsha Health Forum mentioned that they are busy organising a community dialogue on the safety plan for the community development. He mentioned that the University of Cape Town will facilitate the dialogue.
- 7.15 Mr. Papu, the EMS manager, informed the meeting that he was going to meet with the members of the Khayelitsha Development Forum,

Khayelitsha Health Forum, SAPS, Neighbourhood Watches and the Community Police Forum to discuss how Khayelitsha can be moved from a red zone to a safe zone. These parties committed themselves to working with EMS officials and to ensure that the attacks are stopped.

- 7.16 The Khayelitsha Health Forum mentioned that they would like an opportunity to engage with the Minister of Health on health related issues that affect communities.

8. Input from the Department of Community Safety

The Department of Community Safety encouraged community members to apply for the Neighbourhood Watch assistance from the Department.

9. Recommendations

The Committee RECOMMENDED that:

- 9.1 Communication between the Department and the communities must be strengthened.
- 9.2 The Department of Health must work closely with the Neighbourhood Watch and CPF coordinators, to make sure that the CPF and Neighbourhood Watch are at the scene when the EMS personnel arrive.
- 9.3 The Department of Health should be in possession of the contact details of CPFs and Neighbourhood Watch members and should contact them for escort purposes before visiting an area that has been identified as a red zone.
- 9.4 The community of Kalksteefontein should organise themselves and set up street committees to safeguard their streets.
- 9.5 The Department of Community Safety should conduct a Neighbourhood watch audit in all the red zone areas.
- 9.6 All relevant stakeholders and the Department of Health should come on board and help communities with mental illness patients as the community of Kalksteefontein and the surrounding areas have overburdened police officials, especially with requesting the SAPS to transport these patients.
- 9.7 There is a need for community organisations to work together, the Councillors of Kalksteefontein and Site C should keep and maintain a database all organisations that are providing services in their wards, and this will ensure that communication is strengthened in these communities.
- 9.8 Kalksteefontein needs to move out of the red zone to a safe zone and this can only be achieved by the establishment of Neighbourhood Watch in Kalksteefontein north and by making sure that communication is strengthened between community members and community structures.
- 9.9 The Department of Health must identify people from the community structures and provide them with the first aid training to help communities while waiting for EMS to arrive at the scene. This will save lives and improve service delivery. This training should also be provided to the Neighbourhood Watches and Community Police Forum (CPF) members.

- 9.10 The Department should communicate more with community structures because community members were not aware that their areas were in the red zone.
- 9.11 The Department of Health should make use of the Neighbourhood Watch, they are willing to help the EMS personnel. The Department should contact and notify them before the ambulance drives into the red zone area.
- 9.12 The Department of Health needs to identify a community structure that they can work with in Kalksteefontein, the Department should communicate with this structure before coming to the area to make sure that the scene is safe.
- 9.13 The City of Cape Town should take back its Neighbourhood Watch uniform from members of the Community once they stop working as a Neighbourhood Watch. The City must make sure that its uniform does not end up in the hands of the criminals as it was alleged during the meeting.
- 9.14 There is a need for the community of Khayelitsha to unite to fight crime, communities need to mobilise themselves and come up with a plan of action.
- 9.15 As a short term measure, the Neighbourhood Watch and CPF members should be contacted by the Department to make sure that they are present on the scene to safeguard the scene.
- 9.16 Visible policing should be strengthened in the red zone areas.
- 9.17 The City Improvement District (CID) Kiosk must be established in Khayelitsha as a short term measure while government is still deciding on building the police station.
- 9.18 The Department of Health should continuously engage with community members regarding matters that directly involve communities. Engagements to look at the collaborative approach to the challenges within communities should be strengthened.
- 9.19 The stakeholders such as CPFs, Neighbourhood Watches, and other relevant community stakeholders should come on board and come up with ways on how these attacks on EMS personnel could be stopped.

10. Conclusion

Based on all submissions, the predominant concern is the lack of communication between the Department of Health and communities, namely, the community members of Kalksteefontein and Khayelitsha were not aware that their areas were in the red zone, community members were not aware of any attack incidents in their areas. The stakeholder forum meetings revealed other service delivery issues that are contributing to the attacks. The meetings also revealed that Councillors are not visible and are not communicating with community members. The community organisations are working in silos. The Neighbourhood Watches are not equipped and in some areas they are inadequate.

Safety is a primary concern for every citizen of the Western Cape including EMS personnel. The attacks on EMS personnel not only present a threat to a service but is, in fact, indicative of far more sinister circumstances. Every effort must be made to ensure that EMS personnel are safe when providing services in communities so

that they can provide and deliver on their constitutional mandate without fear of being attacked.

The Committee has compiled this report and it will be submitted to the Minister of Health with the hope that the recommendations made will be implemented by the Department.