



Wes-Kaapse Provinsiale Parlement  
Western Cape Provincial Parliament  
IPalamente yePhondo leNtshona Koloni

Ref Number:

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**Report 15/2021**

**Ref: The effects of the pandemic (COVID19) on the youth in the province Health Update, Adjusted' Alert Level 4 lockdown and rollout of the vaccine.**

**Report of the Ad hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic, on the themes/meetings covered for July 2021, as follows:**

**The Ad hoc Committee on COVID-19 consists of the following members:**

Mr R Allen (DA)  
Mr D America (DA)  
Ms D Baartman (DA)  
Ms L Botha (DA)  
Mr G Bosman (DA)  
Mr F Christians (ACDP)  
Mr C Dugmore (ANC)  
Mr B Herron (GOOD)  
Ms P Lekker (ANC)  
Mr P Marais (FFP)  
Ms W Philander (DA)  
Mr A van der Westhuizen (DA)  
Ms M Wenger (DA) (Chairperson)  
Ms R Windvogel (ANC)  
Mr M Xego (EFF)

**Alternative Members:**

Mr R MacKenzie (DA)  
Ms M Maseko (DA)  
Ms N Nkondlo (ANC)  
Mr K Sayed (ANC)  
Mr D Smith (ANC)

**Procedural Staff:**

Ms W Hassen-Moosa, Procedural Officer  
Ms S Jones, Procedural Officer  
Ms B Daza, Senior Procedural Officer  
Mr M Sassman, Manager: Committees

## **1. Introduction and Background**

The Ad hoc Committee on COVID-19 (the Committee) was established by the Speaker of the Western Cape Provincial Parliament on 14 April 2020 in accordance with Standing Rule 119(1) (b) of the Standing Rules of Western Cape Provincial Parliament. The Committee was tasked with the responsibility to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.

The meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the Programming Authority, to enforce social distancing rules.

## **2. Election of Chairperson, Adopted Themes and the Rules of Engagement**

On 17 April 2020, Member M Wenger (DA) was elected to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. The Committee adopted 12 themes around which it would address the COVID-19 pandemic. The 12 adopted themes were as follows:

- 2.1 Health Department Responses and Preparations
- 2.2 Policing, Security and Police Brutality
- 2.3 Food Security
- 2.4 Protection of the Vulnerable
- 2.5 Disaster Management and Local Government Oversight
- 2.6 Economic Recovery, Support and Livelihoods
- 2.7 Transport and Infrastructure
- 2.8 Schooling and Education
- 2.9 Human Settlements
- 2.10 Citizen Surveillance
- 2.11 Intergovernmental Relations and Community Cooperation
- 2.12 Government Finance and Budgets

## **3. Additionally, the Rules of Engagement during virtual meetings were indicated as follows:**

- 3.1 All meetings would be open to members of the public and media via livestreaming;
- 3.2 All Members microphones must be muted at the beginning of the meeting to avoid background noise;
- 3.3 Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
- 3.4 All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
- 3.5 Participants must switch off their microphones once they are finished speaking;
- 3.6 In terms of maintenance of order, in accordance with the "Directives for Sittings of the House and Meetings of Committees by Electronic Means", ATC'd on Friday, 17 April 2020, Section 8 states that "when a Member is considered to be out of order by the presiding officer, the presiding officer may mute the microphone of such a Member and call such a Member to order"; and
- 3.7 Section 10 of the Directives ATC'd on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that "in instances where these directives are not clear or do not cover a

particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final”.

#### **4. The themes/meetings covered in July 2021**

##### **Themes:**

Theme 1: Health Department Responses and Preparations

Theme 4: Protection of the Vulnerable

Theme 6: Economic Recovery, Support and Livelihoods

Theme 8: Schooling and Education

#### **4.1 The effects of the pandemic (COVID19) on the youth in the province**

The Committee invited the Department of Economic Development and Tourism, the Cape Higher Education (CPUT), the Department of Health’s Division of Child and Adolescent Psychiatry and the Jelly Beanz to brief on the effects of the pandemic on the youth in the province on 19 July 2021.

#### **4.2 Health Update, ‘Adjusted’ Alert Level 4 lockdown and rollout of the vaccine**

The Committee requested a briefing from the Head of the provincial Department of Health on an update on the COVID-19 pandemic in the Western Cape, on 23 July 2021.

#### **5. The effects of the pandemic (COVID19) on the youth in the province**

##### **5.1 Overview and background**

On 19 July 2021, the Committee invited the Department of Economic Development and Tourism, the Cape Higher Education, CPUT, the Department of Health’s Division of Child and Adolescent Psychiatry and the Jelly Beanz to brief on:

##### **5.1.1 Briefing by the Department of Economic Development and Tourism on:**

- i. Youth employment, support provided to young people to help pursue jobs and keeping young people connected to job opportunities; and
- ii. Measures to reduce social exclusion, job search resilience and reducing discouragement of young people.

##### **5.1.2. Briefing by the Cape Higher Education, CPUT on:**

- i. The effects of the pandemic on learning at Higher Education Institutions;
- ii. Adapting learning to COVID-19 restrictions; and
- iii. Insights for policy makers.

##### **5.1.3. Briefing by the Department of Health’s Division of Child and Adolescent Psychiatry and the Jelly Beanz NGO on:**

- i. The effects of the pandemic on the youth and their mental well-being;
- ii. The exacerbating factors which influences this; and
- iii. Any additional insights for policy makers.

## 5.2 Observations and challenges

### 5.2.1 Presentation by the Department of Economic Development and Tourism

Minister Maynier in his opening remarks informed the Committee that the amount of young people without jobs in the country was staggering. He indicated that the top priority of the Department of Economic Development and Tourism (the Department) was to create opportunities for growth and jobs in the Western Cape. He elaborated on the Department's interventions, which pertains to supporting the youth through skills development programmes, social inclusion and job creation that would be derived from partnerships. The partnerships would be established to develop experiential learning workplace opportunities for youth and vulnerable unemployed groups.

The Western Cape labour force currently consists of 3, 018, 00 individuals of which 680,000 are unemployed but NEETS are 1, 748, 000. Approximately 58% of the provincial workforce are not economically active. Youth up to the age of 24 makes up 43% of the unemployment rate and 53% of the provincial population over the age of 20 does not have a matric qualification. This is construed to contribute to social ills such as substance abuse, crime, poor health amongst others.

Government took cognisance of these challenges and developed a plan to aid the youth through skills development programmes that can lead to employment. The Work Place Skills Development Programme is conducted in collaboration with other government departments, training institutions, civil society and business. The aim of the programme is to create experiential learning and work placement opportunities for young people who are unemployed. They indicated that the experiential learning and work placement opportunities is implemented through the following three sub-programmes:

- (i) The Work and Skills Programme;
- (ii) The Artisan Development Programme; and
- (iii) The ICT Technical Skills Programme.

#### 5.2.1.1 Work and Skills Programme

Approximately 4000 beneficiaries were assisted through the Work and Skills Programme in the 2020/21 financial year. Approximately 60% of the beneficiaries who completed their workplace training were absorbed into the respective organisations where they conducted their training.

#### 5.2.1.2 The Artisan Development Programme

Approximately 423 beneficiaries were provided with experiential work opportunities through host companies. They were afforded an opportunity to work in jobs that require artisanal and technical skills.

#### 5.2.1.3 The ICT Technical Skills Programme.

Through the ICT Technical Skills Programme, 80 of the graduates were provided with entry level opportunities. Specialised ICT courses were provided to gain demand led skills including micro software development and Java to increase the employability of the youth in the sector.

#### 5.2.1.4 Upscaling skills and workplace opportunities

The Department also partnered with the College of Cape Town, the National Skills Fund, the City of Cape Town and the Business Process Outsource (BPO) industry to launch the BPO academy. The Academy will develop the bespoke industry certification in response to the changing industry needs. Further partnerships were formulated with the Western Cape SETA Cluster, Western College SETA Forum, Western Cape Government Inter-Departmental and Municipality collaborations, SMME Booster Fund to upscale skills and work placement opportunities. The public and private partnerships provides a gateway for skills training work placements with financial support.

#### 5.2.1.5 Sourcing companies via selection criteria

Participating companies are evaluated in accordance with the following criteria:

- (i) The value of the company contribution to the beneficiary. Some companies provide up to 200% more financial support than what is provided by the Department of Economic Development and Tourism;
- (ii) The nature of the training is taken into consideration and whether an NQF level of the accreditation and vendors training is provided eg. Microsoft and vendor specific training;
- (iii) The cost to create a job is evaluated at R10 000; and
- (iv) The commitment of the company to employ the individuals who have received training;
- (v) The company must commit to further employment.

Once the criteria is established a threshold is set in terms of eligibility for the company. The employment of a beneficiary amounts to R25 800 and only companies that provide the training are allocated with the required revenue. In some instances, the beneficiaries once qualified seek employment at other companies and do not remain in the company which provided the training.

#### 5.2.1.6 Beneficiary considerations via selection criteria

- (i) Beneficiaries must reside in the Western Cape;
- (ii) The individual must be younger than 35 years. There are however specific instances where exceptions are made;
- (iii) The beneficiary must be unemployed and not have worked for the host company before; and
- (iv) The beneficiary must not be a family member of any of the directors of the host company.

#### 5.2.1.7 Business Process Outsourcing

The main objective of the Business Process Outsourcing (BPO) is to develop unemployed youth as call centre agents. Once the youth have been developed, they are provided with employment opportunities in the Business Process Services (BPS) or the Business Process Outsource (BPO) industry. Experienced learners are provided with a stipend for a period up to 12 months which amounts to R2 500 a month for experiential learning opportunities, R3 000 for the working skills programme and R7 000 for the artisanal training programme. All revenue streams subject to the existing agreements of bargaining councils. The R7 000 for the artisanal training programme is not entirely covered by the Department, contributions are made by the relevant host companies to consolidate the final amount.

The initiative has contributed to job opportunities realised in the sector. The industry employs approximately 60 000 people a year. A total of 1 166 jobs were realised in the 2020/21 financial year. The industry is highly competitive and this has resulted in an increased growth of the sector.

#### 5.2.1.8 Work and skills

The Work and skills programme focuses on the BPO and Technology sector. Unemployed youth are placed in companies to gain workplace experience. Approximately 200 unemployed youth are projected to benefit from the Experiential Training Programme over the financial year. The Department of Education which is also one of the partners in the programme, indicated that there is a very high dropout rate particularly in the formative basic education years. The Department therefore provides a stipend for Early Childhood Development (ECD) individuals. Partnerships were formed with companies that provide the hard skills for ECD learners. These programmes provide soft skills and shape behavioural characteristics that are suitable for employment. Further partnerships were formulated with local government which is able to provide work opportunities across the province. The Department facilitates some of the work opportunities at local government level.

#### 5.2.1.9 Artisan development programme

Approximately 269 artisanal candidates were placed in the programme for the 2020/21 financial year. The programme will provide workplace training for 200 unemployed youth beneficiaries. The programme is costly, therefore the bulk of the finance will be derived from external funders. The partnerships have provided the Department with more than R100 million in support of skills development initiatives. The SETA's are the largest funders for the artisanal development priorities. MerSETA provided R40 million for experiential development candidates.

#### 5.2.1.10 Youth supported from April – June 2021

The Department's target for the first quarter for the total youth placed was listed as 300. The target was exceeded by 151 as they have placed 451 for the quarter. A total of 318 females and 133 males were placed. The youth supported who are younger than 20 years old amount to 148 and the ones aged from 21-25 amounts to 187.

#### 5.2.1.11 Small Medium and Micro Enterprise (SMME) Booster Projects

The key purpose of the Booster Fund is to support businesses to deliver on their outcomes in terms of job creation and sustaining jobs within companies. The SMME Booster fund supported 16 businesses during the 2019/20 and the 2020/21 financial years. One of the projects supported by the Department is the False Bay TVET College-Centre for Entrepreneurship and Rapid Incubation. Through the programme, the Department was able to support 20 youth owned business that are located in areas such as Mitchells Plan, Khayelitsha, Gugulethu and surrounding areas. Approximately 50% of the businesses that were supported were women owned. The support was in the form of a pre-incubation process. The process deals with reviewing business plans that can be transformed into a start-up business. The programme was further expanded from structured incubation support for start-ups to establishment. Business with manufacturing capabilities were provided with access to engineering and woodwork factories equipped with machinery, tools and production support for the development and manufacturing of new products.

Minister Maynier concluded the department's inputs and in his closing remarks assured the Committee that the Department would continue to work hard to create more opportunities for young people, as well as attract more investment so that more people could be absorbed into the workforce.

## 5.2.2 Presentation by the Cape Higher Education, Cape Peninsula University of Technology

### 5.2.2.1 The Higher Education sector's response to COVID-19

Prof Mellet Moll, Compliance and Risk Officer: Cape Peninsula University of Technology (CPUT), briefed the Committee on the COVID-19 response in the higher education sector. He indicated that CPUT's vaccination programme initiative is derived from the Minister of Higher Education, Science and Innovation Higher Health drives overall response. The CPUT will be focusing on five priority areas as follows:

- (i) National COVID-19 trends;
- (ii) Presidential family meeting;
- (iii) Ministerial guidelines;
- (iv) Higher Health directives and protocols; and
- (v) Institutional response.

CPUT monitors COVID-19 trends and have developed their own models to predict COVID-19 trends. A Presidential family meeting was held to discuss the models, which were instrumental in the formulation of the Gazetted guidelines for education and training.

### 5.2.2.2 CPUT's COVID-19 statistics

CPUT recorded the lowest COVID-19 figures in the sector, with 354 positive cases and 336 recoveries recorded on 16 July 2021. Approximately 175 personnel and 179 students tested positive between 9 and 16 July 2021. None of the CPUT staff and students were admitted to high care or intensive care. No on-campus transmissions were recorded throughout the course of the pandemic.

### 5.2.2.3 COVID-19 Health Cluster

The institutions response to the pandemic provided them with the accolade as being the leading sector in their response to COVID-19. A Business Continuity Planning meeting was held with CPUT's executive Management, where all the health related skills and support services were represented to devise a plan on how to deal with the ramifications of the pandemic. Stemming from this meeting, a Health Cluster was established. The Health Cluster has become the cornerstone of the institutions COVID response. It tracks and oversee all operations and campus activities. The Health Cluster meets every second day.

Two additional committees were established namely the COVID-19 Command Centre (the Command Centre) and the COVID-19 Strategic Think Tank (the Think Tank). The Command Centre meets every Friday afternoon to review the COVID-19 activities and to plan ahead for the coming week. The Think Tank plans ahead for the next phases of the pandemic and ensures that the institution remains prepared for any future eventualities.

This structure has become the cornerstone of CPUT's success in combatting the virus. The academic project is directed by CPUT's Deputy Vice Chancellor for Teaching and Learning and six Deans of faculties. The Carousel Model has four modalities of multi module teaching and learning. This includes online learning through data provision and device provision. This COVID-19 Strategy was developed and presented to the Council and ManCom. When fluctuations in the lockdown levels occur or when the semester changes, a contingency plan is released and distributed to the CPUT community.

#### 5.2.2.4 Vaccination of CPUT Community

The Health Cluster identified the CPUT community vaccination as its next milestone in its COVID-19 response. A former cafeteria facility was converted into a vaccination station at almost no cost to the institution. Through collaborations with the Health Cluster and the Faculty of Health and Wellness Science, a CPUT Vaccination Strategy was developed and submitted to the executive management. The strategy was approved by the Executive Management and Higher Health. The strategy entails providing 90 000 vaccines for a period of 500 days and a period of 2 500 weeks. This will ensure that up to 40 000 CPUT staff and students could be vaccinated. The remaining vaccinations can then be utilised to vaccinate the CPUT community members to ensure a herd immunity of 23 000.

#### 5.2.2.5 SACCO Hall (CPUT vaccination center)

SACCO Hall received accreditation and was visited by the Department of Health. It was alluded to be one of the best vaccination sites in the region outside of Groote Schuur and Tygerberg Hospitals. The institution recognises the lack of capacity to administer the strategy among the many other higher learning institutions, such as technical and vocational education and training (TVET) colleges. The institution therefore opted to manage the vaccination programmes in many TVET colleges. CPUT and many other leading universities had developed a Higher National Vaccination Strategy which was currently being circulated, and had reached the inter-ministerial vaccination committee. Higher learning institutions play a vital role in the vaccination process.

All members of the community are utilised as agents of communication campaigns. All COVID-19 responses are quick, well executed and managed in minute detail and with minimum disruptions. The lifestyle of the COVID-19 response team members are in line with institutional practices. The Gazetted directives from the last Presidential announcements are still in place until 26 July 2021 after which the latest Level 4 Contingency plans will be released.

#### 5.2.2.6 Budget

The CPUT has included a budget for COVID-19 for the 2021/22 financial year. This is to ensure that the institution has enough revenue to be compliant with its COVID-19 guidelines and protocols. The institution received budget approvals after it had been scrutinised by the Department of Education.

### 5.2.3 Presentation by the Department of Health's Division of Child and Adolescent Psychiatry

#### 5.2.3.1 Mental health conditions

Dr Keith Cloete, Head of the Department of Health, briefed the Committee on the impact of COVID-19 on the mental health of the youth and population. He indicated that mental health is generally equated with a severe psychiatric condition that has to be dealt with constructively.

Mental health conditions can be viewed as a continuum from none-severe to very serious. A continuum with five indicators lists the conditions as follows:

- (i) Psychologically healthy and mostly unaffected  
This from a psychosocial aspect indicates that the affected person is generally healthy and mostly unaffected.



- (ii) Psychologically healthy but experiencing stress  
This indicates that the affected person have experienced episodes of anxiety and can deal with the stress, but might not be able to cope with the stress.
- (iii) New cases of sub-clinical mental distress  
This indicates that the affected person is suffering from mental distress but at this juncture it has not manifested as a mental condition.
- (iv) Existing and/or new common mental health conditions  
This indicates that the affected person is in actual fact suffering from a mental health condition. The affected person might even be suffering from an anxiety disorder or might be suffering from depression.
- (v) Severe psychosocial disability  
This indicates that the affected person is already suffering from a mental health disorder that is causing this disability.

The COVID-19 pandemic has instilled feelings like fear and anxiety in the majority of the population. At some point most people have been suffering from the fear of contracting COVID-19. These feelings have been exacerbated in those with comorbidities and heightened as family members are infected or dying from the virus. Uncertainty about the future has created further stress and anxiety. Secondary effects from a psychological perspective can veer into suicide, self-harm and substance abuse. This can also lead to violence and abuse. These are all be social aspects stemming from the primary effects of the lockdown restrictions.

#### 5.2.3.2 Proximal and distal drivers of poor mental health

Proximal drivers are issues that pertains to an individual's basic needs eg. Stable housing and enough food amongst others. Distal drivers refer to crises like economic downturns. Hunger is a proximal environmental driver that impacts on an individual's mental well-being. COVID-19 has impacted households negatively in that many have lost their jobs and income. This reportedly led to 35% of households running out of money for food, 17% reported household hunger and 14% reported child hunger.

#### 5.2.4 Child and adolescent mental health

Dr Rene Nassen, Child and Adolescent Psychiatrist at Lentegeur Hospital, informed members that prior to COVID-19, there had already been challenges pertaining to children's mental health. Social and economic challenges experienced in South Africa has led to high rates of adverse childhood experiences. There is a high rate of trauma and other related conditions particularly in adolescence. When the child is exposed to this environment while still under the caregiver's supervision, a lifelong impact on the child's mental health can be expected. These traumatic experiences are exacerbated by the COVID-19 pandemic.

The Childhood, adolescent mental health services is an under resourced discipline worldwide. The lack of professional intervention from a mental health standpoint shows a significant increase in adolescent's levels of depression, anxiety and ultimately suicide. Policies are recommended for an urgent response plan in terms of childhood and adolescent's mental health intervention during the period of the pandemic. Further hereto, recommendations were made for direct and collaborative networks between clinicians and other sectors in order to help children and adolescents who are struggling to cope under the pandemic.

Concern was raised regarding the huge impact of hunger on the individual's mental wellbeing. All heads of departments were requested to work collectively to respond to the issue of hunger and its effect on mental wellness. The Department was working closely with other departments such as Department of Culture and Sports, the Department of Education, the Department of Economic Development and Tourism, and the Department of Agriculture to provide sustenance to children in poor communities.

The COVID-19 mental health impact and response provide clear and correct information, parental guidance, continuity of care via tele-psychiatry, access to obtaining medication, crisis intervention and availability of emergency care. Caregivers are not always by the means to afford the astronomical fees associated with specialist rates. Dr Nassen advised that it was challenging to implement telepsychiatry programmes. The internet is crucial to gain access to information provided on mental health related matters as the information is only accessible to individuals who have the necessary resources and data/wifi connections.

Insights from the National Income Dynamic Study (NIDS) and the Covid Rapid Mobile Survey (CRAM) conducted on adults indicated a consistently higher rate of depressive symptoms during the pandemic. Approximately 24-29% positive screenings were made compared to 21% pre-Covid. Others experienced 52% depressive symptoms since the start of the pandemic. The study showed that fewer depressive symptoms in terms of child hunger/food insecurity were reported. Self-assessed health indicators showed that a larger number of the poor reported ill health and others reported an increased number of depressive symptoms. Funding is required to drive the NIDS and the CRAM as a recovery plan. Pre-existing challenges recorded lists poor ambulance services in the regions where the children suffering from mental health reside. There is a shortage of resources to provide adolescent with mental disorders with the acute therapeutic aide they require. Existing services have decreased and partnerships with other sectors have deteriorated.

An emerging framework action plan indicates strategies should be implemented to strengthen sustainable access and production of affordable food. That there should be social cohesion through cultural and sport initiatives. Nurturing relationships should be fostered and strategies should be implemented to provide learning and economic opportunities for the youth. Strategies to meet the basic health needs of the youth is crucial as early interventions would minimise high risks like adolescent suicide amongst others. Intersectoral collaboration across all programmes will provide better models of care which will focus on early intervention initiatives.

#### 5.2.5 Presentation by the Jelly Beanz

Ms Edith Kriel, Executive Director, Jelly Beanz, briefed the Committee on the impact COVID-19 on the mental health of youth. Jelly Beanz is a non-profit organisation (NPO) that provides response and preventive child protection services to children and their families in the Western Cape.

She informed the Committee that the mental health of children is a long term concern predating the advent of COVID-19 pandemic. The vulnerable position that children are in, were highlighted as problematic even before the COVID-19 pandemic as nearly one in every three children were sexually abused in South Africa. There had been a significant increase in violence during the lockdown, and this had taken a toll on children's mental development. A case study conducted on children residing in the Western Cape reported that 21.7% of the children sampled met the

criteria for post-traumatic stress disorder. Individuals have a unique response to adverse experiences and how they cope with and manage their experience.

The increased consumption of alcohol promoted social ills like gender-based violence. Child-on-child sexual abuse has also increased significantly. Pornography was listed as one of the contributing factors, though it was not construed to be the only contributing factor promoting sexual abuse. Some were caused by children's bonding problem with their caregivers. The problem was exacerbated by children who yearn for human contact. They reached out to other children for affection, which in turn was misconstrued as sexual advances. The death of a caregiver or both parents results in children being removed from their homes which can also have a debilitating effect on the children's mental health.

Sex education is vital for children to understand their own sexuality and the do's and don'ts about sexuality. Ms Kriel advised that children needed to be taught about sexuality, instead of being told to look away when sexual content was being displayed. Caregivers needed to explain and provide guidance in a mature manner.

A major concern was raised regarding the education of children especially those who do not have access to online study material. Grade 10-12 learners expressed their concern regarding the loss of schoolwork during the lockdown. They reported that there was no adult support, and were subjected to looking after siblings and doing chores. High levels of stress and isolation can affect the brain development of young children negatively.

Concern was raised that most child protection services, an essential service that should remain operating during the lockdown period, had been closed. Emergency protection was not available due to crucial staff working from their place of residence. No forwarding contact details were made available for caregivers to access the care required. Child line reported that a case study conducted indicated that 33% of the children sampled requested that more support in the form of home visits be provided, some requested counselling for emotional support and others wanted to report emotional abuse.

Ms Kriel advised that many non-profit organisations were overwhelmed trying to provide services to children and families. However, statutory functions can only be provided by statutory designated child protection organisations. Organisations like Jelly Beanz require the support of the relevant organisations in order to protect children who require their support. She indicated that it should also be noted that an emergency or disaster management plans need to be developed to combat the challenges of the previous year, thereby ensuring that children and families are provided with better services should a disaster happen again. She listed the following 11 key issues that should be addressed:

- Document the Covid-19 child protection history;
- Ensure that there is a clear leadership in the emergency plan;
- Ensure that emergency planning is conducted at every level;
- Ensure functional toll-free helplines;
- Map resources that may be called upon during emergencies;
- Ensure a functional communication and coordination process;
- Ensure basic needs are met in emergencies;
- Ensure that front line responders are trained in psychological first aide;
- Involve children at every level of the emergency planning process;
- Provide support for the workforce, whilst supporting children; and
- Plan for regular monitoring evaluation.

In conclusion Ms Kriel acknowledged the importance of engaging with the Commissioner for Children, Early Children Development (ECD) practitioners and other experts that worked on children's issues. She said that the presence of organisations such as Jelly Beanz in poorer areas was very scarce. To her knowledge, Jelly Beanz was the only children's mental health organisation from the Red Cross Children's hospital in the West Coast. She stated that the government and society were failing the children in terms of looking after their mental health. Most of the referrals to Jelly Beanz were children who were sexually abused. She further indicated that sexual abuse was merely a small portion of the problem and that there was a larger scale of mental illnesses among children that still needs to be explored.

## **6. Health Update, 'Adjusted' Alert Level 3 lockdown and rollout of the vaccine**

### **6.1 Overview and background**

The purpose of the meeting was to receive a health update on the progression of the COVID-19 pandemic with specific reference to indicators, modelling and situational analysis on the third wave; and to receive an update on the progress of the vaccine roll-out.

### **6.2 Briefing by the Head of the Department of Health**

Dr Cloete, the Head of the Department of Health submitted projections for the third wave, which were done by a modelling consortium, indicated a peak between mid-July and early August 2021. The most likely scenario, as per the projections, was a third wave with higher numbers than the first wave but lower numbers than the second wave.

### **6.3 Health update**

#### **6.3.1 Surveillance and response update**

Dr K Cloete briefed the Committee on the markers used for tracking the waves of the pandemic included the number of cases/infections, proportion-positive laboratory tests, reported deaths, hospital admissions and oxygen use. The indicators in the third wave were showing signs of flattening in some of the markers. The reproduction number was an important factor. A reproduction number of below one, indicated a decrease in the number of infections and a decline of the wave.

The Department used the national trends to benchmark the level of expectations. On a provincial level, a three-percent increase in the week-on-week number of cases had been reported, which was significantly lower than the percentage of the previous week. The portion of cases that was sent to the laboratory and returned positive was 40%. For the past two weeks, 2 300 cases per week had been reported. Over the same period, 330 admissions per day and 80 deaths per day had been reported. Hospitalisation increased in both the private and public sector with more than 3 000 admissions. The number of reported deaths was in line with the number of excess deaths and was currently exceeding the numbers of the first wave.

#### **6.3.2 Expectations for the third wave**

Projections for the third wave, which were done by a modelling consortium, indicated a peak between mid-July and early August 2021. The most likely scenario, as per the projections, was a third wave with higher numbers than the first wave but lower numbers than the second wave. Restrictions and behavioural responses seemed to have taken effect, as the numbers could have been worse. All provinces have a 50% probability of having passed the peak of the third wave.

#### **6.3.3 Triggered third wave response**

In mitigate the impact of the third wave, the Department engaged in continued public messaging, published potential increase of restrictions to safeguard the health system from being overwhelmed and recommended restrictions on social gatherings and alcohol sales. In addition, the capacity at both private and public hospitals was increased.

#### 6.3.4 Vaccine implementation update

Since 17 May 2021, public sector sites have been introduced in a phased manner. In addition, 118 private sector sites, including at workplaces, had also been added. Weekly updates of active sites per geographic area are being provided. The Acting Minister of the national Department of Health made an announcement on 23 July 2021 about the special group's programme that would be coming to an end. The age stratified system would thereafter come into effect.

#### 6.3.5 Communication

The message of keeping safe is reiterated. The Department embarked on outreach programmes through door-to-door visits and pop-up sites at SASSA queues and Boxer Stores to counter misinformation and address vaccine hesitancy. Great success had been achieved in reaching people closer to where they lived. More than eight public sector weekend vaccination sites would be opening from 24 July 2021. The sites would increase as the number of vaccine doses and the qualifying age groups increased.

### 7. Acknowledgements

The Chairperson thanked representatives from the Department of Economic Development and Tourism, the Cape Higher Education CPUT, the Department of Health's Division of Child and Adolescent Psychiatry and the Jelly Beanz. The Chairperson also thanked Members for their participation in the meetings.



**MS M WENGER (MPP)**

**CHAIRPERSON OF THE AD-HOC COMMITTEE ON COVID-19**

**DATE:** 6 October 2021