



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

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Report of the joint oversight visit of the standing committees on Health and Wellness and Social Development to health facilities and Social Development facilities in the Karoo and Southern Cape regions from 26 to 30 June 2023.

The standing committees on Health and Wellness and Social Development, having conducted a joint oversight visit to health facilities and Social Development facilities in the Karoo and Southern Cape regions from 26 to 30 June 2023, report as follows:

The delegation

The delegation included the following Members:

Democratic Alliance

Pretorius, G (Chairperson)

Plato, D (Chairperson)

African National Congress

Bans, AP

Bakubaku-Vos, NG

Windvogel, R

Economic Freedom Fighters

Klaas, T

1. Introduction

The 2023/24 strategic objectives of the WCPP linked to the Speaker's priorities, which have an impact on committees, are as follows:

Priority 1: Building a credible WCPP; and

Priority 3: Strengthening the core business.

The Standing Committee on Health and Wellness, as part of its oversight mandate, conducted oversight visits to health facilities in the Central Karoo and Southern Cape regions and the Standing Committee on Social Development conducted visits to NGOs funded by the Department of Social Development (DSD) in the Central Karoo region. The delegation conducted a walkabout of the facilities, which was followed by briefings. Discussions were held on:

- 1.1 The services provided by the facilities.
- 1.2 The staff complement.
- 1.3 Infrastructure projects and renovations planned for the facilities during the 2023/24 financial year.
- 1.4 The budget allocation for the 2023/24 financial year.
- 1.5 Challenges and successes followed by a question-and-answer session.

2. Overview and background

The Standing Committee on Health and Wellness and the Standing Committee on Social Development, as part of their mandates, resolved to schedule a joint visit to various health facilities and non-governmental organisations (NGOs) in the Central Karoo and Southern Cape regions from 26 to 30 June 2023. The joint visit was scheduled after Members raised concerns about the infrastructure challenges and poor quality of services offered by the health facilities and NGOs in these regions.

The purpose of the visits was to investigate and assess the infrastructure challenges and the quality of services offered by the various health facilities and NGOs to the Central Karoo and Southern Cape communities. In addition, the committees visited the facilities to assess the high service pressure. During the visits, the delegation was briefed by the relevant officials from the health facilities and NGOs that were visited on the service pressures experienced by the facilities, the challenges and successes achieved, and the infrastructure challenges. Members also conducted a walkabout of the facilities. The officials from the Department of Health and Wellness, the Department of Social Development and officials from various NGOs answered all questions posed by the delegation.

At all the various health facilities and NGOs that were visited, the delegation was received by the senior management of the facilities. This report highlights the findings, key issues discussed and recommendations stemming from the sites visited.

3. Visit to the Sumari Foundation in Touws River on 26 June 2023

The delegation conducted a visit to the Sumari Foundation, a soup kitchen in Touws River. The management of the soup kitchen welcomed the delegation. Ms Maria proceeded to brief the delegation on the services offered by the NGO. She reported that the Sumari Foundation was a registered non-profit organisation (NPO) with a special focus on poverty alleviation by providing meals to the people of Touws River and the surrounding communities.

The Sumari Foundation is a soup kitchen that provides soup and meals to the destitute community in Touws River. Due to high unemployment and other social issues, poverty was reported to be rife in the area, resulting in most community members living beyond the poverty line. According to Ms Maria, the Sumari Foundation feeds approximately 300 people daily once a week and on school holidays. The NGO feeds 400 people including children.

Ms Maria indicated that she started the soup kitchen due to the highly impoverished conditions in Touws River and when she started the Sumari Foundation, she was hoping to provide food services to the community members five days a week; however, due to the high demand for meals and high numbers of people in need of food, affordability became a huge challenge and she only feeds people once a week.

It was reported that the Department of Social Development was not funding the NGO. The Sumari Foundation undertook to apply for funding from the DSD and the Lotto Fund once it got all the required application documents. The delegation was informed that the application for funding from the Lotto Fund was rejected due to the lack of required information, such as quotations. Ms Maria indicated that the NGO was getting funding from members of the public and private donors.

The delegation was informed that the NGO was in dire need of resources, such as food, funds, dishes, gas and other cooking equipment. It was reported that the NGO received a donation of baked beans from a company in Ashton. Unfortunately, due to transport challenges, the NGO was unable to collect the donated beans. The foundation runs a soccer programme during the school holidays. It was reported that

the NGO needs to start gardening for food security; however, the lack of suitable agricultural land was reported as a challenge. Ms Maria reported that the previous Mayor of Touws River offered them a piece of land for gardening next to the Touws River Clinic; however, the NGO could not utilise the land due to the shortage of resources.

Members noticed that there was a crèche in the yard of the Sumari Foundation. The delegation visited the Monica Grove Crèche. It was reported that the crèche was operating from 07:00 to 16:00 on weekdays. It has a total of 105 children, five teachers, and two assistants. The Monica Grove Crèche received the Early Childhood Development Grant from the Department of Education. Parents of the children who attend the Monica Grove Crèche pay R40 per month for older children and R50 per month for infants and the children get three meals per day.

3.1 Resolutions

The delegation resolved:

- 3.1.1** To write a letter to the Department of Social Development and request a special intervention for Touws River and Beaufort West to address the socio-economic factors in the areas.
- 3.1.2** That the Chairperson of the Standing Committee on Social Development should write to the Touws River Mayor and request the Municipality to develop the land next to the Touws River Clinic into a community garden.

3.2 Recommendations

The delegation recommended that:

- 3.2.1** Ms Maria, the Manager of the Sumari Foundation Soup Kitchen, should consider finding a proper location for the soup kitchen.
- 3.2.2** The Department of Social Development should assist the soup kitchen in writing a business plan.
- 3.2.3** The Department of Social Development should assist the Sumari Foundation Soup Kitchen to be compliant for funding-application purposes.

3.3 Request for information

The delegation REQUESTED the Department of Social Development to provide it with a list of NGOs funded by the Department in Touws River and Beaufort West on or before 31 October 2023.

The delegation concluded its visit to the Sumari Foundation in Touws River.

4. Visit to the Huis Spitskop in Murraysburg on Tuesday 27 June 2023

The Huis Spitskop Old-age Home is funded by the Department of Social Development and it provides physical, emotional and psychological services to older persons. On arrival, the delegation was welcomed by the senior management of Huis Spitskop.

Ms A van Gerwe, the Manager of the old-age home, proceeded to brief the delegation on the activities of the NGO.

4.1 Key findings that emanated from the visit

The Huis Spitskop Old-age Home provides services in the Central Karoo region; however, the NGO also receives applications from across the country. The services provided comply with the norms and standards as contained in the Older Persons Act, 2006 (Act 13 of 2006). It was reported that Huis Spitskop renders

services to 38 older persons consisting of 13 white, 23 coloured and 2 black persons. In addition, the NGO also provides care to seven underaged residents. The services provided include nutritional meals, daycare, personal care, healthcare and all services focusing predominantly on 24-hour frail care. The residents are category 1 and 2 and are funded by the DSD; however, the NGO does not get support or funding for the seven underaged residents who are in their 30s, 40s and 50s.

The delegation was informed that the NGO had issues with one of the residents who was category 1. She was an emergency placement from Cape Town. She last paid rent in October 2022 and was refusing to pay although she was getting food and other services from the NGO. It was alleged that the resident in question was on psychiatric medication and had never been evaluated since she moved to the NGO four years ago. The NGO tried to evict her; however, she took the NGO to court to prevent the eviction. It was reported that the DSD's legal services were attending to the matter and was sub judice.

During the 2023/24 financial year, Huis Spitskop received R1 635 092 from the Department of Social Development (DSD). It was reported that the Department was funding 37 beds at a unit cost of R3 541 per person, which amounts to R1 572 204 bed allocation per annum, plus an operation cost of R62 888 per annum. The residents also contribute with their Sassa grants, and they get 10% pocket money from their Sassa grants. The NGO has funding for emergency beds for abused elderly persons where they can stay for a month before they are placed.

It was reported that the Huis Spitskop Old-age Home was operating as both a non-profit organisation (NPO) and non-profit company (NPC) with board members for both structures. The NPO has nine board members, serving for eight years and the NPC has four board of directors who have been serving for four years. Ms Van Gerwe reported that in between the 8-year period, there was a BGM to open for new members to come in; however, there was no person interested in serving. The board members are all white and some members share surnames. It was reported that the NPO board members were automatically serving and representing the Dutch Reformed Church. The responsibility of the NPO board members is to make operational decisions while the NPC board members oversee the business side of the Old-age Home. It was reported that the NGO was planning an AGM and an advertisement would be placed. In addition, the NGO has 28 staff members consisting of clinical staff, carers, cooks and general workers.

The delegation was informed that the building of the Huis Spitskop Old-age Home belongs to the Dutch Reformed Church and their head office is in Graaff Reinet.

4.2 Key challenges reported by the facility

- 4.2.1** Maintenance of the building was reported as a major challenge. The home desperately needs some major maintenance, especially infrastructure. With limited funds available, and the DSD funding being cut by R16 000 per month, maintenance becomes a major challenge.
- 4.2.2** Regarding the funding, it was reported that the DSD funds R3 541 per person although the total cost per person is more than R4 000. The shortfall is covered by the social grant of the residents.
- 4.2.3** Due to the economic climate and the impact of the drought, farmers are not able to assist the facility any longer.
- 4.2.4** There is a shortage of nappies as the home does not receive the number of nappies ordered. They ordered six small, six large and 39 medium packets and on the delivery date, which was 20 June 2023, the NGO only received six small packets with 10 nappies per pack. This means 318 nappies were short. The NGO has nine residents on nappies and the usage was three nappies per day per resident. With the shortage of nappies, the NGO then buys from local stores, if available, and affordability becomes an issue.

- 4.2.5** With regard to staff issues, the Manager raised concerns about staff members who were not bringing issues to her and instead reported them to external stakeholders making it difficult for the Manager to address matters that were never raised with her.
- 4.2.6** There is a shortage of registered nurses and the NGO struggles to attract registered nurses due to their low remuneration package, and the professionals from other areas are not willing to relocate to rural areas, especially if the salaries are not market-related.
- 4.2.7** Community leaders who were in attendance raised serious matters that include waste-management challenges for the NGO. It was alleged that the NGO dumped its waste illegally, and the waste was a health hazard to the community of Murraysburg. They alleged that they tried in vain to engage the NGO on this matter; however, the NGO management was not interested.
- 4.2.8** The NGO disputed the above-mentioned claim regarding the handling of their waste management. Ms Van Gerwe indicated that the NGO has an agreement with the Municipality: the Municipality collects the nappies and burns them, and used medical equipment, such as needles, were collected by a service provider.
- 4.2.9** With regard to the staff pension, it was alleged that some of the NGOs former staff members retired after 26 years and some never received their pension fund and those who received it were paid less than what was due to them.
- 4.2.10** Ms Van Gerwe informed the delegation that there was a change of pension company and during the transition from the old company many of the staff members demanded their pension under the pretence that they would save it in their preferred pension fund company and the NGO allowed them to withdraw their pensions.
- 4.2.11** Racial appointment of staff and board members was reported as an issue. Community leaders indicated that Murraysburg was an integrated community, and its employees and board members of the NGO should reflect as such.

4.3 Concerns

The delegation raised the following concerns:

- 4.3.1** The DSD's failure to visit NGOs across the province regularly and inadequate monitoring and evaluation of NGOs, especially NGOs in rural areas were raised as a major concern.
- 4.3.2** Shortage of qualified staff at NGOs due to poor salaries.
- 4.3.3** Lack of resources, especially funding, leads to the closure of many NGOs in the province.
- 4.3.4** The delegation also raised concerns about the quality of bedding and mattresses at the Huis Spitskop Old-age Home and recommended an urgent intervention by the Department of Social Development.

4.4 Information requested

- 4.4.1** The delegation noted that the Huis Spitskop Old-age Home was not complying with guidelines for the appointment of its board members. The delegation requested the Department to provide it with a copy of the Huis Spitskop constitution and DSD constitution that guide the appointment of the board members in NGOs across the province.
- 4.4.2** The delegation requested the Department to submit a report on compliance and governance of the Huis Spitskop Old-age Home.
- 4.4.3** The delegation noted that the recommendations that were made by Minister Fernandez when she conducted a visit to the NGO have not been implemented. The delegation requested a detailed report on what the Department has done since the Minister visited the NGO.
- 4.4.4** Former employees of Huis Spitskop Old-age Home alleged that they worked for the NGO for more than 26 years and never received their pension, and those who were paid pension received less pension funds. The delegation requested a detailed report with the names of the retired Huis Spitskop employees, the amount that was paid to every employee who retired, a list of former

employees who never received their pension money, and the name of the company responsible for paying out the pension of employees.

4.4.5 The delegation requested a copy of the Equity Plan for the Huis Spitskop Old-age Home.

4.5 Recommendations

The delegation recommended that:

4.5.1 The Department should engage the Murraysburg Municipality to assist the NGO with nappy disposal.

4.5.2 The Department send a medical practitioner or social worker to visit the Huis Spitskop Old-age Home to interview one of the residents who was transferred from Cape Town to the NGO. The delegation was informed that the lady was taking the NGO to court because she does not want to be evicted from the home although she is not paying contributions, but getting a subsidy as category 1. In addition, it was reported that she was difficult to manage and was on psychiatric medication, although she has never been evaluated since she moved to the NGO four years ago.

4.5.3 The delegation requested the Department to compile a report on her and submit it to the Standing Committee on Social Development. The lady mentioned above needs to be transferred to a mental institution or an NGO with a psychiatric ward.

4.5.4 There must be strict guidelines for placement in old-age homes, especially for people coming outside the town.

4.5.5 Regular visits by the Department to NGOs must be conducted and the Department must consider transferring this responsibility to DSD local offices across the province to ensure that NGOs are monitored.

4.5.6 The board members with the same surname must serve in different structures: one in the NPC and the other in the NPO.

4.5.7 If the board members are representing the church, their responsibilities must be clear. They should not only represent and do nothing to better and uplift the NGO and its clients.

4.5.8 The NGO must schedule its annual general meetings (AGMs) annually.

4.5.9 The Department of Social Development should request the Department of Public Works to visit and check the structural problems at the Huis Spitskop Old-age Home. It was reported that the building had a structural problem, and the delegation was concerned about the safety of old persons at the home.

4.5.10 The Department of Social Development must visit the Huis Spitskop Old-age Home and thoroughly inspect the facility.

4.5.11 The delegation raised concerns about the quality of bedding and mattresses at the Huis Spitskop Old Age Home and recommended an urgent intervention from the Department of Social Development.

5. Visit to the Murraysburg District Hospital on 27 June 2023

The delegation conducted a visit to the Murraysburg District Hospital on Tuesday 27 June 2023. The senior management of the Karoo Health Subdistrict and the management of the hospital welcomed the delegation. Sister F Fass, the Facility Manager, proceeded to brief the delegation on the services offered by the hospital.

5.1 Key findings that emanated from the visit

5.1.1 The Murraysburg District Hospital is a 14-bed facility, gazetted as a clinic and hospital and was proclaimed by law as a district hospital.

- 5.1.2 The delegation was informed that the Western Cape is the only province that gazettes small hospitals as district hospitals due to distances and the hospitals are funded accordingly.
- 5.1.3 The facility operates as a hospital and clinic on the same ground with a middle door separating the two health facilities.
- 5.1.4 The clinic provides primary health services, such as child health, women's health, mother and child health, chronic disease care, school health, mental health, acute services, and outreach clinics.
- 5.1.5 The hospital provides paediatrics services, a female ward, a male ward, maternity services, mental health services, and trauma.
- 5.1.6 The staff complement for the clinic consists of one Primary Nurse Practitioner, two Primary Nurses (one was due to retire on 31 July 2023), two Receptionists (of which one was an intern), three Cleaners (consisting of two household interns), one Councillor (who visits the facility two days a week), one Pharmacy Assistant, three Administrators (of which two are interns and one administrator was on contract).
- 5.1.7 The staff complement for the hospital consists of five Primary Nurses, two Enrolled Nurses (of which one was on long sick leave), two Enrolled Assistant Nurses, one AO, two Administration Clerks, one Health Intelligence, two Community Service Doctors, four Cleaners and two Cleaning Contractors, two Groundsman, one FUS and one Intern and one Driver.
- 5.1.8 The delegation was informed that the infrastructure projects for the facility were the flooring and the waiting area, which have been prioritised.
- 5.1.9 The hospital board members of the Murraysburg District Hospital have been appointed and were waiting for letters of appointment from the office of the Minister.

5.2 Key challenges reported by the hospital

- 5.2.1 The filling of vacancies in Murraysburg was reported as a major challenge. It was reported that the vacancy for the Clinical Nurse Practitioner (CNP) post was advertised four times for a year and no candidates applied. A Primary Nurse was then appointed on contract.
- 5.2.2 The enrolled nurse position was advertised and candidates did not arrive for the interview.
- 5.2.3 The Karoo Health Subdistrict was struggling to attract and retain staff. It was reported that people do not apply and those who apply do not come to interviews.
- 5.2.4 There is no permanent doctor in Murraysburg although there is a post. The facility has two community service doctors who are on contract for 12 months.
- 5.2.5 It was reported that locums are not willing to stay in Murraysburg.
- 5.2.6 There is a rural allowance for clinical staff, such as nurses, doctors and allied workers. The Central Karoo has the highest allowance, but people are still not interested in moving to the Karoo.
- 5.2.7 The Murraysburg District Hospital does not have a pharmacist.
- 5.2.8 It was reported that the hospital was experiencing a shortage of staff, including the EMS staff, a shortage of ambulances and the driving distances were a challenge. The district has only four ambulances.
- 5.2.9 The district needs more ambulances due to long distances and more paramedics.
- 5.2.10 It was reported that in rural areas people abuse patient transport and the Department was considering putting doctors in ambulances to curb ambulance abuse.
- 5.2.11 The delegation raised a concern regarding an alleged contract that was terminated before it expired. The facility manager mentioned that during the COVID-19 pandemic there was a contract for carers. The funding stopped when restrictions were lifted, and the Garden Route advertised one post and the best candidate was appointed. The contracts were terminated due to insufficient funds.
- 5.2.12 The facility does not have space to accommodate outreach staff.
- 5.2.13 The waiting room is too small for patients and there is no shelter for the overflow of patients who wait outside.

- 5.2.14 Due to staff shortage, the current staff members work overtime. Unfortunately, the overtime budget has been depleted.
- 5.2.15 There is no internet connection due to network challenges.
- 5.2.16 Staff members are unhappy about the tearoom. It was reported that the nurse working station was also used as a tearoom.
- 5.2.17 Due to the challenge of space at the Murraysburg Hospital, the doctor for the clinic, the doctor for the hospital, and the sister share the same consultation room and this was noted as not conducive to the privacy of patients.
- 5.2.18 It was reported that the telephone system was outdated, and the facility was waiting on VOIP.
- 5.2.19 Patient transport was reported as a challenge. It was reported that patients from Murraysburg who are transferred from other health facilities in the metropolitan area are transported 24 hours after admission at the Tygerberg Hospital. It was reported that patients wait in the Murraysburg Hospital, then in Beaufort West and in Tygerberg, and the same thing happens after they are discharged from hospitals in the Cape metropolitan area.
- 5.2.20 The delegation was informed that mental health patients are admitted to the Murraysburg Hospital for acute treatment, which is 72 hours for observation and stabilisation. If there is no improvement, patients are referred to Beaufort West or George for admission.
- 5.2.21 It was reported that there was no infrastructure, manpower and isolation facilities for mental health patients in the Karoo.
- 5.2.22 It was reported that in Murraysburg mental health patients are admitted in private rooms and, due to infrastructure challenges, they walk all over.
- 5.2.23 There are no psychologists in the Central Karoo and staff in health facilities are not trained in mental health services.
- 5.2.24 The subdistrict has four radiographers who are based in Beaufort West, and they service the entire district.
- 5.2.25 It was reported that complaints received by the facility were more about the staff's attitude and waiting times. It was reported that people do not write their names on their complaint letters, which makes it difficult for the hospital to resolve the complaints.
- 5.2.26 There was a challenge with mortuary fees that were increased from R25 to R205 per day. It was reported that every year the Department gets prices and financial instruction from the national Department of Health for implementation. In Murraysburg the mortuary price was never increased from R25 for years and was then increased by more than 100%. Communication was reported as a challenge.
- 5.2.27 Some of the issues that were raised by community members included waste management. It was reported that the hospital could not get to the compliant status due to infrastructure challenges.
- 5.2.28 It was reported that the newly built EMS washing bay was not used due to holes in the floor. It was advised that the washing bay can be used as a mortuary.
- 5.2.29 It was reported that during the 2023/24 financial year, the budget allocation for the Central Karoo has decreased by 5% over the period of two years.

5.3 Successes reported by the hospital

- 5.3.1 The Murraysburg District Hospital has the best TB cure rate in the Central Karoo Health Subdistrict.
- 5.3.2 The hospital has managed to get the appointment system in place.
- 5.3.3 The hospital has managed to improve its record keeping.
- 5.3.4 The Murraysburg District Hospital has the latest modern equipment.
- 5.3.5 The turn-up for the Chronic Dispensing Unit (CDU) collection is good.
- 5.3.6 The hospital has managed to get overtime paid timeously to staff.
- 5.3.7 It has improved on papsmear.
- 5.3.8 There is good teamwork among employees.

5.4 Request for information

The delegation requested the Department of Health and Wellness to submit a detailed report on the increased mortuary fees at the Murraysburg District Hospital on or before 31 October 2023. (It was reported that mortuary fees increased from R25 to R205 per day.)

5.5 Recommendations

The delegation recommended that:

- 5.5.1** The Department of Health and Wellness should explore the possibility of finding and employing retired doctors in rural areas to address the shortage of doctors in rural areas.
- 5.5.2** The Department should consider the possibility of training children from the Karoo region by offering them bursaries and later employ them to address the high vacancy rate in the Karoo region and other rural areas.
- 5.5.3** The Department should consider moving the EMS from the Murraysburg District Hospital back to their old EMS building and the wash bay facility within the hospital should be utilised for services since it was reported that the EMS wash bay was underutilised.
- 5.5.4** The well-being of individuals' mental health is a major concern in Murraysburg, and psychologists frequently visit the hospital to provide much-needed support. However, reports indicate that these visits occur only once every three months. The delegation suggested that it is important for psychologists to conduct more frequent visits to Murraysburg Hospital to ensure that patients receive the care they need.
- 5.5.5** Inadequate office space was noted as a concern. Members noted that two doctors, one for the clinic and the other one for the hospital, share a consultation room, and the nursing station was also used as a kitchen. The Department should find more office space for the facility.
- 5.5.6** The Department should construct a structure to serve as a shelter for overflow patients.
- 5.5.7** The Murraysburg Hospital Board has been clustered with the Beaufort West Hospital Board and the delegation recommended that board meetings should alternate and be held at the Murraysburg District Hospital sometimes.

6. Visit to the Huis Johannes Old-age Home in Beaufort West on Wednesday 28 June 2023

On arrival, the delegation was welcomed by the officials of the old-age home. They were accompanied by Mr D Pienaar, the newly elected Chairperson of the Board for the Huis Johannes Old-age Home. It was reported that the Operations Manager was on leave. They started with a walkabout of the facility followed by a presentation on the services offered by the old-age home.

6.1 Key findings that emanated from the visit

- 6.1.1** The Huis Johannes Old-age Home operates as a project of Badisa.
- 6.1.2** The NGO provides services in the Central Karoo region; however, it also receives applications from across the country with the furthest application from Kroonstad.
- 6.1.3** It was reported that Badisa Head Office manages a centralised waiting list for all their facilities.
- 6.1.4** The Huis Johannes Old-age Home provides residential facility services to 64 older persons and medical care was a priority. The services provided are in line with the norms and standards as contained in the Older Persons Act, 2006 (Act 13 of 2006).
- 6.1.5** All medications for the residents are arranged with the hospital as prescribed by Dr Barnard, who was assigned to the old-age home.

- 6.1.6 It was reported that the doctor visits the NGO every Thursday.
- 6.1.7 During the current financial year, the Huis Johannes Old-age Home received a total funding allocation of R2 828 268 from the Department of Social Development.
- 6.1.8 The Department was funding 64 beds, which was R3 682,62 per resident.
- 6.1.9 It was reported that Badisa was the mother body of the NGO, and it is the governing structure.
- 6.1.10 The delegation was informed that Badisa was receiving the grant from the DSD and paying it to the NGO monthly.
- 6.1.11 The residents are offered three meals per day. Games and excursions are also arranged for the residents.
- 6.1.12 During the walkabout of the facility, the delegation was not happy with the appalling conditions, the upkeep of the NGO, and the state of the residents.
- 6.1.13 Members saw piles of dirty clothes and bedding that belonged to the older persons. It was reported that the NGO had one washing machine for 60 residents and there was no tumble dryer and doing laundry becomes a challenge when it rains.
- 6.1.14 The delegation noted that there was a managerial problem at the Huis Johannes Old-age Home that needs to be addressed urgently.
- 6.1.15 In addition, it was reported that load-shedding causes the bedding and laundry to pile up. It also has an impact on residents' recreational activities, such as watching television. Furthermore, load-shedding increases the expenses of the facility.
- 6.1.16 There was no dishwasher in the kitchen and the NGO made use of a gas stove to cook for its residents.
- 6.1.17 During the walkabout of the facility, Members also observed dirty nappies on the premises, which was an indication that the waste management at the old-age home was not properly managed.
- 6.1.18 Salary increases were also reported as a challenge with the minimum wage that increases annually.
- 6.1.19 Mr Pienaar, the Chairperson of the Huis Johannes Board, gave input during the visit. He indicated that most of the residents were totally neglected at the places where they come from. Some were dumped by family members and were not getting visitations from relatives.
- 6.1.20 He indicated that the NGO was in urgent need of a tumble dryer and the suitable one costs approximately R80 000.
- 6.1.21 He informed the delegation that the plan of the new board members was to improve the condition of the Home.
- 6.1.22 According to Mr Pienaar, the DSD was transferring the funding of the Huis Johannes Old-age Home to Badisa and not directly to the NGO.
- 6.1.23 He further indicated that Badisa gets funding from the DSD to manage the NGOs.

6.2 Key challenges reported

- 6.2.1 It was reported that finances remain a challenge for the NGO to provide quality services for its residents.
- 6.2.2 There is inadequate medical equipment and the NGO needs more medical equipment, such as a blood machine. It was reported that the NGO has one piece of equipment for 60 people.
- 6.2.3 The NGO needs a medical budget from Badisa.
- 6.2.4 Poor condition of mattresses and bedding remains a big challenge.
- 6.2.5 The NGO does not have an emergency bed although it provides care to frail and elderly persons.
- 6.2.6 No knee blankets are available for the residents, and the facility was reported to be extremely cold.
- 6.2.7 The rising food and fuel prices remain a challenge.

6.3 Information requested

The delegation requested the Department of Social Development to submit the following to the Committee:

- 6.3.1** A turnaround plan of the Huis Johannes Old-age Home in Beaufort West on or before 31 October 2023.
- 6.3.2** Status reports of Huis Spitskop in Murraysburg and Huis Johannes in Beaufort West within two months.

6.4 Recommendations

The delegation recommended that:

- 6.4.1** The NGO needs a Chief Financial Officer to get its finances in order.
- 6.4.2** The Department of Social Development should come up with a blueprint of how NGOs should operate.
- 6.4.3** The Department of Social Development should investigate the financial affairs of the Huis Johannes Old-age Home in Beaufort West.
- 6.4.4** The delegation raised concerns about the piling of dirty nappies in the premises of the NGO and the quality of bedding and mattresses and recommended the intervention of the Department of Social Development.
- 6.4.5** The Department of Social Development should investigate the alleged racism and bad attitude of the management of the facility.

6.5 Resolutions

The delegation resolved to:

- 6.5.1** Invite Badisa, its management and board members to brief the Standing Committee on Social Development on the operations and financial affairs of the Huis Johannes Old-age Home in Beaufort West.
- 6.5.2** Invite the Department of Social Development to brief the Standing Committee on Social Development on the monitoring and evaluation of NGOs in the province.

7. Visit to the Karoo Outreach Project, a soup kitchen in Beaufort West

The founders of the soup kitchen, Mr A Lionel and Mr MA Adams, welcomed the delegation. They proceeded to brief the delegation on the operations of the Karoo Outreach Project in Beaufort West.

7.1 Key findings that emanated from the visit

- 7.1.1** The delegation was informed that the Karoo Outreach Project was a registered NGO with a special focus on poverty alleviation by providing meals to community members in the Central Karoo.
- 7.1.2** The NGO was established to alleviate poverty in the Central Karoo region due to the high unemployment rate, which was estimated to be over 90%.
- 7.1.3** During the initial stages of the project, the plan was to provide meals to the destitute communities five days a week. Unfortunately, due to the high demand and lack of funding, the NGO provides meals three days a week.
- 7.1.4** The Karoo Outreach Project provides warm meals, such as stews, pasta and mince, chicken casserole and other meals.
- 7.1.5** The NGO feeds approximately 4 000 people monthly in the Central Karoo region.

- 7.1.6** During the visit, it was reported that the NGO has extended the feeding to areas such as Graceland where it was feeding more than 500 people per day.
- 7.1.7** The Karoo Outreach Project receives a funding allocation of R1 million per annum from the Department of Social Development.
- 7.1.8** It was reported that the Department of Social Development was funding the NGO for the second year as a Community-Based Development Programme.
- 7.1.9** The NGO was extending its scope to other areas, such as skills development and curriculum development, to assist people to be employable in the Central Karoo.
- 7.1.10** Challenges such as high unemployment rate, food security, extreme poverty and high numbers of child-headed households were reported as major challenges for the region.
- 7.1.11** Due to the high demand for the services of the Karoo Outreach Project, the NGO needs more funding and a suitable vehicle for the delivery of meals in the Central Karoo region.

The delegation was very impressed with what they saw at the Karoo Outreach Project. The management of the facility, the quality of food provided and the entire business model of the Karoo Outreach Project were remarkable.

7.2 Recommendations

- 7.2.1** The delegation was very impressed with what they observed at the Karoo Outreach Project and recommended that the Department of Social Development should engage the Karoo Outreach Project and consider using their soup kitchen model as a benchmark for all the soup kitchens in the province.
- 7.2.2** The delegation recommended that the allocation of budgets for NGOs in rural areas should not be the same as those in urban areas. Instead, driving distance and other relevant factors should be taken into consideration when determining the budget allocation for rural NGOs.

8. Visit to the Knysna Community Day Centre on Thursday 29 June 2023

The management of the Bitou Health Subdistrict, together with Sister F Potgieter, the Operations Manager for Knysna Community Day Centre, welcomed the delegation. Sister Potgieter took the delegation on a walkabout of the facility. Sister Potgieter reported that the clinic renders the full package of integrated primary healthcare services to the communities of the Bitou Subdistrict.

Dr Brink proceeded to brief the delegation on the package of services offered by the clinic; the staffing, infrastructure projects for 2023/24, and the challenges and successes of the facility.

8.1 Key findings that emanated from the visit

- 8.1.1** The Knysna Community Day Centre operates on weekdays from 07:00 to 16:00. However, the facility has extended its operating hours from Monday to Wednesday when it closes at 18:00 to accommodate working patients.
- 8.1.2** The facility provides health services to the population of Concordia (estimated to be about 21 000). In addition, the facility provides services to many foreigners from Zimbabwe and Malawi.
- 8.1.3** The facility offers primary healthcare services, as well as specialised services on certain days.
- 8.1.4** The services provided include the full range of preventative services, services to patients with infectious diseases such as tuberculosis (TB), HIV and Aids, as well as the management of patients with chronic diseases.
- 8.1.5** In addition, the facility offers dental services and support services, such as allied health and social services.
- 8.1.6** The staff allocation for the facility consists of one Operations Manager, three Clinical Nurse Practitioners, four Primary Nurses, three Enrolled Nurses, one Enrolled Nurse Assistant, one

Residential Doctor, one Pharmacist, Basic Pharmacist Assistants, Dentist and Dental Assistants. In addition, the facility has visiting staff such as an Occupational Therapist, a Physiotherapist, a Social Worker, and a Mental Health Sister.

- 8.1.7 During the walkabout, the delegation noticed that the queues were managed well at all waiting areas.
- 8.1.8 On the TB side, there was one Professional Nurse responsible for TB testing and the Direct Observation Treatment System.
- 8.1.9 Infrastructure projects and renovations planned for the 2023/24 financial year are renovations for a dedicated alternative chronic disease collection site, and the upgrading of the waste rooms in line with the norms and standards of the Department of Employment and Labour and the Office of Health Standards Compliance.
- 8.1.10 The delegation was informed that infrastructure projects take time because there is one maintenance team for Knysna and Bitou for all the hospitals and 13 primary healthcare facilities.
- 8.1.11 Dr Brink reported that, in the entire Bitou Health Subdistrict, there were three facilities with generators in Knysna while only two facilities in Bitou have generators.
- 8.1.12 It was reported that the Primary Health Care Information System for filing has been implemented and is a work in progress.
- 8.1.13 Based on the Waiting Time Audit Report, the waiting time at Knysna Community Day Centre was three to four hours.
- 8.1.14 The Bitou Health Subdistrict was in the first stage of rolling out the Clinical Governance Strengthen Workshop. The workshop focuses on culture, a value-driven approach, clinical governance, cooperative services and staff wellness.
- 8.1.15 It was reported that the Subdistrict was looking at staff absenteeism and working hard to address it.

8.2 Key challenges reported by the clinic

- 8.2.1 The illegal dumping site in front of the clinic was reported as a major challenge.
- 8.2.2 The taxi rank in front of the clinic was also highlighted as a major challenge, which can also be a potential hazard in case of an emergency or evacuation during a disaster. It was reported that sometimes the taxis block the entrance to the clinic and obscure the vision to the main road.
- 8.2.3 The ward counsellors' participation is needed for community-oriented primary care meetings.
- 8.2.4 The facility experiences challenges in meeting the child health targets due to poor cooperation of the community.
- 8.2.5 The migration of communities, especially TB and HIV patients, makes it difficult to trace them and this results in the high chronic medication default rate.
- 8.2.6 The TB default rate was reported to be massive, over 30%, and the death rate for adult patients has increased and decreased for children.
- 8.2.7 It was reported that after the COVID-19 pandemic, when TB patients accessed service, they were extremely ill and this contributed to the high death rate of adults due to TB.
- 8.2.8 Wrong addresses or no addresses for new houses make it difficult to trace chronic patients.
- 8.2.9 The safety of community health workers in some areas was also reported as a concern.
- 8.2.10 The burden of undocumented foreigners is concerning.
- 8.2.11 Some of the challenges that were highlighted during the visit to the Knysna Community Day Centre included the increasing population, which increased pressure on staff, the lack of partnership with ward councillors, the DSD, and other stakeholders on Community Oriented Primary Care (COPC) processes and initiatives.

8.3 Successes reported by the clinic

- 8.3.1 The clinic has a well-established Community Oriented Primary Care (COPC) site.

- 8.3.2 It has a pro-active clinic committee that was reported to be very involved and often on the floor engaging patients and solving issues.
- 8.3.3 The facility has a well-run and committed Youth Centre driven by a very dedicated provincial coordinator.
- 8.3.4 There is good cooperation between facility staff and staff of the Youth Centre.

8.4 Resolutions

The delegation resolved to:

- 8.4.1 Engage with the ward councillors to be involved in health facilities and in the District Health Council.
- 8.4.2 Invite Dr Brink to brief the Standing Committee on Health and Wellness on the Clinical Governance Strengthening Workshop.

8.5 Recommendation

- 8.5.1 The delegation recommended that the Department of Health and Wellness should engage the Knysna Municipality and request the Municipality to step in and address the challenge of the taxi rank and illegal dumping site at the entrance of the health facility.

8.6 Request for information

- 8.6.1 The delegation requested the Department of Health and Wellness to submit to the Standing Committee on Health and Wellness a report on the number of staff from rural facilities that accessed the ICARES Wellness Programme during the 2022/23 financial year.

The delegation expressed its admiration for the excellent management and maintenance of the facility.

9. Visit to the Khayaletu Clinic in Knysna on Thursday 29 June 2023

The management of the Bitou Health Subdistrict, together with Sister Ngesi, the Operations Manager for Khayaletu Clinic, welcomed the delegation. Sister Ngesi took the delegation on a walkabout of the facility. She reported that the clinic renders the full package of integrated primary healthcare services to the Khayaletu community and the surrounding areas.

Sister Ngesi proceeded to brief the delegation on the package of services offered by the clinic; the staffing; infrastructure projects for 2023/24; and the challenges and successes of the facility.

9.1 Key findings that emanated from the visit

- 9.1.1 The Khayaletu Clinic provides a full package of integrated primary healthcare services to 200 patients per day, 1 000 patients per week, and to approximately 50 000 patients per year.
- 9.1.2 The facility offers primary healthcare services as well as specialised services on certain days.
- 9.1.3 The services provided include acute services and emergency care, mother and child health, the full range of preventative services; services to patients with infectious diseases, such as tuberculosis (TB), HIV and Aids, as well as the management of patients with chronic diseases. In addition, the facility offers mental health services, support and social services.
- 9.1.4 It was reported that mental health patients are screened and referred to the Mental Health Care Sister for observation and, if it is an emergency case, the patient is referred to Knysna or the George Hospital.

- 9.1.5 The staff allocation of the clinic consists of one Operations Manager, two Clinical Nurse Practitioners, one Primary Nurse, two Enrolled Nurses, one Enrolled Nurse Assistant, one Basic Pharmacist Assistant, and visit staff that includes two Doctors, who visit every Thursday, an Occupational Therapist, a Physiotherapist, a Social Worker, and a Mental Health Sister.
- 9.1.6 It was reported that the Dietitian and the Physiotherapist visit the facility once a month on a Thursday.
- 9.1.7 Infrastructure projects and renovations planned for the 2023/24 financial year include an undercover shelter and an outside area for patients in front of the clinic to enlarge the waiting area to accommodate patients, especially in winter. In addition, the upgrading of the waste rooms was reported to be earmarked during the current financial year in accordance with the norms and standards of the Department of Employment and Labour and the Office of Health Standards Compliance.
- 9.1.8 During the walkabout of the facility, the delegation noted a generator that was reported to be part of the NHI upgrade. The delegation was informed that the generator was vandalised and some parts were stolen, hence it was stored in a locked cage.
- 9.1.9 There were no phones in the two consultation rooms.

9.2 Key challenges reported by the clinic

- 9.2.1 The lack of involvement and participation of ward counsellors in Clinic Committee meetings and activities was reported as a challenge.
- 9.2.2 The clinic reported a challenge in meeting the child health targets due to multiple socio-economic realities, such as habitation of informal areas, difficulties in tracking defaulters, lack of street names and houses that are not numbered in these areas, lots of migration of community and unsafe areas that are deemed dangerous to be visited by healthcare workers and community health workers.
- 9.2.3 Mr Vincent Malahlana, the Chairperson of the Clinic Committee, and an active Clinic Committee member serving in the Khayaletu Clinic, was part of the people who welcomed the delegation during the visit to the facility. He indicated that the exit of the facility needs to be removed where it was due to taxis and other vehicles that drive at high speed in front of the entrance of the facility. The entrance, specifically the speeding of vehicles, posed a danger to patients.
- 9.2.4 Vincent mentioned that there was a shortage of staff at the clinic which makes it very difficult for the facility to cope when one of the staff members takes leave. In addition, he reported that the shortage of staff causes conflict between the community and the clinic.
- 9.2.5 He reported that the building of the clinic was extremely small and there was no land to expand the clinic and the only option was for the Department to build offices upstairs.
- 9.2.6 He indicated that due to the lack of space, patients' queue outside the clinic before the clinic opens at 07:30.
- 9.2.7 He suggested that doctors must visit the facility often, not once a week as it is currently the case, due to the high demand and increasing numbers of chronic patients.
- 9.2.8 Vincent requested that the Department should consider giving Clinic Committee members a stipend, especially people like him who assist health facilities in their communities on daily basis. He reported that community members contact him for everything that has to do with the clinic and sometimes he does not have airtime to call an ambulance, especially on weekends when the clinic is closed.
- 9.2.9 Vincent indicated that they need more ambulances. Currently there are two vehicles in Knysna.
- 9.2.10 He further requested that a vehicle be allocated to Khayaletu Clinic to run errands and to transport sick patients from Khayaletu to the hospital because ambulances take longer to pick up patients from Khayaletu.
- 9.2.11 Vincent suggested that an awareness programme was needed for male patients. He requested a male doctor for prostate cancer and circumcision to serve the community of Khayaletu and the surrounding areas.

9.2.12 Inadequate office space was noted as a major challenge.

9.3 Successes reported by the clinic

9.3.1 The facility has a proactive Clinic Committee Chairperson who was reported to be supporting the facility staff in their day-to-day activities.

9.3.2 The excellent adoption of the newly implemented appointment system and commitment of the community was reported as a major success.

9.4 Recommendations

9.4.1 The delegation recommended that the Department of Health and Wellness should explore the possibility of extending the Clinical Decision Unit (CDU) to rural areas.

9.4.2 The lack of councillor involvement with Khayaletu Clinic was noted as a concern and the delegation recommended that the Department should engage the Knysna Municipality in this regard.

9.4.3 The Department of Health and Wellness should consider building a top-deck office space to address the shortage of space and inadequate land in the facility.

9.4.4 The driveway entrance of the facility was reported as a challenge as it poses a risk to patients due to the high speed of taxis that drive next to the facility. The Department should explore the safety measures to prevent the possibility of patients being injured in front of the clinic.

9.4.5 Vincent's impressive efforts in supporting the Clinic caught the attention of the delegation. The Committee recommended that the Department should explore the option of appointing Vincent as a community liaison for the Khayelitsha Clinic.

The delegation was very impressed with Vincent and how he understood the challenges of the Khayaletu community and for being the bridge between the community and the Khayaletu Clinic. In addition, the delegation applauded Vincent for helping the clinic in building relationship with the community.

10. Visit to the George Regional Hospital on Friday 30 June 2023

The delegation was welcomed by the senior management of the George Regional Hospital. After brief introductions, the delegation conducted an inspection of the hospital. The inspection included the Paediatric Ward and Neonatal Project, Lifts Project, Theatre Improvement Project, Obstetrics and Orthopaedic Outpatient Department, Solar Photovoltaics (PV), staff residence maintenance and repairs and the Heritage Site and Mental Health Ward. A briefing followed the inspection.

10.1 Key findings that emanated from the visit

10.1.1 The George Regional Hospital is a secondary care level 2 hospital in the Garden Route District with a total of 285 beds.

10.1.2 The strategic priorities of the George Regional Hospital include patient-centred care, good governance, healthy and flourishing teams, learning and innovation, environmentally responsible healthcare, and strong partnerships with partners and communities to grow and strengthen the healthcare system.

10.1.3 The hospital provides services to approximately 713 225 people and receives referrals from district hospitals and primary healthcare facilities. In addition, the hospital supports district hospitals in outlying subdistricts, where they consult referred patients and train medical officers and professional nurses.

- 10.1.4** Some of the services rendered by the George District Hospital are psychiatry services, internal medicine, emergency medicine, general surgery, anaesthesiology, family medicine that include urology and dermatology, orthopaedic surgery, obstetrics and gynaecology, ophthalmology, paediatrics and neonatology services, oncology, radiology services, palliative care and staff health services.
- 10.1.5** The hospital has a CT scanner and accepts patients from all the nearby district hospitals who require a CT scan.
- 10.1.6** There is a six-bed High-care Unit, four operating theatres and two day theatres.
- 10.1.7** The hospital's Emergency Centre (EC) assists 40 000 to 45 000 patients per year and is staffed by Family and Emergency Medicine Physicians.
- 10.1.8** There are 10 permanent senior doctors working in the unit on a shift system and a strong permanent nursing team.
- 10.1.9** Procedures conducted in the EC include ultrasonography, intercostal drains, suturing, closed reductions of fractures and dislocations, and all the Amyotrophic lateral sclerosis (ALS) procedures, managing airways, breathing and circulation. The hospital regularly ventilates patients, including the use of non-invasive ventilation.
- 10.1.10** It was reported that 93,6% of vacancies at the hospital were filled and only 47 posts were still vacant.
- 10.1.11** The hospital has a day ward and the overall activity increased from 387 in February to 458 in May 2023. It was reported that day ward admission decreases pressure on in-patient beds and services. In addition, the admission and discharge lounge facilitate patient flow in the facility.
- 10.1.12** The delegation was informed that the 2015 Western Cape Provincial Acute Hospital Bed Plan recommended an additional 150 district beds for George by 2030. Alternative opportunities to address the shortage of space was to use the vacant Mediclinic building in George.
- 10.1.13** The Hospital has submitted a proposal for the paediatric ward and Neonatal Project; however, the plan does not provide additional rooms to accommodate parents who accompany children.
- 10.1.14** Some of the infrastructure projects planned for the George Regional Hospital during the 2023/24 financial year include the Lift Project (old lifts are giving many problems and are unreliable), the creation of decant space and a new roof (old roof tiles will be replaced with roof sheets and gutters will be removed for easier maintenance).
- 10.1.15** In addition, the theatre will be improved in the current financial year. It was reported that the old theatre was never designed to be able to function as a fully functional theatre and the biggest issue was the ventilation, air changes and positive pressure.
- 10.1.16** Furthermore, the hospital is also planning to repair broken tiles in the theatres and passageways and to extend its auditorium.
- 10.1.17** In terms of planned maintenance, during the 2023/24 financial year, the hospital planned to replace stained and broken ceiling tiles, internal painting, external signs and road markings, and install new air conditioning system, Eye Clinic patio blinds, the Blind Project, burglar bars and repair the pneumatic tube system.

10.2 Key challenges reported by the hospital

- 10.2.1** The George Regional Hospital has seen an increase in non-elective caesarean sections in the Garden Route and Central Karoo due to the increase in cases of obesity in women, cardiac disease, pre-eclampsia and substance abuse.
- 10.2.2** The Garden Route District Municipality was reported to have high cataract surgery.
- 10.2.3** Service pressure and waiting times for surgical care were reported as a major challenge due to the growing burden of untreated chronic disease, the increased demand for emergency surgery for the past five years, and COVID-19 backlogs.
- 10.2.4** Absenteeism of nursing staff was reported as a challenge. The hospital reported a pattern with the absenteeism of nurses which mostly happens around pay day and pay week.

10.2.5 The aging nursing cohort, particularly in specialist positions and staff retention were also reported as major challenges.

10.2.6 Some of the challenges that were mentioned are the increased migration to the coastal region in the Garden Route, the increased number of patients from the Eastern Cape to access services at the George Regional Hospital, the increased tertiary-service pressure due to the impact of COVID-19, and increase surgical pressure, especially non-elective surgery.

10.3 Successes reported by the hospital

10.3.1 One of the successes of the George Regional Hospital was learning and innovation. The hospital has a partnership with Health Education England that aims to improve Global Health Fellowship Programme and for the first time the United Kingdom has sent people to the George Regional Hospital for six months on this programme.

10.3.2 The hospital has an on-site alternative waste treatment facility that turns waste into a non-recognisable and harmless material with no visible sharps.

10.3.3 The hospital mentioned a pilot project that was scheduled to start in July 2023. The project was an additional Healthnet vehicle travelling between Cape Town and Garden Route hospitals four days per week to improve access for patients to get to the Groote Schuur Hospital and the Red Cross War Memorial Children's Hospital. The Healthnet second vehicle will prevent delayed discharges from Cape Town to the Garden Route and increase the availability of bed space at the Groote Schuur Hospital.

The delegation successfully concluded its visit to the George Regional Hospital and was impressed with the way the hospital was managed.

11. Acknowledgements

The delegation expressed its appreciation to the officials of the Department of Health and Wellness, the Department of Social Development, and to the management of the NGOs and health facilities that were visited during the joint visit for their participation during the visits, for briefing the delegation and answering all questions posed by Members during the joint visit to the Central Karoo and the Southern Cape regions.

HON G PRETORIUS (MPP)

CHAIRPERSON: STANDING COMMITTEE ON HEALTH AND WELLNESS

DATE:

HON D PLATO (MPP)

CHAIRPERSON: STANDING COMMITTEE ON SOCIAL DEVELOPMENT

DATE: