

*Friday, 6 December 2024]*

No 56 - 2024] FIRST SESSION, SEVENTH PARLIAMENT

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

FRIDAY, 6 DECEMBER 2024

### TABLINGS

The Speaker:

#### 1. Submissions of in-year amendments to annual performance plans for 2024/25:

##### (a) Minister of Police Oversight and Community Safety

In-year changes to the Annual Performance Plan for 2024/25 (Western Cape Liquor Authority).

##### (b) Minister of Infrastructure

In-year changes to the Annual Performance Plan for 2024/25 (Department of Infrastructure).

Copies attached.

### COMMITTEE REPORT

**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 29 September -4 October 2024, as follows:**

The delegation

The delegation included the following Members:

Democratic Alliance  
Kaizer-Philander, WF

Booyesen, M  
 Van Minnen, BM  
 Van Wyk, LD  
 Walters, TCR

African National Congress  
 Kamfer, F  
 Windovogel, R

Patriotic Alliance  
 Stephens, D R

Economic Freedom Fighters  
 Cassiem, A

The National Coloured Congress  
 Jacobs, DG

## **1. Introduction**

The 2024/25 Strategic Objectives of the WCPP linked to the Speakers' Priorities which impact 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 an oversight visit to the health facilities in the Garden Route and the Standing Committee on Social Development conducted a visit to the NGOs funded by the Department of Social Development in the Garden Route. 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 2024/25 financial year;
- 1.4 The budget allocation for the 2024/25 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, in line with their mandates, scheduled a joint visit to various health facilities and Non-Governmental Organisations (NGOs) in the Garden Route from 29 September to 4 October 2024. This visit was prompted by concerns about staffing shortages, inadequate resources due to budget cuts, infrastructure issues, and management challenges faced by NGOs in the region.

The purpose of the visits was to investigate and assess the infrastructure challenges and quality of services provided by health facilities and NGOs serving the Garden Route communities. The Committees aimed to evaluate the significant service pressures impacting these facilities. During the visit, the delegation received briefings from officials at the health facilities and NGOs on the challenges they face, their successes, and the state of their infrastructure. The delegation also conducted walkarounds to gain a better understanding of the environment.

Senior management at each facility warmly welcomed the delegation. Throughout the visits, officials from the Department of Health and Wellness, the Department of Social Development, and representatives from various NGOs responded to all questions posed by the delegation. This report outlines the findings from the joint oversight visit, highlighting key issues discussed, challenges identified, and recommendations based on the insights gathered at each site.

### **3. Visit to the Knysna Police Station and Knysna Provincial Hospital on Sunday, 29 September 2024**

The delegation visited the Victim Empowerment Programme (VEP) Centre at the Knysna Police Station on Sunday, 29 September 2024. The purpose of the visit was to investigate concerns surrounding Gender-Based Violence (GBV) and to gain a deeper understanding of its prevalence and crime statistics in Knysna and its surrounding areas.

Upon arrival, Sergeant Mangwanya welcomed the delegation and provided an overview of the VEP Centre. She informed the delegation that the Centre's main objective is to safeguard the rights of GBV victims, offering a supportive and caring environment. It provides various services, including shelters and trauma counseling for individuals affected by rape, domestic violence, or those who have witnessed a crime. Sergeant Mangwanya reported that the VEP Centre serves as a refuge for victims and indicated that there is no Family Violence, Child Protection, and Sexual Offences (FCS) unit in Knysna. The VEP Centre collaborates closely with the Department of Social Development, FAMSA, Lukhanyisweni, and Dorothy Broster places of safety in Knysna.

#### **3.1 Key Challenges**

- 3.1 The delegation noted that GBV cases are on the rise in Knysna and surrounding areas, particularly assault cases occurring on weekends and month-end, often between partners.
- 3.2 GBV cases have been attributed to social factors such as substance abuse and high unemployment.
- 3.3 Many victims who initially report GBV incidents later withdraw their cases before the perpetrators appear in court, often due to financial dependency.
- 3.4 The delegation also noted a concerning low conviction rate in GBV cases, attributed to underreporting and the withdrawal of cases by victims.

After the question-and-answer session, the delegation concluded the visit at the Knysna Police Station.

### **4. Visit to the Emergency Centre (EC) at Knysna Provincial Hospital**

Upon arrival at Knysna Provincial Hospital, Dr. Potgieter, the Senior Doctor in charge of the Emergency Centre (EC), welcomed the delegation. He reported that there are typically two junior doctors and one senior doctor on each shift, and a Triage System is in place to efficiently process patients. However, the EC faces significant pressure, particularly on weekends and at month-end. During the visit, it was noted that yellow-level patients sometimes wait up to three hours, while some patients have experienced wait times of up to 12 hours due to the overwhelming number of red-level cases requiring urgent attention. This high demand is largely attributed to incidents of stab wounds, car accidents, and heart attacks.

Dr. Potgieter also highlighted that staff shortages exacerbate the long wait times in the EC, with some patients waiting as long as two days to see a doctor. The patient-to-doctor ratio

indicates that the EC is understaffed, and in the event of a mass casualty situation, assistance is requested from nearby facilities, particularly George Hospital.

#### 4.1 Key Challenges

The delegation identified several key challenges facing the Emergency Centre at Knysna Provincial Hospital:

##### 4.1.1 Understaffing Due to Inadequate Funding:

The EC serves approximately 2,000 patients each month, with doctors often attending to critically ill patients for three hours at a time. This leaves other patients waiting longer for care.

##### 4.1.2 Growing Population and Complex Cases:

The population in the area is expanding, and patients are presenting increasingly complex medical cases, adding to the burden on already limited staff.

##### 4.1.3 Shortage of Medical Personnel:

There is a notable shortage of medical staff in the EC, which contributes to lengthy waiting times and hampers the ability to provide timely care.

##### 4.1.4 Limited Access to Psychiatric Facilities:

Access to specialised psychiatric care for patients in Knysna and the surrounding areas poses a significant challenge. Due to high demand, psychiatric patients are often admitted to general wards, creating risks for both staff and other patients.

The delegation concluded its visit with gratitude for Dr. Potgieter and his team's dedication to delivering quality health services to Knysna and its surrounding communities, despite the challenging circumstances they face.

## **5. Visit to Kwa-Nokuthula Community Day Centre in Plettenberg Bay on Monday, 30 September 2024**

On Monday, 30 September 2024, the delegation conducted a joint oversight visit to Kwa-Nokuthula Community Day Centre. The management team from the Bitou Health Sub-district, along with Sister Mkhwanazi, the Operations Manager welcomed the delegation. Sister Mkhwanazi guided the delegation on a walkabout of the facility. She informed the delegation that the Clinic provides a comprehensive package of integrated primary healthcare services to the Bitou Sub-district community. The Clinic is divided into three main sections: Chronic Care, Mother and Child Health Care, Acute Services, and Emergency Care. It operates on weekdays, from Monday to Friday, from 07:30 to 16:00.

During the visit, it was noted that the Clinic features a Youth Zone, launched in June 2022, dedicated to health services for young people, with a focus on sexual and reproductive health as well as HIV-related services. The Youth Zone operates on weekdays from 14:00 to 16:00, managed by Mr. Soku, who is passionate about working with youth.

### 5.1 Salient Points from the visit to the Kwa-Nokuthula Community Day Centre (CDC)

Dr. Brink provided the delegation with an overview of the services offered at the Clinic, staffing, infrastructure projects for 2024/25, and the challenges and successes experienced by the facility.

- 5.1.1 The Kwa-Nokuthula Community Day Centre serves approximately 4,700 individuals each month, offering a full spectrum of integrated primary healthcare services.
- 5.1.2 In addition to primary healthcare, the facility provides specialised services on designated days.
- 5.1.3 Services include comprehensive preventative care, treatment for infectious diseases such as tuberculosis (TB), HIV, and AIDS, and management of chronic conditions.
- 5.1.4 Additional services offered include mental health care, dental services, dietetics, registered counselling, pharmacy, ophthalmology, and audiology outreach.
- 5.1.5 The facility employs one resident Doctor daily and has a relief Doctor visiting three times a week to assist with chronic care.
- 5.1.6 An appointment system has been implemented to manage patient flow, although many individuals still arrive early.
- 5.1.7 There has been a noticeable increase in mental health cases in the Bitou area, attributed to factors such as substance abuse and high unemployment.
- 5.1.8 Mental health patients are admitted for up to 72 hours for assessment and observation before being discharged back to their communities, with referrals to specialised facilities if necessary.
- 5.1.9 The referral system for mental health patients poses significant challenges, often resulting in extended stays of 5-7 days instead of the intended 72 hours.
- 5.1.10 Primary health facilities in Bitou have reported housing five mental health patients in general wards, putting the safety of staff and other patients at risk.
- 5.1.11 There is a critical need to enhance referral pathways for mental health patients in rural areas.
- 5.1.12 Infrastructure projects planned for Kwa-Nokuthula Clinic during this financial year include repainting the entire facility, upgrading blinds, installing a backup water system, and new pharmacy delivery doors.

## 5.2 Key Challenges

Several challenges were highlighted during the visit:

- 5.2.1 Increasing population pressures are straining staff resources.
- 5.2.2 High turnover rates among nursing staff are concerning, primarily due to the high cost of living in Bitou; unlike other areas, coastal towns do not receive rural allowances.
- 5.2.3 Lack of collaboration with Ward Councillors, the Department of Social Development, and other stakeholders regarding Community Oriented Primary Care (COPC) initiatives.
- 5.2.4 Insufficient venues for adolescent and youth activities at Kwa-Nokuthula Community Day Centre.
- 5.2.5 No Youth Centre in Bitou.
- 5.2.6 The Bitou subdistrict is the only area in the province without a 24-hour health facility.
- 5.2.7 The lack of 24-hour services exacerbates challenges during political unrest, as road blockages hinder patient referrals to Knysna Provincial Hospital.
- 5.2.8 Bitou is a hotspot for sexual offenses, particularly occurring at night and on weekends when health facilities are closed. Victims must travel to Knysna Hospital for necessary assessments and completion of J88 forms.
- 5.2.9 The area is experiencing an increasing psychiatric burden due to societal issues like substance abuse, with limited access to specialised psychiatric care.
- 5.2.10 Cross-border migration impacts patient retention and complicates the management of health targets.

- 5.2.11 Tuberculosis remains a significant challenge, worsened by COVID-19's effects on case identification and patient migration. The facility has intensified TB screening efforts.
- 5.2.12 Lifestyle diseases such as hypertension and diabetes are prevalent, prompting a stronger focus on preventive care.
- 5.2.13 There is a shortage of ambulances and EMS staff, with only two ambulances serving the Plettenberg Bay subdistrict, handling approximately 25 calls daily and 750 -800 calls monthly.
- 5.2.14 While the target response time for priority calls is 15 minutes, delays are common in Bitou due to the limited number of ambulances and personnel.
- 5.2.15 A request for additional ambulances has been submitted to the provincial Department of Health and Wellness, which is exploring Public-Private Partnerships (PPPs) to address these EMS challenges.

### 5.3 Recommendations

The delegation recommended that the Department of Health and Wellness should:

- 5.3.1 Enhance Intergovernmental Collaboration: Strengthen communication and collaboration between Western Cape and Eastern Cape government departments to manage the influx of people seeking health services in the Western Cape.
- 5.3.2 Improve Coordination Across Spheres: Foster better communication between DSD, Police, Health, Education, municipalities, and civil society to address community issues efficiently and reduce delays.
- 5.3.3 Assess Funding Needs: Explore funding strategies to address challenges arising from budget cuts.
- 5.3.4 Investigate Health Facility Needs: The Health Committee should consider investigating the need for a 24-hour health facility in the Bitou subdistrict.
- 5.3.5 Allocate More Health Funding: Increase funding for health services while staying within fiscal constraints and make prompt decisions regarding resource allocation.
- 5.3.6 Establish Psychiatric Facilities: Create dedicated psychiatric spaces in health facilities, particularly in the Bitou subdistrict.
- 5.3.7 Address Population Growth: Respond to a 50% population increase in Kwa-Nokuthula communities in Plettenberg Bay and consider allocating additional funding, staffing, and ambulances for the Kwa-Nokuthula CDC.
- 5.3.8 Foster Synergy on Youth Initiatives: Encourage collaboration among the Departments of Health and Wellness, Social Development, Education, and Sport and Culture on the Youth Zone Initiative at Kwa-Nokuthula CDC in Plettenberg Bay.

## 6. Visit to Vermont Old Age Home in Knysna on Monday, 30 September 2024

The delegation conducted a joint visit to the Vermont Old Age Home in Knysna on Monday, 30 September 2024. On arrival, the delegation was welcomed by the interim board and senior management. Sister Petersen led the delegation to a walkabout of the facility. Mr Bower, the Chairperson of the interim and Old Board proceeded to brief the delegation on the services of the Vermont Old Age Home.

### 6.1 Salient Points from the visit to the Vermont Old Age Home in Knysna

- 6.1.1 Vermont Old Age Home in Knysna is a registered Non-Profit Organisation (NPO) funded by the Department of Social Development.
- 6.1.2 The NPO provides a range of services, including frail care for 50 residents, assisted living for six individuals, and a service center for 60 members.

- 6.1.3 The frail care unit is operated by two registered nurses and supported by 15 caregivers. Additionally, intern students and volunteers participate in practical assessments at the Vermont Centre, enhancing the level of care provided.
- 6.1.4 During the facility walkabout, Sister Petersen reported that Vermont has 44 occupants in the room designed for 4 and 2 individuals, while the frail care unit has 38 beds available.
- 6.1.5 Vermont Old Age Home offers 24/7 holistic frail care and healthcare services to older individuals, people with disabilities, and those with psychiatric conditions, all within a safe residential environment.
- 6.1.6 Additionally, it was noted that a doctor visits the Center every Tuesday, on a biweekly basis.
- 6.1.7 The Home adheres to established norms and standards as outlined in the Older Persons Act 13 of 2006, as well as the requirements set by the Department of Social Development, ensuring quality service for its most vulnerable residents.
- 6.1.8 The assisted living programme at Vermont Old Age Home promotes a healthy and active lifestyle, preparing residents for a fulfilling retirement.
- 6.1.9 The assisted living programme fosters a caring community within a secure residential setting, providing the necessary support to enhance physical well-being, self-development, and recreational activities.
- 6.1.10 Vermont Old Age Home also provides comprehensive kitchen services that deliver balanced meals designed by a dietitian, laundry, and housekeeping services to ensure cleanliness and comfort, and a maintenance officer responsible for the general upkeep of the facility.

## 6.2 Key challenges

- 6.2.1 During the visit, significant governance and leadership crises were observed at Vermont Old Age Home.
- 6.2.2 The delegation learned that the facility is governed by two competing Boards: the Blou Board and the Bower Board. Ongoing infighting among these leaders has severely impacted the home's operations.
- 6.2.3 There is a reported shortage of staff, with critical vacancies including the Centre Manager, Head of Administration, Head of Finance, and Human Resources Officer.
- 6.2.4 Issues of maladministration and misappropriation of funds were identified, leading to financial distress.
- 6.2.5 Since November 2022, the Vermont Old Age Home has experienced increased hostility stemming from conflicts between the two Boards.
- 6.2.6 The facility operates two bank accounts: one managed by the Bower Board, which receives funding from the Department of Social Development (DSD), and another opened by the Blou Board, which handles SASSA grants for residents. The new Board has managed the SASSA funds since August 2023.
- 6.2.7 According to Mr. Bou, the Acting Centre Manager, a new Board (the Bou Board) was elected in May 2023 during an Annual General Meeting (AGM), but the Bower Board refused to step down.
- 6.2.8 Allegations have surfaced that the old Board Members have not relinquished control over the bank accounts, thereby retaining financial authority at the home.
- 6.2.9 The old Board reportedly makes decisions about the home's needs based on information from staff informants.
- 6.2.10 Staff salaries are often paid late, with some employees not getting paid at all. A backlog of one month's salary has developed under the current hostile environment.
- 6.2.11 Employees do not receive payslips (salary advice) and are unclear about deductions from their salaries, including whether they are contributing to the Unemployment Insurance Fund (UIF).

- 6.2.12 Since September 2023, the Vermont Old Age Home has lacked hot water, and upon the new Board's takeover, the facility was found to be in a dilapidated state.
- 6.2.13 Mr. Bou indicated that the old Board was repeatedly invited to meetings but consistently declined to attend.
- 6.2.14 A criminal case has been filed against the old Board.
- 6.2.15 Mr. Bou noted that residents' funeral policies have lapsed due to mismanagement, leaving insufficient coverage for funeral expenses.
- 6.2.16 Mr. Bower reported that Knysna Provincial Hospital has stopped supplying adult nappies due to budget constraints, highlighting the underfunding of Vermont Old Age Home.
- 6.2.17 The allocated subsidy and SASSA grant are inadequate to cover operational costs, with prior administrative non-compliance leading to a withdrawal of donations from potential donors.
- 6.2.18 Building maintenance presents a significant challenge; the aging infrastructure requires upgrades and proper maintenance.
- 6.2.19 Vermont Old Age Home is operating at a monthly deficit, as the DSD funding only covers bed space, leaving gaps in operational, maintenance, and administrative costs.
- 6.2.20 Due to non-payment, medical waste has not been collected for months.
- 6.2.21 The home urgently needs a computerised system for frail care and requires professional staff to improve operations.
- 6.2.22 The delegation was informed that the DSD no longer funds the Service Centre, and no new funding application has been submitted for the Service Centre Programme.
- 6.2.23 It was reported that the Vermont Old Age Home receives funding of R524,867.00 per quarter for 43 subsidized beds.
- 6.2.24 Additionally, the Department of Social Development (DSD) subsidises five assisted living beds at a value of R12,190.00 per quarter.
- 6.2.25 The delegation was informed that 90% of the DSD allocated funding goes to salaries.

### 6.3 Recommendations

The Committee recommended that:

- 6.3.1 The Department of Social Development should initiate an investigation into the funds (subsidy) allocated to the Vermont Old Age home from 2019 till date and the concurrent bank accounts in the name of Vermont;
- 6.3.2 The Department of Social Development should reconsider its decision given the timeframe in which the Annual General Meeting (AGM) should be conducted, and no further extensions should be allowed;
- 6.3.3 Upon receipt of the information requested from the Western Cape Department of Social Development, the Standing Committee on Social Development will, based on that information, consider inviting the Minister, the Head of the Department, and officials responsible for the Older Persons Programme to the province to brief the Committee on the Vermont matter. Immediate intervention by the Minister and Department in the Vermont matter;
- 6.3.4 Upon the process initiated by the Department of Social Development, the facility be temporarily closed, and residents and staff be temporarily placed in a registered facility(ties);
- 6.3.5 The Vermont Old Age Home undergoes a deep clean and a health and safety inspection by certified inspectors;
- 6.3.6 The Department of Social Development should co-ordinate and facilitate a mentorship body (e.g. BADISA / ACVV) that assists the new management of Vermont for a period of one(1) year;



- 6.3.7 There should be an evaluation of SASSA grant recipients and funeral policies in place for the residents of Vermont; an evaluation of the employment contracts and remuneration packages for staff in Vermont; and a review of the Constitution of the Board;
- 6.3.8 The Department should investigate governance and management practices related to the affected staff of Vermont;
- 6.3.9 Upon conclusion of the investigations conducted, the Department should consider laying criminal charges against any persons who might be implicated in any wrongdoing, should such be found;
- 6.3.10 The Committee believes that monitoring and evaluation of Old Age Homes need to be significantly strengthened in the province; and
- 6.3.11 Employee labour-related matters need attention at the Vermont Old Age Home in Knysna.

#### 6.4 Request for Information

The delegation requested the Department of Social Development to provide the following information by Friday, 29 November 2024, however, due to the seriousness of the challenges at the Vermont Old Age Home, the information must be submitted on or before Friday, 25 October 2024:

- 6.4.1 A detailed report on monitoring and evaluation of subsidy allocations and spending at Old Age Homes / Care Facilities;
- 6.4.2 The monitoring and evaluation report relating to the Vermont matter;
- 6.4.3 Detailed information on what constitutes government intervention to NPOs and NGOs;
- 6.4.4 Documentation of Ownership of the Vermont Old Age Home;
- 6.4.5 A copy of the Vermont Old Age Home's Constitution and founding documents;
- 6.4.6 A copy of the legal opinion provided to the Department of Social Development by the Western Cape Government Legal Services regarding the Vermont matter; and
- 6.4.7 The process outlay in relation to the Department of Social Development's handling of the Vermont matter.

### **7. Visit to Hornlee Clinic in Knysna on Tuesday, 1 October 2024**

On Tuesday, 1 October 2024, the delegation conducted a joint oversight visit to the Horn-lee Clinic in Knysna and was welcomed by the management team from the Bitou Health Sub-district, including Sister Bern and Sister Pieters. The Clinic is in the Knysna sub-district of the Garden Route District and operates Monday to Friday from 07:30 to 16:00. It serves a population of 22,000, providing a comprehensive package of care that includes acute and emergency services, chronic disease management, maternal and child health, HIV and TB services, mental health care, allied health services, and NPO-integrated services as outlined in the service level agreement.

The staffing structure at the Horn-lee Clinic includes one Operations Manager (currently vacant), one Clinical Nurse Practitioner, one Professional Nurse, one Enrolled Nurse, one Enrolled Nurse Assistant, one registration clerk, one data clerk, and one contract cleaner. A Doctor visits the clinic twice a week, on Wednesdays and Thursdays.

#### 7.1 Key Challenges

The delegation identified several key challenges during the visit to the Horn-lee Clinic:

- 7.1.1 Inadequate Space: The clinic's small size is insufficient to meet the needs of the expanding community.
- 7.1.2 Infrastructure Issues: The current location is built on sloped land, complicating any potential expansions.
- 7.1.3 Site Acquisition Difficulties: Securing a suitable site for a new Horn-lee Clinic has been problematic for the past five years. A new clinic is currently under construction on a site previously used as a taxi rank.
- 7.1.4 Staff Shortages: The resignation of the Operations Manager in February 2024 has left the clinic without leadership, and the Department is in the process of appointing a replacement. Additionally, the data clerk position has been vacant since November 2023 due to budget constraints.
- 7.1.5 Long Recruitment Processes: The lengthy hiring process, compounded by the high cost of living in coastal towns, poses challenges in attracting staff to Knysna and rural areas.
- 7.1.6 Community Safety Concerns: Issues of crime in the community affect staff morale and their ability to engage effectively with residents.
- 7.1.7 Poor Addressing: In Horn-lee, inadequate house numbering makes it difficult to locate and reach community members.
- 7.1.8 Unsafe Outreach Areas: High unemployment rates that lead to increased crime make some areas unsafe for outreach programs.
- 7.1.9 Cross-Border Migration: This complicates population data and hinders the clinic's ability to meet health targets.
- 7.1.10 Rising Social Ills: The area faces increasing rates of TB, lifestyle diseases, and drug abuse, highlighting significant public health concerns.

Following the delegation's visit to the Horn-lee Clinic, the delegation visited the new site for the Horn-lee Clinic, which took five years to secure. The site, formerly a taxi rank, was leased for R100,000 for a 100-year term but had never been utilised. During the visit, the delegation noted that the existing structure was being demolished. Although there were initial plans to build above the existing structure, these were abandoned in favour of a ground-up construction approach. The Department has approved the construction management for the new clinic. The new Horn-lee Clinic is estimated to cost R40 million and is expected to be completed by October 2025 and will serve approximately 20,000 residents.

During the visit, several successes were highlighted, including significant progress on the new Horn-lee Clinic construction. Staff members have demonstrated exceptional dedication to their duties, working selflessly despite staffing shortages and challenging conditions. Notably, the clinic achieved over 80% in the staff satisfaction survey for 2024, reflecting their resilience. Additionally, community members have shown a strong willingness to be part of the Clinic Committee and participate in Community Oriented Primary Care (COPC) initiatives. The Horn-lee team has also made impressive strides toward achieving Platinum Ideal Clinic Status.

## 7.2 Concerns

The delegations raised the following concerns:

- 7.2.1 The stark contrast between the world-class Kwa-Nokuthula health facility, which offers ample space and high levels of patient privacy, and the overcrowded Horn-lee Clinic, which lacks adequate space.
- 7.2.2 The challenging working conditions faced by the officials at Horn-lee Clinic.
- 7.2.3 The impact of fiscal constraints on citizens' access to healthcare.

## 7.3 Recommendations

The delegation recommended that:

- 7.3.1 The Department of Health and Wellness should identify solutions to address fiscal constraints and their effects on citizens.
- 7.3.2 The Department of Health and Wellness should collaborate with municipalities to identify available land for the construction of essential healthcare facilities in the region.
- 7.3.3 The Province should enhance its capacity for transversal planning. The Premier's Office must monitor substance abuse and leverage available data to develop comprehensive strategies addressing crime.

#### 7.4 Request for Information

The delegation requested the Department of Health and Wellness to provide the following information by Friday, 29 November 2024:

- 7.4.1 A detailed report on the backlog of infrastructure projects in the Southern Cape.
- 7.4.2 An analysis of the constraints faced by the Horn-lee Clinic, highlighting both challenges and successful practices.
- 7.4.3 An update on the Department of Health and Wellness's engagement with the Knysna Municipality regarding the identification and acquisition of land for the proposed 24-hour facility in Plettenberg Bay.

### **8 Visit to the BADISA (Loeriehof) Old Age Home in Knysna on Tuesday, 1 October 2024**

Upon arrival, the delegation was welcomed by Ms. S. de Jager, Facilities Manager, along with Ms. Botha, the Social Worker case manager, and Mr. F. Lambrechis, Chairperson of the Board for the Loeriehof Old Age Home in Knysna. The visit began with a walk-through of the facility, followed by a presentation on the services offered by the home.

#### 8.1 Key Findings from the visit to BADISA (Loeriehof) Old Age Home in Knysna

- 8.1.1 BADISA is a non-profit organization formed in partnership with the Dutch Reformed Church (Western and Southern Cape) and VGKSA (Cape) and Loeriehof is a non-profit entity that operates under BADISA.
- 8.1.2 Loeriehof Old Age Home offers residential care for up to 75 senior citizens with diverse needs.
- 8.1.3 During the visit, it was noted that the home currently accommodates 14 independent living residents, 16 in assisted living (with a capacity of 18), and 37 in frail care (with a capacity of 40).
- 8.1.4 The facility is divided into three service areas: frail care, assisted living, and independent living, which includes 12 bachelor flats, three of which are double flats designed for couples.
- 8.1.5 In addition, BADISA/ Loeriehof Old Age Home provides family care services aimed at strengthening families through a holistic approach, including child protection, early prevention, and intervention programmes.
- 8.1.6 Social Workers at Loeriehof conduct assessments, offer counselling, and facilitate skills development, focusing on the best interests of children and families in need.
- 8.1.7 Furthermore, within the Skoolhuis facility, the NGO provides residential care for seven senior citizens in independent living. Services include meals, laundry, entertainment, local transport, shopping assistance, and spiritual support.

- 8.1.8 Skoolhuis operates based on the American Abbeyfield concept, allowing older individuals to live independently in a communal setting with access to essential services.
- 8.1.9 Skoolhuis receives a subsidy based on an annual Transfer Payment Agreement and compliance with the Older Persons Act 13 of 2006.
- 8.1.10 Government support continues to decline and currently represents 5.2 % of Skoolhuis revenue for the past 2 years.
- 8.1.11 The delegation noted that the facility was well-maintained and clean and was informed that FEEDEM is contracted for laundry and cleaning services.
- 8.1.12 The building of the Loeriefhof Old Age Home belongs to the Dutch Reform Church and Badisa is responsible for maintenance.
- 8.1.13 Accommodation rates at Loeriefhof Old Age Home are competitively priced; however, only 50% of residents can afford full rates. Many rely on family support or subsidies from Loeriefhof, sponsors, and the Department of Social Development.
- 8.1.14 In the 2024/25 financial year, the budget for Loeriefhof, which includes the Skoolhuis, is structured as follows: 79% of the budget is derived from tariffs, with an additional 2% contributed by Skoolhuis residents. Additionally, 6% of the budget comes from a government subsidy provided by the Department of Social Development, 5% from donations, and 8% from other sources.
- 8.1.15 It was reported that 51% of the Loeriefhof and Skoolhuis was spent on support staff for the facilities, 13% on the upkeep of the buildings including electricity, 29 % on FEEDEM, 1% on housekeeping, another 1% on Skoolhuis and 5% on others.
- 8.1.16 The delegation was informed that Loeriefhof is designed to support 10 older persons who are SASSA beneficiaries. However, due to high demand, the NGO is currently accommodating 14 beneficiaries.
- 8.1.17 By providing for these 14 individuals, who are unable to pay the full unit cost, the NGO is facing a monthly deficit of R84,000, resulting in an annual shortfall of R1.2 million to support SASSA beneficiaries without family support.
- 8.1.18 Last year, the NGO was unable to provide staff bonuses, leading to the departure of some staff members.
- 8.1.19 Although the NGO is working to retain its staff, the high cost of living in Knysna is making it difficult to attract and keep employees.
- 8.1.20 Most applicants on the Loeriefhof waiting list are SASSA beneficiaries. Unfortunately, the lack of family support makes the NGO hesitant to accept them due to funding constraints and inadequate infrastructure.

## 8.2 Challenges reported during the visit

- 8.2.1 The NGO faces difficulties in attracting nursing staff, with professionals leaving for better opportunities and others retiring from the field.
- 8.2.2 Due to funding constraints, the NGO is unable to match the salaries offered by government and private hospitals.
- 8.2.3 There has been a decline in government subsidies amid rising poverty and an increasing number of applicants unable to pay full rates.
- 8.2.4 There is an urgent need to secure additional, sustainable income sources or to limit the intake of economically disadvantaged candidates.
- 8.2.5 Insufficient reserves jeopardise BADISA's mission to provide assistance where it is most needed.

Major replacement projects planned for the next five years include replacing the facility elevator for R1.5 million.

## 8.3 Successes

- 8.3.1 The NGO has expanded sponsorship for residents who are unable to afford full rates, running campaigns like "100 for 100," encouraging church congregations to donate R100 monthly.
- 8.3.2 Through fundraising efforts, including golf tournaments and garage sales, the NGO has secured external funding for major maintenance and asset replacements via corporate sponsorships and bequests.
- 8.3.3 The NGO has submitted registration as a Community Mental Health Facility to address the growing need for dementia care.
- 8.3.4 Active participation in the BADISA 20230 Strategy for Older Persons includes a task team focused on financial sustainability, capacity building, partnerships, and service delivery improvements.

#### 8.4 Family Care Services

- 8.4.1 BADISA/Loeriehof Old Age Home in Knysna provides family care services primarily focused on child protection.
- 8.4.2 The goal is to safeguard children, promote healthy family lifestyles, and enable communities to care for their children independently.
- 8.4.3 The programme emphasises early intervention to prevent statutory cases, serving 32% of the Knysna community.
- 8.4.4 Services include awareness, prevention, early and statutory intervention, and mediation.
- 8.4.5 The Manager of Loeriehof also oversees family care services, supported by three Social Workers and two Social Auxiliary Workers.
- 8.4.6 The family care services share resources, including office space and vehicles, with Loeriehof.
- 8.4.7 Funding sources for family care services comprise 95% government subsidies, 4% donations, and 1% other means.
- 8.4.8 Family care service expenses allocate 78% to staff, 2% to household costs, 18% to other expenses, and 2% to transport.

#### 8.5 Challenges

- 8.5.1 Heavy reliance on government funding for salaries.
- 8.5.2 Insufficient funding for trauma counseling and therapy.
- 8.5.3 Dependence on churches for food parcel funding.
- 8.5.4 Inability to finance larger projects, such as purchasing vehicles or initiating community projects.
- 8.5.5 Increased staff turnover due to non-competitive salaries, with three social workers leaving in the past 18 months.
- 8.5.6 Shortage of foster and safety parents within the community.

#### 8.6 Successes

- 8.6.1 Family Care Services is actively seeking alternative funding sources for operations and client needs.
- 8.6.2 They are securing sponsorship for larger projects.
- 8.6.3 Strong networking with other stakeholders is evident.
- 8.6.4 The staff team is highly motivated and professional.
- 8.6.5 A successful Child Protection Week included the sale of Poppie Stickers.
- 8.6.6 BADISA has introduced a mascot, KUUMBA, to promote early intervention and prevention in child protection.

#### 8.7 Request for information

The delegation requested that the Department of Social Development should submit the following information to the Standing Committee on Social Development on or before Friday, 29 November 2024:

- 8.7.1 Comprehensive information on the Abbeyfield Model, including its principles, structure, and operational framework. Highlight how it supports community living for older persons and promotes independence while ensuring social engagement.
- 8.7.2 Detailed information on the funding for the Badisa/Loeriehof Old Age Home in Knysna, sourced from the Department of Social Development. This should include a breakdown of total funding amounts, allocation categories, and the unit cost per resident.

**9. Visit to the Herold Satellite Clinic in Uniondale on Wednesday, 2 October 2024 on Tuesday, October 2, 2024, the delegation conducted a joint oversight visit to the Herold Satellite Clinic in Uniondale, where they were welcomed by the management team from the Bitou Health Sub-district.**

9.1 Key Points from the visit to the Herold Satellite Clinic

- 9.1.1 The Herold Satellite Clinic provides primary health care services to a community of 900 people, serving approximately 30 patients daily, primarily farm workers.
- 9.1.2 In the new demarcation, the Clinic is now under the jurisdiction of George, having previously been part of Oudtshoorn.
- 9.1.3 The Clinic offers a comprehensive range of services, including, Acute care, Radiology, Infectious disease management services for HIV and TB services, SASSA services, Chronic disease management services for diabetes, hypertension, asthma, Community and home-based care, Oral health, Rehabilitation, Allied health services, Outreach services from George Hospital and NPOs, including high-risk antenatal care and minor surgeries.
- 9.1.4 The Clinic is open once a week on Thursdays. A cleaner is on-site once a week, and the Pharmacy Assistant, alongside the Doctor, visits monthly. The admin clerk also comes weekly on Thursdays.
- 9.1.5 A SASSA Doctor visits the facility once a month on Fridays to assess patients for SASSA grants.
- 9.1.6 Community members have expressed a desire for the Clinic to operate daily and report positive collaboration with the facility.

9.2 Challenges reported during the visit to the Herold Satellite Clinic

- 9.2.1 The facility is small and lacks connections to municipal services for essential utilities like water and electricity.
- 9.2.2 During the visit, it was reported that the facility relies on a solar power system for electricity and purchases water from the municipality in tanks.
- 9.2.3 The delegation was informed that the entire area of Herold is privately owned, primarily by local farmers.
- 9.2.4 There are no plans to upgrade the facility, as it is owned by the Du Toit Farming Group.
- 9.2.5 Due to the clinic's limited size, patients often wait outside, highlighting the need for a temporary shelter to serve as a waiting area.
- 9.2.6 The filing system is inadequate; patient files were found stored in a box during the visit.
- 9.2.7 The clinic is situated at a distance from the community, with no public transport options available.
- 9.2.8 There are no Social Workers in the area; patients in need of social work services are referred to the Blanco Community Health Centre in George.

- 9.2.9 The Herold Satellite Clinic does not have a Clinic Committee, but it collaborates with the Community Policing Forum (CPF).
- 9.2.10 Transportation is a significant challenge for the Herold community, making it difficult for residents to access health facilities outside the area.
- 9.2.11 Patient transport, Health Net, a 12-seater vehicle, is challenging as it is often full when it arrives in Herold.
- 9.2.12 Reports indicate a rising incidence of chronic diseases such as HIV and tuberculosis in the area.
- 9.2.13 Poor road conditions hinder the provision of mobile health services; staff require 4-wheel drive vehicles and SUVs to navigate these challenges.

### 9.3 Recommendations

The delegation recommended that:

- 9.3.1 The Department of Health and Wellness should engage with the building owner to find a solution for the urgently needed prefab space for the waiting area and filing room.
- 9.3.2 The Department should explore the possibility of transforming the Herold Satellite Clinic into a multipurpose center in consultation with the building owner.
- 9.3.3 The Department should consider extending clinic hours by an additional day to enhance health services, particularly for cases related to abuse.
- 9.3.4 The Department should consider engaging the private sector, Private Public Partnerships (PPP) like the board of Rotary in Plettenberg Bay that assisted SAPS with vehicles, maybe, they can donate the required 4-wheel drive vehicles or SUVs.

## 10. Visit to the Oudtshoorn Hospital on Wednesday, 2 October 2024

The delegation visited Oudtshoorn Hospital, where Dr. Dreyer, CEO, and other senior management welcomed them. Dr. Dreyer guided the delegation on a tour of the facility.

### 10.1 Salient points from the visit to the Oudtshoorn District Hospital

- 10.1.1 Oudtshoorn Hospital is a Level 1 District Hospital with 123 beds.
- 10.1.2 The hospital serves approximately 93,845 residents within the Oudtshoorn Municipal sub-structure, primarily in rural areas.
- 10.1.3 The budget allocation for the hospital for the 2024/25 financial year is R21,649,200.
- 10.1.4 The hospital employs 209 staff members, with eight positions currently vacant.
- 10.1.5 Recent statistics indicate an average bed utilisation rate of 82% and an average length of stay of 3.0 days from April to June 2024.
- 10.1.6 The hospital provides a comprehensive package of care, including 24/7 emergency services, specialist outpatient departments, maternity services, emergency and limited elective theatre services, as well as paediatric and psychiatric observation wards. Allied health services include physiotherapy, occupational therapy, dietetics, social work, and registered counselling.
- 10.1.7 Oudtshoorn Hospital offers dedicated 24-hour emergency services and Level 1 inpatient care, with daily procedures in the theatre and specialist outreach clinics in collaboration with George Regional Hospital.
- 10.1.8 The area is supported by six clinics and three mobile clinics, staffed by a total of 114 personnel, which includes 52 nursing staff and 62 other staff members in pharmacy, allied health, administration, and support roles. Three positions remain vacant in the primary healthcare facilities.
- 10.1.9 On average, 130-140 babies are born at Oudtshoorn District Hospital each month, with a caesarean section rate of 21%.

- 10.1.10 There was a decrease in outpatient department visits at Oudtshoorn District Hospital during the 2022/23 financial year compared to 2023/24, attributed to specialist services being offered at George Hospital. However, the hospital has experienced an increase in emergency center visits this financial year.
- 10.1.11 The hospital receives regular outreach and support visits from George Regional Hospital, including surgeries twice monthly, family medicine every three months, obstetrics and gynaecology twice monthly, internal medicine and ophthalmology twice monthly, paediatrics monthly, and psychiatry services twice monthly.
- 10.1.12 During the facility walkabout, Dr. Dreyer informed the delegation that the infrastructure projects and renovations planned for 2024/25 at Oudtshoorn District Hospital include a National Health Insurance (NHI) refurbishment, which has been delayed for over a year.
- 10.1.13 Oudtshoorn District Hospital has been earmarked for refurbishment since a project was budgeted for R50 million over a year ago; however, progress has stalled due to austerity measures.
- 10.1.14 Preparations for the decanting of the project have begun, with containers purchased for NHI filing and an empty ward being readied, but the project remains on hold.
- 10.1.15 Dr. Dreyer indicated that a new contractor will be appointed next year to replace the previous contractor from the Eastern Cape, who encountered issues.
- 10.1.16 Oudtshoorn Hospital has a fully functional Hospital Board comprising 11 active members operating under constitutional guidelines.
- 10.1.17 The female ward at the Hospital has an allocation of 36 beds, while the paediatric ward accommodates 25 beds. It was reported that, during overflow situations in the female ward, eight females are sometimes placed in the paediatric ward.
- 10.1.18 The Hospital features a fully operational pharmacy that serves three clinics.
- 10.1.19 During the visit, the delegation noted that there were currently no patients in the Psychiatric Wards. It was reported that individuals requiring psychiatric services primarily visit the hospital on weekends.
- 10.1.20 The prevalence of diseases such as TB, HIV, chronic conditions, and trauma-related cases is reportedly on the rise.

## 10.2 Concern noted during the visit to the Oudtshoorn District Hospital

The delegation expressed concern regarding the pressures facing the health system due to budget constraints during their visit to the Oudtshoorn District Hospital.

## 10.3 Key challenges reported during the visit to the Oudtshoorn District Hospital

- 10.3.1 Staffing issues: Despite population growth, staff numbers have decreased, while service demand has increased significantly.
- 10.3.2 Staff absenteeism: Mental health challenges and burnout have led to increased absenteeism among staff.
- 10.3.3 Attracting talent: Recruitment and retention of quality staff in Oudtshoorn and Kannaland is a persistent challenge.
- 10.3.4 Accommodation: Staff members at Ladismith Clinic are struggling to find suitable housing.
- 10.3.5 Patient behaviour: There has been a rise in rude and abusive behaviour from patients toward healthcare professionals.
- 10.3.6 Violence exposure: Staff reported experiencing violence from both mental health patients and SASSA clients.
- 10.3.7 Maternity ward overcrowding: The maternity ward is overwhelmed, with a notable increase in teenage pregnancies among girls aged 10-19 in Kannaland and Oudtshoorn.



- 10.3.8 Impact of Military Base in Oudtshoorn: The influx of new soldiers in Oudtshoorn has correlated with a rise in teenage pregnancies. However, the hospital is implementing educational awareness and prevention strategies to combat the rise in teenage pregnancies.
- 10.3.9 Alcohol abuse: There is a longstanding issue with alcohol abuse, contributing to Foetal Alcohol Syndrome in the region.
- 10.3.10 Extended patients stay in hospital: While the average hospital stay is three days, some patients remain for up to 14 days, straining bed availability.
- 10.3.11 Burden of disease: The increasing burden of disease in Oudtshoorn is concerning, yet there is no systematic tracking of these diseases.
- 10.3.12 Surgical capacity: Budget constraints and a shortage of doctors have reduced theatre availability from two to one from Monday to Friday, despite the hospital's three theatres.
- 10.3.13 Maternity capacity: The maternity ward has 20 beds and five neonatal beds, including facilities for Kangaroo Mother Care.
- 10.3.14 Increased deliveries: With the hospital also serving adjacent sub-districts, the number of deliveries has surged, creating significant infrastructure challenges due to ongoing bed pressure in the maternity ward.

#### 10.4 Recommendations

The delegation recommended that the Department of Health and Wellness should:

- 10.4.1 Collaborate with stakeholders, such as the South African Police Service (SAPS) and the Department of Social Development (DSD), to explore the establishment of multipurpose centers within health facilities. These centers should address urgent community challenges, including the high rates of teenage pregnancies, substance abuse, and a significant number of trauma-related cases.
- 10.4.2 Assign police presence at each health facility, particularly in rural areas, to handle cases of rape and teenage pregnancy.
- 10.4.3 Initiate an investigation into the contractor responsible for the refurbishment of the NHI infrastructure project at Oudtshoorn District Hospital to understand the causes of project delays.
- 10.4.4 Facilitate discussions with the national NHI regarding the delays in the Oudtshoorn District Hospital project.
- 10.4.5 Require accountability from any entity that fails to fulfill its obligations after being awarded a government tender.
- 10.4.6 Appoint additional security personnel at Oudtshoorn District Hospital to protect healthcare staff, particularly in the psychiatric ward, from patient abuse.
- 10.4.7 Address the understaffing issue at Oudtshoorn District Hospital, as observed during the visit. High absenteeism and staff burnout are significantly compromising the health system.
- 10.4.8 Conduct data analysis to assess the high burden of disease in the area, focusing on increased pressure in maternity services, the rise in psychiatric cases during weekends, and the volume of trauma-related incidents in Oudtshoorn and surrounding areas.

#### 10.5 Request for Information

The delegation requested the Department of Health and Wellness to provide the following information by Friday, 29 November 2024:

- 10.5.1 A detailed report on the tender awarding process for companies outside the Western Cape, specifically regarding the contractor from the Eastern Cape assigned to refurbish Oudtshoorn District Hospital.
- 10.5.2 An overview of the Department of Health and Wellness's initiatives to address teenage pregnancy in Oudtshoorn and the surrounding areas. Additionally, the Department of Social Development should report on its efforts to tackle this issue, while the Department of Education should detail its actions to support teenagers who should be attending school.
- 10.5.3 A comprehensive report from the Department of Education, SAPS, and Social Development, on the statistics regarding teenage pregnancies in Oudtshoorn during the last financial year to October 2024.

## **11. Visit to the ACVV Old Age Home in Oudtshoorn on Wednesday, 3 October 2024**

The delegation conducted a visit to the ACVV Old Age Home in Oudtshoorn on Wednesday, 2 October 2024. Upon arrival, the delegation was welcomed by the management of the facility who accompanied the delegation to a walkabout of the facility.

### **11.1 Salient points from the visit to the ACVV Old Age Home in Oudtshoorn**

- 11.1.1 Bellinganhof Old Age Home, also known as ACVV Old Age Home, is a registered NGO located in Oudtshoorn. It serves the greater Oudtshoorn district and the entire Eden district, including areas such as Knysna, George, Riversdale, and Ladysmith, with occasional clients from Cape Town and Johannesburg.
- 11.1.2 The NGO provides 24-hour frail care services for 183 residents. In 2010, it expanded its capacity by re-registering to include an additional 45 psychiatric beds.
- 11.1.3 Bellinganhof Old Age Home is organised into five specialised wards: Assistance Ward: For clients needing help with daily tasks; Nursing Care Ward: For clients requiring full nursing care; Dementia and Alzheimer's Ward: Dedicated to residents with cognitive impairments; Specialized Care Ward: For residents with specific health needs; Psychiatric Care Ward: For clients with conditions such as bipolar disorder, schizophrenia, and manic depression.
- 11.1.4 Bellinganhof Old Age Home has employed a total of 115 staff members, consisting of one Manager; one Receptionist; one Financial Clerk; one Housekeeping Manager; one Nursing Service Manager; one Administrative Assistant for nappy administration; seven Registered Sisters; 11 Enrolled Nurses; 15 Nursing Auxiliaries; 42 Caregivers (undergoing 6-month training); 30 General Assistants for cleaning services; and four Gardeners for maintenance.
- 11.1.5 Bellinganhof Old Age Home has 16 assisted-living flats (comprising six double flats and ten bachelor flats) and a total of 21 independent-living flats.
- 11.1.6 Residents in frail care receive three balanced meals daily, along with medication management and specialized nursing care, including oxygen therapy.
- 11.1.7 The Old Age Home features an on-site hairdresser and beauty therapist who provide foot and hand care services to residents, starting at R20 for a perm and R30 for a foot massage.
- 11.1.8 The delegation was informed that the Western Cape Bikers donated a big TV screen to the facility and the plan is to convert one of the rooms into a TV /Rugby Room.
- 11.1.9 Bellinganhof Old Age Home provides a variety of recreational activities tailored to residents' levels of frailty, including knitting groups, bingo, and other games. An on-site library is also available for residents, bible studies, musicals, and painting.
- 11.1.10 Regular health education talks cover important topics such as foot care, diabetes, hypertension, and dementia.

- 11.1.11 The kitchen is contracted to FEEDEM Company, which is responsible for meal preparation for the residents.
- 11.1.12 The home provides practical training for nursing students from Emmanuel Nursing School and caregivers from the Robert Sobukwe Academy.
- 11.1.13 The Department of Social Development currently funds Bellinganhof Old Age Home with R464,060 per month, supporting the accommodation of 129 residents who receive only SASSA grants.
- 11.1.14 To address the budget shortfall, the Old Age Home is continuously seeking ways to raise funds through various fundraising events. These include the big buzzer event in March/April, which raised approximately R70,000 to R90,000.; the first Saturday fundraising event; a Spring tea event held at the beginning of September; the friends of Bellinganhof Old Age Home, a WhatsApp group with 457 members, for individuals interested in contributing and helping the Old Age Home; a Facebook page to engage the community and the Ms. Valentine Competition; an annual Garage Sale in June, where people donate clothing and other items, which are then sold for R5 to help raise money. These initiatives play a crucial role in supporting the Old Age Home's financial needs
- 11.1.15 Additionally, the delegation was informed that a lady from Mossel Bay started a Make-A-Wish initiative where residents have a wish list and get gifts in December, this initiative brought happiness to the residents of Bellinganhof Old Age Home.

## 11.2 Key challenges reported during the visit to the ACVV Bellinganhof Old Age Home in Oudtshoorn

- 11.2.1 Inadequate funding: Financial constraints represent the most significant challenge. Many applicants rely solely on the SASSA grant, with a majority lacking family support for accommodation costs. The subsidy provided covers only half of the monthly unit cost, which is currently R9,200.
- 11.2.2 Co-payment issues: The co-payment for SASSA clients is R5,000 per month, an amount that most families struggle to afford.
- 11.2.3 Transportation needs: The facility's bus, which is 24 years old, is used to transport residents to medical appointments. There is an urgent need for a new 16-seater vehicle, but funding constraints prevent this purchase.
- 11.2.4 Infrastructure challenges: The Bellinganhof Old Age Home consists of buildings that are 65 years old and require ongoing maintenance. The costs for paint and maintenance materials have become prohibitively high.
- 11.2.5 Staff salaries: Financial challenges have resulted in very low salaries for staff, making it difficult to attract and retain qualified personnel.
- 11.2.6 Increasing care needs: There has been a rise in dementia and Alzheimer's cases among residents, necessitating additional caregivers and supervision, which further strains the facility's resources.

## 11.3 Success reported during the visit to the ACVV Bellinganhof Old Age Home in Oudtshoorn

- 11.3.1 Staff and care quality: The NGO has successfully attracted dedicated staff and prioritises high-quality nursing care, earning a reputation as one of the top care facilities in the region.
- 11.3.2 Renovation sponsorship: Lotto-land sponsored the renovation of the special care unit, enhancing the living conditions for residents. A television screen was also donated to improve residents' entertainment options.
- 11.3.3 Additionally, a woman from England, whose mother was a resident at Bellinganhof Old Age Home, sponsored a wall to be painted in the corridor.

- 11.3.4 Building maintenance: Over the past six years, Bellinganhof Old Age Home has consistently maintained and improved its facilities, ensuring a safe and comfortable environment for its residents.
- 11.3.5 Community engagement: Active involvement from community members, through donations and participation in activities, has been a significant factor in the NGO's success.
- 11.3.6 Partnership with the local hospital: The NGO has established a partnership with a local hospital, facilitating the supply of essential items such as surgical stock, medications, nappies, and oxygen, which support their healthcare services.
- 11.3.7 Infrastructure improvements: Due to generous donations, the NGO replaced a broken lift with a new one, enhancing accessibility within the facility.

The delegation commended the management of the Old Age Home for their effective leadership and the overall maintenance of the facility. While it was acknowledged that the home requires some maintenance upgrades, it was also clear that the facility is well-kept and efficiently managed.

## **12. Visit to the Themba lethu Community Day Centre on Thursday, 3 October 2024**

On Wednesday, 3 October 2024, the delegation conducted a joint oversight visit to Themba lethu Community Day Centre in George. The management team from the Bitou Health Sub-district, along with Sister Swart, the Operations Manager, welcomed the delegation. Sister Swart guided the delegation on a walkabout of the facility.

- 12.1 Salient points emanated from the visit to the Themba lethu Community Day Centre in George
  - 12.1.1 Themba lethu Community Day Centre (CDC) is located in the George sub-district of the Garden Route District.
  - 12.1.2 Established in 2018, the CDC has been serving the community for six years.
  - 12.1.3 The facility operates Monday through Friday, from 07:00 to 16:00.
  - 12.1.4 It provides health services to approximately 50,000 to 100,000 community members.
  - 12.1.5 The monthly headcount at the CDC is around 8,000, with an average of 350 patients visiting daily.
  - 12.1.6 The staff includes one Operational Manager, seven Clinical Nurse Practitioners (with two vacant positions), four Professional Nurses, eight Enrolled Nurses, two Enrolled Nurse Auxiliaries, seven Clerks, one Intern, one Admin Officer for Registry and Information, ten Cleaners, five Pharmacists (two contracted), six Pharmacy Assistants (including two interns), and three Doctors who are on-site daily. Rehabilitation staff visits weekly.
  - 12.1.7 The CDC offers a range of primary health care services, including acute care, radiology, maternal and child health, treatment for infectious diseases (HIV, TB), management of chronic conditions (diabetes, hypertension, asthma), community and home-based care, oral health, and rehabilitation services. Allied health professionals, including Physiotherapists, Occupational Therapists, Dietitians, a Mental Health Counselor, and a Social Worker, also provide outreach services from George Hospital and local NGOs. Additionally, SASSA services are available.
  - 12.1.8 TB services are provided Monday to Friday, with specific treatment for Multidrug-resistant TB (MDR-TB) offered on Thursdays.
  - 12.1.9 The CDC partners with the Southern Health Foundation to provide circumcision services on Thursdays.
  - 12.1.10 Currently, the CDC employs a manual filing system.
  - 12.1.11 While the facility has an emergency room, it does not have a surgical theatre.

- 12.1.12 Planned infrastructure projects for the current financial year include painting, cleaning, and roof repairs. Delays have occurred due to a previous contractor's failure to meet obligations.
- 12.1.13 The average waiting period at the CDC is less than three hours, although some services may require longer wait times.
- 12.1.14 Fifty Community Health Workers conduct home visits, along with a Mental Health Counselor based at the CDC.
- 12.1.15 Community Health Workers also deliver chronic medication to bedridden patients. A distribution center for chronic medication is located in Zone 6, with efforts underway to secure an additional site in Zone 4.
- 12.1.16 During the visit, the delegation observed that TB patients were not adequately separated from other patients, raising concerns about potential infection risks, particularly as patients were not wearing masks.
- 12.1.17 It was noted that TB patients often remain with other patients due to stigma, and after 72 hours of treatment, TB is significantly less infectious.

## 12.2 Challenges

- 12.2.1 Health burdens: The rise in diseases like TB and HIV is compounded by poor living conditions in informal settlements, where inadequate sanitation and refuse removal contribute to outbreaks of food and water-borne illnesses, such as typhoid fever.
- 12.2.2 Infrastructure issues: The lack of basic infrastructure, including streets and housing numbers, exacerbates public health challenges, making it difficult to implement effective sanitation and health services.
- 12.2.3 Healthcare staffing shortages: There is an insufficient number of Community Health Workers and Clinical Nurse Practitioners relative to the community's needs. This shortage leads to long waiting times at Thembaletu CDC, despite an appointment system being in place.
- 12.2.4 Patient behaviour: Patients often prefer to arrive early at the clinic, indicating a lack of trust or awareness about the appointment system, which could be addressed through better communication and community engagement.
- 12.2.5 Resource challenges: The CDC's communication resources, such as television monitors, are not operational due to theft, hindering the dissemination of health information.
- 12.2.6 Emergency Medical Services (EMS) Strain: EMS staff are overworked, spending 12 to 15 hours transporting patients over long distances. Regularly transporting patients to George from Oudtshoorn leaves local areas without ambulance coverage.
- 12.2.7 Budget constraints: The EMS faces critical shortages of staff and ambulances, exacerbated by budget constraints, which ultimately impact the quality of care available to the community.

## 12.3. Recommendations:

The delegation recommended that the Department of Health and Wellness should.

- 12.3.1 Strengthen Contract Management
  - 12.3.1.1 Establish clear consequences for contractors who fail to meet their obligations, including penalties or contract termination.
  - 12.3.1.2 Conduct regular evaluations of contractor performance to identify and address issues proactively.
  - 12.3.1.3 Create a transparent system for reporting on contractor performance, allowing stakeholders to track progress and hold contractors accountable.

### 12.3.2 Enhance Communication Materials

- 12.3.2.1 Develop Seasonal Health Materials: The Department of Health and Wellness should create engaging, seasonal health content specifically designed for TV monitors in health facilities.
- 12.3.2.2 Standardised Content Distribution: Ensure that materials are standardised and accessible across all regions and health facilities to provide consistent messaging.
- 12.3.2.3 Centralised Monitor Management: Centralized content management system: Implement a centralized system for managing content displayed on TV monitors, ensuring that all facilities receive timely updates.
- 12.3.3 Increase Health Workforce: Recruiting more Clinical Nurse Practitioners to meet the healthcare demands.
- 12.3.4 Strengthen Communication: Improve patient education and awareness about the appointment system to reduce overcrowding at clinics.
- 12.3.5 Community Engagement: Foster collaboration with community members to develop tailored health interventions that address local needs and improve hygiene practices.

By tackling these interconnected issues, the health and well-being of the Thembaletu community can be significantly improved.

### 12.4 Salient points emanated from the EMS briefing at Thembaletu CDC

Mr. Jansen and Mr. Yantolo, EMS managers in the Garden Route, briefed the delegation on the EMS challenges in Thembaletu.

- 12.4.1 There are only three ambulances servicing the entire George area, which is insufficient given the high demand, especially in Thembaletu. Thembaletu experiences the highest number of assault cases and Priority One calls in Bitou, necessitating at least two ambulances and 18 staff members (nine per shift).
- 12.4.2 EMS previously parked an ambulance at the George Municipality Fire Station, which improved response times. However, during COVID-19, they were removed due to health concerns. This has led to longer response times now that they are back in town.
- 12.4.3 Each ambulance ideally requires 10 staff members, but currently, they are often short-staffed, impacting their ability to respond effectively.
- 12.4.4 A 15-year-old standard of one ambulance per 10,000 people is still applicable in Central Karoo, where response times are better due to adherence to this ratio. Implementing a similar standard in the Garden Route would require collaboration across departments and the private sector.
- 12.4.5 An example highlighted an incident on October 2, 2024, where it took 90 minutes for EMS to respond to a shooting, exacerbated by delays on the scene.
- 12.4.6 EMS needs approximately R4.5 million to effectively deploy one ambulance, which includes staffing costs.
- 12.4.7 Poor response times have led to community anger, making EMS personnel vulnerable to hostility and attacks, resulting in staff turnover.
- 12.4.8 To address these issues, EMS is training community members as first responders. This initiative aims to improve communication and prepare EMS for patient conditions before arrival, potentially expediting service delivery.

Overall, these findings emphasised the urgent need for improved EMS resources, staffing, and community collaboration to enhance emergency response in Thembaletu.

### 12.5 Resolution

The delegation resolved that Member Booyesen and Member Van Wyk should engage with the George Municipality to request a central base for ambulances in George. The Municipality should consider reinstating the EMS services at the Fire Station, where they were previously located.

#### 12.6 Recommendations

The delegation recommended that the Department of Health and Wellness should address the shortage of EMS staff and budget constraints in the Garden Route. The Department should consider allocating more resources to EMS in the Garden Route to increase staffing and ambulance availability, ensuring timely access to emergency care, especially in Thembalethu, where there is a growing demand for health and EMS services.

### **13. Briefing on the Planet Youth Pilot Project at Thembalethu CDC on Thursday, 3 October 2024**

- 13.1.1 Dr. North briefed the delegation on the Planet Youth Project, an international initiative from Iceland that serves a population comparable to George.
- 13.1.2 This project is the first of its kind in Africa and involves collaboration among various Departments, such as the Department of Health and Wellness, the Department of Education, the Department of Social Development, the George Municipality, the Department of Cultural Affairs and Sport, the South African Police Service, the University of Cape Town, and the SHARA NGO. Together, they are adopting a Whole-of-Society (WoSA) approach to foster meaningful connections within the community.
- 13.1.3 The project aims to address the root causes of social determinants in the community, with a focus on re-establishing meaningful actions to protect at-risk children.
- 13.1.4 Additionally, it examines local factors such as home environments, leisure activities, schools, and peer influences on children.
- 13.1.5 Research suggests that strong connections between children and their communities during childhood are significant indicators of future substance use and health outcomes.
- 13.1.6 Planet Youth is grounded in the Icelandic Prevention Model, which investigates why children consume alcohol and provides actionable solutions.
- 13.1.7 The WoSA approach of Planet Youth focuses on five key pillars: enhancing the social environment through primary prevention; community action centered around schools; creating green spaces; empowering communities to make informed decisions based on local data; and fostering collaboration among parents, community members, policymakers, and researchers to align solutions with the scope of the challenges faced.
- 13.1.8 It was reported that in the Thembalethu Community, 50% of children lack access to food, highlighting the need for government programmes to better align with community needs.
- 13.1.9 In 2023, a Planet Youth Survey was conducted in George by the Department of Health and Wellness in partnership with the Department of Cultural Affairs and Sport (DCAS).
- 13.1.10 The survey, targeting grades 8 and 9 across 18 schools, was conducted electronically and achieved a remarkable 92% response rate, yielding valuable insights into the communities of George.
- 13.1.11 The survey results were compiled into a combined report for George, as well as individual reports for each school community. It was emphasised that these reports reflect the voices of the communities served by the schools, rather than the schools themselves.

- 13.1.12 The survey results examined children's well-being, leisure activities, substance use, and school experiences. Notably, 15% of children reported being drunk in the past 30 days, 16% used e-cigarettes, 77% consumed sugary soft drinks daily, 26% used hookah pipes, 13% used cannabis (dagga), and 20% indicated they sometimes or often drank in the homes of others.
- 13.1.13 It was reported that a quarter of the children who used hookah pipes tested positive for tuberculosis and other related illnesses. Additionally, the survey revealed that 25% of children aged 14 reported staying out at night without parental supervision.
- 13.1.14 The survey indicated a correlation between substance use and perceived parental attitudes. Among children using hookah pipes, 56% reported that their parents did not mind them smoking, while only 22% indicated their parents were against it. Furthermore, 44% of children felt their parents did not mind them drinking, and 32% reported a similar lack of opposition to smoking dagga.
- 13.1.15 The survey results were shared with teachers, parents, learners, and the broader community to challenge assumptions and inform relevant interventions. Key risk and protective factors were highlighted through cross-tabulations.
- 13.1.16 It was reported that Planet Youth Partners are actively working to create more opportunities for children to foster a sense of belonging.
- 13.1.17 The delegation noted that many children in various communities experience boredom and lack engaging activities, which can lead to substance use.
- 13.1.18 Efforts are focused on enhancing parental involvement, especially at critical stages such as birth, Grade 1, and Grade 8. Parents are educated about their responsibilities to their children, particularly teenagers.
- 13.1.19 In George, 10% of parents are teenage mothers, presenting challenges as these parents are expected to guide their children effectively.
- 13.1.20 Schools are implementing a pilot School House Policy to encourage participation in activities and teamwork, emphasising inclusion over competition.
- 13.1.21 Guidelines for schools prioritise creating a sense of belonging and implementing peer-supervised activities while recognizing participation appropriately.
- 13.1.22 Community initiatives, such as video competitions, are enhancing after-school activities and development opportunities for coaches and facilitators.
- 13.1.23 Children who participated in the survey are engaging in activities like dancing and basketball through the Planet Youth Project. Their involvement in recreational programmes has contributed to negative substance abuse tests.
- 13.1.24 The project also incorporates African perspectives on family and education.
- 13.1.25 Through structured models like Planet Youth, preventive programmes can play a more significant role in healthcare, alleviating the burden on costly curative services.
- 13.1.26 The VPU, through the ABT structure, is establishing a solid platform for focused collaboration on Planet Youth across various departments.
- 13.1.27 A Memorandum of Understanding (MOU) with UCT is facilitating the Planet Youth Programme, which is expected to transition within 10 years to enable UCT to manage data control and programme administration.
- 13.1.28 Schools serve as hubs for strengthening community protective factors across all life stages, with active involvement from government departments and the community.
- 13.1.29 The delegation was informed that if the Planet Youth Programme is fully implemented, it is expected to positively impact children in the Western Cape, helping to reduce issues such as crime, gangsterism, and substance abuse.
- 13.1.30 The delegation was informed that discussions are already underway between the Department of Health and Wellness and the Department of Education regarding the optimal positioning of the Violent Prevention Unit for this programme.
- 13.1.31 It was noted that in some countries, the Department of Health has integrated this programme into its strategic plan.



13.1.32 Additionally, it was reported that Knysna has a KILT Programme with an annual budget of R25 million, aimed at supporting and strengthening local schools. KILT stakeholders have successfully engaged the private sector in this initiative.

## 13.2 Recommendation

The delegation recommended that the Department of Health and Wellness should,

- 13.2.1 Ensure that all communities actively engage in the Planet Youth Programme.
- 13.2.2 Integrate the Planet Youth Project with various government departments, ensuring a cohesive theme that aligns with the Whole of Society Approach. This will enhance the support and resources available for the initiative.
- 13.2.3 Leverage the strong presence of faith communities, such as the 350 churches in George, to adopt grades in local schools. This could foster mentorship, support, and community engagement, leading to improved outcomes for students.
- 13.2.4 Involve all Heads of Departments in the Western Cape in the project, emphasising the importance of their leadership and support in driving the initiative forward.
- 13.2.5 Encourage private businesses to sponsor recreational activities, which can enhance community engagement and provide essential resources for youth programs.
- 13.2.6 Extend the KILT Programme to George, focusing on town-level engagement with private businesses. This could involve creating partnerships that benefit both the businesses and the community.

## 14. Visit to the Thuthuzela Care Centre at George Regional Hospital on Wednesday, 3 October 2024

The delegation conducted a joint visit to the Thuthuzela Care Centre at George Regional Hospital on Thursday, 3 October 2024. On arrival, Mr M Maruma, Victim Assistant Officer from the National Prosecuting Authority welcomed the delegation.

### 14.1 Salient points emanated from the Thuthuzela Care Centre's visit in George

- 14.1.1 The Thuthuzela Care Centre at George Hospital was established in 2013 and is managed by the National Prosecuting Authority's (NPA) Sexual Offences and Community Affairs Unit, in collaboration with various departments, civil society organisations, and donors.
- 14.1.2 The centre serves approximately 40 victims of sexual violence each month, with most incidents occurring on weekends.
- 14.1.3 While most victims are from George, some come from surrounding areas.
- 14.1.4 The centre was created in response to the urgent need for a comprehensive strategy to prevent, respond to, and support victims of rape.
- 14.1.5 As part of South Africa's anti-rape strategy, the Thuthuzela Care Centre operates as a One-Stop Facility aimed at reducing secondary victimisation, improving conviction rates, and expediting case resolution.
- 14.1.6 Mr. Maruma reported that office space is a significant challenge for the Thuthuzela Care Centre. Although it is intended to function as a One-Stop Facility, when victims arrive, a file is opened for them and taken to the Emergency Centre (EC) for doctor examination and medication from the sister. Victims are then referred to FAMSA for counselling.
- 14.1.7 There are currently no plans for expansion, and discussions were held about moving the centre to the George TB Hospital, however, moving the centre would mean a lack of on-site medical support for victims.

- 14.1.8 Victims of sexual violence are referred or brought to the Thuthuzela Care Centre by the Family Violence, Child Protection, and Sexual Offences (FCS) Units of the South African Police Service, with some clients arriving as walk-ins.
- 14.1.9 Upon arrival, victims receive counselling, complete an intake form, and undergo a medical assessment; however, this process lacks privacy, as assessments are conducted in the EC. Additionally, the centre assists victims in opening cases.
- 14.1.10 Discussions with hospital management have taken place regarding assigning a sister to the Thuthuzela Care Centre full-time, but staffing shortages have hindered this possibility.
- 14.1.11 If necessary, victims are referred to safe accommodation or return home, with follow-up appointments scheduled for Wednesdays.
- 14.1.12 Victims are also referred to FAMSA Social Workers for counselling and connections to psychologists.
- 14.1.13 It was reported that out of 20 cases, only 10 make it to court, and just three results in conviction.
- 14.1.14 FAMSA, which recently celebrated 40 years, provides support for adult victims after hours and on weekends. The Police FCS Unit contacts FAMSA to assist victims with shelter, food, clothing, and companionship until the FCS can return.
- 14.1.15 FAMSA Social Workers open files for victims, and FAMSA Social Auxiliary Workers visit the Thuthuzela Care Centre on Wednesdays for additional referrals and awareness.
- 14.1.16 FAMSA's target for after-hours services is 100 victims; last year, they assisted 102, with an increase in walk-ins. However, FAMSA faces challenges with referrals to the Thuthuzela Care Centre due to space constraints.
- 14.1.17 The Harry Comay facility in Conville, George, has been suggested as a possible new office space for the Thuthuzela Care Centre.

#### 14.2 Key challenges reported during the visit to the Thuthuzela Care Centre in George

- 14.2.1 Inadequate office space poses a significant challenge, particularly on Wednesdays when victims visit the Centre for follow-ups.
- 14.2.2 Victims occasionally provide incorrect contact numbers, complicating follow-up appointments.
- 14.2.3 Additionally, transportation for victims from areas outside George was also reported as challenging.
- 14.2.4 The low conviction rate for sexual violence cases and the prolonged turnaround time for court finalisations remain concerns. However, from April to September 2024, the Thuthuzela Care Centre in George achieved a 79% conviction rate and finalised 33 cases.
- 14.2.5 The backlog of sexual offense cases is substantial, with 90% of cases over nine months old; some courts report up to 97 outstanding cases.
- 14.2.6 Nearly 500 cases are pending due to a shortage of prosecutors specialising in gender-based violence (GBV).
- 14.2.7 Budget constraints within the Department of Justice contribute significantly to staff shortages.
- 14.2.8 There is only one Regional Court in George that handles sexual offense cases.
- 14.2.9 Victims experience long wait times for medical assessments in the Emergency Centre, with an average of two hours, followed by an additional two hours for medication from the nurse.
- 14.2.10 Some victims of severe domestic violence do not visit the Thuthuzela Care Centre for assistance.
- 14.2.11 Victim withdrawals of cases present an ongoing challenge.

The delegation successfully concluded its visit to the Thuthuzela Care Centre at Georg Regional Hospital and concluded the visit in the Garden Route.

### **15. Acknowledgements**

The delegation expressed its gratitude to the officials from the Department of Health and Wellness and the Department of Social Development, as well as to the management of the NGOs and health facilities visited during the joint visit. The delegation thanked the officials for their informative briefings, and their willingness to answer all questions posed by members during the joint visit to the Garden Route.