



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

Ref Number:

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**Report 14/2021**

**Ref:**

**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 June 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)  
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:**

Ms L Botha (DA)  
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 June 2021 included: The protection of the vulnerable**

The umbrella bodies responsible for care homes for the aged briefed the Committee on the planning and readiness of the vaccine rollout programme at their facilities. The organisations were represented by Ms Christine Quickfall of BADISA, Ms Lucia Smuts of the Afrikaanse Christelike Vroue Vereniging (ACVV) and Ms Kirsten Veenstra of the Cape Peninsula Organisation for the Aged (CPOA).

##### **4.1 Overview and background**

On 11 June 2021, the Committee received a briefing from BADISA, Afrikaanse Christelike Vroue Vereniging (ACVV) and the Cape Peninsula Organisation for the Aged (CPOA) on:

- 4.1.1 The preparations made by umbrella bodies responsible for care homes for the aged, to assist with vaccination registrations on the Electronic Vaccination Data System (EVDS); and
- 4.1.2 The vaccine planning and rollout readiness.

##### **4.2 Observations and challenges**

###### **4.2.1 Presentation by ACVV**

ACVV informed the Committee on the challenges pertaining to the availability of the vaccine at vaccination centers. Staff from the care facility in Bellville indicated that they had to wait in long queues at Karl Bremer Hospital despite making prior appointments. They informed the Committee that on the morning of the vaccination for residents at the Bellville facility, ACVV was informed that the facility was not registered to receive vaccinations. The official on duty enunciated that only a limited amount of vaccines could be administered, as they were still waiting for the National Department to confirm that the vaccinations can be administered at that care facility. After being informed by the representative of the Department who visited ACVV which date the vaccinations would be taking place.

ACVV advised that the elderly at Community-based Care and Support (CBCS) centres, who were registered, were not receiving voucher numbers. They further advised the Committee that some facilities already administered the flu vaccines prior to the announcement of the Covid vaccine programme. A 14-day waiting period must be observed after administering a flu vaccine, which meant that some residents could not be vaccinated. This resulted in a delay during the rollout at these facilities. Management felt that there was a lack of coordination between the various stakeholders.

The Bellville facility was unable to upload the Electronic Vaccination Data System (EVDS) template. Information had to be e-mailed to the Head Office for inclusion into the database.

Concern was raised regarding the delays pertaining to the rollout of vaccination sites for the elderly and people living with disabilities were brought to the attention of the Committee. In addition hereto, the Committee was requested to aide staff at child and youth care centres, classified as essential workers, in order to qualify for a vaccination opportunity during the second vaccination rollout programme.

The ACVV thanked Local Government and communities, especially in the rural areas for their support. They indicated that community members in Swellendam were assisted with the vaccine registration process by staff on the Transnet Phelophepa health train from 13 to 14 April 2021.

#### 4.2.2 Presentation by BADISA

The Committee was informed that approximately 45% of the staff at BADISA opted to not be vaccinated. A concern was raised regarding the inflated figure provided of staff, especially amongst female employees, who opted not to be vaccinated. Approximately 73% of residents at BADISA were vaccinated. BADISA advised that through continued awareness programmes and visual proof the remaining 27% of the residence who opted not to be vaccinated would utilise the opportunity to get vaccinated during the rollout of the second phase.

Stigmatisation and fear pertaining to the impact of the vaccine were constantly being addressed through multiple awareness interventions and educational programmes introduced by the organisations. All information pertaining to COVID-19 should be verified by the Western Cape Government and the World Health Organisation (WHO).

Social media platforms were utilised to register members of the public to receive the jab and to raise awareness regarding the vaccine. Regular engagements with staff, support groups and families of residents took place to discuss COVID-19 treatments, and to address persons with conservatorship to decide on whether the vaccine should be administered to a conservatee.

A management information system was implemented to track the reasons for people not interested in getting vaccinated. Caregivers, social workers and nurses at some of the institutions queried the safety of the vaccine on themselves, unborn babies and gestating mothers. Medical professionals have also been requested to assist by advising patients of the benefits of being vaccinated.

The Management of BADISA thanked the professional and compassionate staff of the Department of Health for their level of responsiveness and for including Sister Klopper on the Advisory Committee. Ms Quickfall highlighted that there were still challenges in terms of the vaccination of essential staff and social workers at youth care centres who were not in line for vaccination. The organisation needed the assistance of the Committee to have staff at child and youth care centres classified as essential workers.

#### 4.2.3 Presentation by CPOA

The CPOA registered all its residents, whether in care facilities or independent residents. The organisation has 27 units, of which seven had been successfully vaccinated its residents. Staff at a number of the units were being trained in order for the organisation to conduct its own vaccination rollout when the second round becomes available. Residents were encouraged to get vaccinated but there were individuals who have opted not to be vaccinated. The organisation had its own Covid unit which helped with getting symptomatic people at the villages and care centres into dedicated Covid units. She indicated that both the Department of Health and the Department of Social Development required the same documents to be completed. She recommended that the documents be centralised thereby streamlining the process to eliminate confusion.

The CPOA oversees twelve facilities with 2 364 residents of which 897 had been vaccinated and 129 opted not to receive the vaccination. Not all facilities had received vaccination dates, but

residents were being informed about the dates vaccinations will be taking place and at which facilities it will be taking place. Notices from the Department of Health were being displayed on notice boards. Managers reached out to residents by encouraging them to get vaccinated. The CPOA Management thanked everyone for their assistance in getting dates for the majority of the facilities. They indicated that two of the facilities received dates which were cancelled on short notice and that the organisation was still await for the new dates to be submitted.

Indemnity forms and refusal forms were sent to resident family members for completion. The signed forms were being kept on file. There was a positive response to the programme. Approximately 129 of the 2 364 residents opted not to be vaccinated. The number might decrease as more people opt to be vaccinated.

## **5. Resolutions/Actions**

5.1 The Committee REQUESTED the Department of Health to provide it with:

5.1.1 An expanded weekly Health Report which includes:-

- the different phases of the vaccine rollout;
- the number of vaccines received from central procurement;
- the number of vaccines administered;
- the number of registrations per phase and district;
- the number of vaccine sites that are operational.

5.1.2 A breakdown of the number of persons who have not been vaccinated per district, the strategies that will be implemented to persuade persons to get vaccinated and the strategies that will be implemented to provide a second chance for persons who have not agreed to take the vaccine;

5.1.3 The measures implemented to ensure that facilities like BADISA have the correct number of vaccines available for the persons who were notified to receive their vaccines;

5.1.4 The measures implemented to ensure that facilities like BADISA have the correct number of vaccines available for the persons who were notified to receive their vaccines; and

5.1.5 A breakdown of the channels utilised for self-registration to obtain the vaccine e.g. the Electronic Vaccination Data System, short message system and WhatsApp to ascertain which platform is utilised more consistently. (The objective would be to identify the challenges experienced by over 60's to register themselves on the various platforms. This will also aide in the process of how government will roll out the next vaccination phase specifically for teachers, child and youth care workers).

5.2 The Committee RECOMMENDED that the Department of Health:

5.2.1 Consider the implementation of a shared/centralised database with the Department of Social Development to ensure that information required for specific organisations is readily available for both departments.

5.2.2 The Committee REQUESTED that the Western Cape Provincial Parliament (WCPP) provide it with information on which parties have submitted reports on the health status of Members relating to COVID-19.

## **6. Acknowledgements**

The Chairperson thanked representatives from BADISA, ACVV and the Cape Peninsula Organisation for the Aged for the presentations. The Chairperson also thanked Members for their participation in the meetings.

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**MS M WENGER (MPP)**

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

**DATE:**