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**COMMITTEE REPORT**

**Report of the Standing Committees on Health and Social Development on a joint oversight visit to health facilities and Social Development facilities in the Overberg District from 22-24 June 2022**

The Standing Committee on Health and Standing Committee on Social Development having conducted oversight visits to health facilities and Social Development funded facilities in the Overberg District from 22 to 24 June 2022, reports as follows:

### **The delegation**

The delegation included the following Members:

#### **Democratic Alliance**

Kaizer-Philander, WF (Chairperson)

Mackenzie, RD

Plato, D

#### **African National Congress**

Baku-Baku Vos, NG

Windvogel, R

#### **AL JAMAH**

Brinkhuis, G

#### **Economic Freedom Fighters**

Xego, M (EFF)

## **1. Introduction**

The Standing Committee on Health and the Standing Committee on Social Development, as part of their mandates, resolved to schedule a joint visit to various health facilities and Non-Governmental Organisations (NGOs) in the Overberg District from Wednesday, 22 to Friday, 24 June 2022. The joint visit was scheduled after the cancelation of the Social Cluster Visit Week to the Overberg District in June 2022.

The purpose of the visits was to assess the quality of services offered by various health facilities and NGOs to the communities of the Overberg District. In addition, the Committees visited the facilities to assess the high service pressure. During the joint visit to the Overberg District, the delegation held discussions with the Cape Agulhas Health Sub-district management, senior management from the Department of Social Development (DSD), and the management of NGOs that were visited, on the service pressures experienced by the facilities, challenges and successes, and the impact of COVID1-19 in the Overberg District. Members also conducted a walkabout of the facilities and posed questions. The officials from the Department of Health, Department of Social Development, and officials from various NGOs answered all questions posed by Committee Members during the joint visit to the Overberg District.

## **2. Overview**

At all the various health facilities and various DSD funded facilities that were visited during the joint visit week to the Overberg District, the delegation was received by the senior management of the Cape Agulhas Health Sub-District which consisted of Dr. Du Toit, Ms vd Westhuizen, Ms. Ludik,, Ms. Henn and Ms. Dianne J De Bruyn from the DSD Caledon Local Office together with the management of various NGOs that were visited in the Overberg District.

This report highlights the findings, key issues discussed, and recommendations stemming from the Overberg joint oversight visit.

### **3. Visit to the Napier Clinic on Wednesday 22 June 2022**

Dr. Du Toit proceeded to provide background information on the Primary Health Care services for the Cape Agulhas Sub-district and the overall services of the Napier Clinic. He indicated that Cape Agulhas had three fixed facilities in the Bredasdorp, Napier, and Struisbaai Clinics. In addition, the Sub-district had two satellite clinics, the Elim clinic which operates three days a week on Monday, Wednesday, and Friday, and the Waenhuiskrans, which operates two days a week on Tuesday and Thursday. Furthermore, the Cape Agulhas Health Sub-district had two mobile clinics.

According to information received during the visit, during the 2021/2022 financial year, the headcount for the Primary Health Care Services in Cape Agulhas was 79 736 with 53% health services rendered by the Bredasdorp Clinic and 13 % health rendered at Struisbaai, and 16% at the Napier Clinic. The headcount of patients that visits the Napier Clinic per month was 1600. It was reported that the utilization rate for the Primary Health Care Services in the Cape Agulhas Health Sub-district has dropped from 2.9 to 1.5% due to many factors, notably, the COVID-19 pandemic. The average utilization rate per facility from January to May 2022 was 2.19% for the Bredasdorp Clinic, 2.99% for the Bredasdorp Mobile Clinics, 2.00% for the Elim Satellite Clinic, 1.99% for the Napier Clinic, 1.89% for the Struisbaai Clinic and 2.19% for the Waenhuiskrans Satellite Clinic.

It was reported that the Clinic had five staff members that comprise of one Operational Manager, one Clinical Nurse Practitioner, one Staff Nurse, one Cleaner, and one Reception. It was reported that there was no permanent pharmacy at the Napier Clinic, however, an Assistant Pharmacist from Bredasdorp visits the Clinic once a week for medical stock and sock orders. Dr. Du Toit informed the delegation that, although, there are few staff Members at the Napier Clinic, the average amount of patients seen by the clinical staff is 65-70%, and the rest of the patients are seen by the allied health professionals. He indicated that the time spent by clinical staff per patient was 13-15 minutes and clinical work days are 15 days per sister, per month.

The delegation was informed that 67-80% of patients at the Napier Clinic were chronic patients with a high burden of diseases. Due to the size of the facility and to minimize the service pressure from the facility, the staff at the Napier Clinic see chronic patients once a month, patients collect their medication from the Chronic Dispensing Unit (CDU), an out-sourced facility outside the Clinic. The CDU dispenses medicines for stable patients with chronic conditions.

It was further reported that mental health, dental health, school health, and farm health are the priority health services for the Cape Agulhas and Overberg Sub-districts.

#### **3.1 Key challenges**

- 3.1.1** Shortage of staff due to the budget constraint was reported as a challenge in the District. The delegation was informed that inadequate staffing in the area leads to high absenteeism.
- 3.1.2** Oral health and dental health was reported as a major challenge in the area.
- 3.1.3** It was reported that farm health was not up to standard, the farming community in the Cape Agulhas and Overberg District do not have access to comprehensive health services, and there was a need for comprehensive health services and strategic medical posts on farms. It was suggested that something can be done if the farming community and government can work together.

- 3.1.4** Four Wellness Busses are needed in the Cape Agulhas Health Sub-district. The delegation was informed that there was a 15-seater mobile bus that goes to the farm, however, the 15-seater mobile bus was not suitable to be used for the provision of proper health services.
- 3.1.5** The high prevalence of drugs and substance abuse was reported as a challenge in the area.
- 3.1.6** Mental health was reported as a major challenge at the Napier Clinic and the district as a whole.
- 3.1.7** No seclusion room for the mental health patients within the facility, this was pointed out as a serious challenge as it poses a danger to other patients and staff members.
- 3.1.8** It was reported that Napier Clinic was in urgent need of a backup generator that will be used during the consistent load shedding in the area. The backup generator will assist the Clinic in ensuring that medication that require fridge and cold storage is kept safe at all times.
- 3.1.9** Inadequate security at Napier Clinic was reported as a challenge. The district was in a process of procuring gates that will be installed at strategic points at Napier Clinic and Swellendam Hospital for the safety of staff and patients after hours, however, the budget for additional infrastructure for this will be available in 2026.
- 3.1.10** There was a high TB default rate at the Napier Clinic. This is caused by seasonal workers who constantly relocate and change addresses. It was reported that community based care workers were assisting the Clinic with tracing the TB patients.
- 3.1.11** Shortage of EMS staff and ambulances was also reported as a challenge in the Cape Agulhas and Overberg Health Sub-districts.

### **3.2 Request for information**

The delegation requested the Department of Health to submit on or before Wednesday, 31 August 2022, Dr Du Toit's proposal and all the documents for his proposal on the comprehensive health services and medical posts in the farming communities.

## **4. Visit to the Emmanuel Service Centre in Napier on Wednesday 22 June 2022**

The Standing Committee on Social Development resolved to visit the Emmanuel Service Centre in Napier. The Emmanuel Service Centre is one of the NGOs funded by the Department of Social Development in the province and it provides Care and Services to older persons.

Ms. Strachan, Chairperson for Child Welfare and Emanuel Service Centre in Napier welcomed the delegation. She took the delegation to an old site of the Emmanuel Service Centre where she reported that the site was where the Emmanuel Service Centre facilities were located before the building burned down. The services offered at the Emmanuel Service Centre were moved to a dilapidated building that operates as a crèche next to the site. The site for the Emmanuel Service Centre and the crèche belonged to the United Reformed Church and there is a formal agreement between the NGO and the church. The Municipality building next to the Napier Clinic was earmarked to move the crèche for safety reasons, however, inadequate funding was a challenge.

According to Ms. Strachan, 60 people who received a meal three times a week through the Emmanuel scheme were assessed in May and June 2022. The number of food beneficiaries decreased after the facility burnt down from 60 to 30 beneficiaries. It was reported that 30 people need continued meals, 16 people are uncertain and needed further assessment, and 12 people were going to be removed from the list. In addition, 25 people indicated an interest to continue social and club activities, and 10 people need referral to a social worker for further assessment, nine people indicated that they cannot collect their food at Kammaland or make an arrangement, six people have been identified as potential volunteers and or future committee members, 16 people did not contribute, and 40 children under the age of 18 benefits from the food. It was reported that a proper community profile will be done by the NGO.

#### **4.1 Key challenges**

- 4.1.1** Management issues as a result of corrupt activities within the Service Centre were reported as a challenge. It was reported that some of the funds were mismanaged, however, it was reported that the new management was in a process of turning things around.
- 4.1.2** The funding of the Emmanuel Service Centre was cut by the Department of Social Development. The Department used to provide funding for 60 people but that has since changed to 30 persons.
- 4.1.3** The contract for the crèche with the church was on month-to-month bases.
- 4.1.4** There is high Social Worker turnover due to high case workload and low salaries.
- 4.1.5** The Service Centre was in urgent need of two additional Social Workers to assist with the case backlog and to do community development and awareness for child protection services.
- 4.1.6** Napier communities need a welfare office. It was reported that there was a high number of school dropouts, high substance and drug abuse in the area.

#### **4.2 Request for information**

The Committee requested the provincial Department of Social Development to submit on or before Wednesday, 31 August 2022, a detailed report on the alleged corruption that was reported by the officials of the Emmanuel Service Centre in Napier.

### **5. Visit to Child Welfare in Napier on Wednesday 22 June 2022**

During the visit to the Emmanuel Service Centre in Napier, Ms. Strachan indicated that she was the Chairperson for Child Welfare and Emanuel Service Centre in Napier. The two facilities are under the same management and staff. According to Ms. Strachan, Child Welfare and the Emanuel Service Centre were put under administration after a former administration employee stole R68 000.00 from the organisation. The delegation was informed that the perpetrator signed an admission of guilt, went to prison, and left the Country without paying the money.

Ms, Strachan reported that Child Welfare in Napier renders child protection services that include programmes such as child care and protection and family programmes. It was reported that there was one Social Worker at Child Welfare in Napier and the Social Worker was overloaded and can only do crisis intervention.

#### **5.1 Key challenges**

- 5.1.1** The registration for the Child Welfare crèche has been suspended due to quarterly reports that were not completed and financial statements that were not in place.
- 5.1.2** It was reported that Child Welfare in Napier was not qualified to apply for funding from sponsors, the NGO needs to get organisational development in place before applying for funding.
- 5.1.3** The majority of the children who attend the crèche come from farming communities, they struggle to pay the monthly contribution of R150.00 to the crèche.
- 5.1.4** The shortage of Social Workers was reported as a challenge, an additional Social Worker is needed to assist with child protection services. It was reported that the Department of Social Development was assisting the NGO with statutory work.
- 5.1.5** Child Welfare in Napier was busy amending its Constitution and will be presented at the next Annual General Meeting. The delegation was informed that the board members serve for two

years and the plan with the amendment of the Constitution was to extend their term to five years for stability reasons.

- 5.1.6** The building of the crèche was reported to be dilapidated and the plan was to move the children to join others at Kammaland Crèche which was operating from a Municipal building next to the Clinic in Napier. Space was reported as a challenge hence the delay in moving the children.
- 5.1.7** It was reported that Child Welfare has a long leasing agreement with the Cape Agulhas Municipality, the NGO would like to own the building and extend it to accommodate all the children. The extension of the building was reported to be impossible because the building belongs to the Municipality and there was no formal discussion or agreement to transfer the building to Child Welfare.
- 5.1.8** It was reported that a mine that operates in the area donated funds to the crèche for infrastructure upgrades, the funds were paid to the Cape Agulhas Municipality to administer it, there was a handover for the project but the funds disappeared without the intended infrastructure upgrades that were planned with the funding.
- 5.1.9** It was reported that there was a handover of the project to the Cape Agulhas Municipality and Mr. Ross, the Deputy Mayor reported that the project was completed, although no work has been done. Child Welfare requested the documents of the alleged completed project from the Deputy Mayor of the Cape Agulhas Municipality to trace the funding. However, during the visit, it was reported that the NGO was still waiting for the documents from the Cape Agulhas Municipality for some time, and no clarity from the Municipality on this matter.

## **5.2 Recommendations**

The Committee recommended that:

- 5.2.1** The Department of Social Development should facilitate the discussions for the extension of the Kammaland crèche lease between the Cape Agulhas Municipality and Child Welfare.
- 5.2.2** The Department of Social Development should approach the Cape Agulhas Municipality regarding the identified suitable premises for the Emmanuel Service Centre that are next to the Clinic.

## **6. Visit to the Struisbaai Clinic on Thursday 23 June 2022**

The delegation visited the Struisbaai Clinic and a Municipality building which was used by the Clinic as a Chronic Dispensing Unit (CDU). Dr. Du Toit, Ms vd Westhuizen, Ms. Ludik, and Ms. Henn welcomed the delegation. Dr. Du Toit to brief the delegation on the services and programmes, challenges, and successes of the facility.

Dr. Du Toit informed the delegation that the Struisbaai Clinic provides Primary Health Services to an estimated population of 5157 patients. During the 2021/ 2022 financial year, the headcount for the Clinic was 1896 per month and 1768 per month since the beginning of the 2022/23 financial year. The staff complement of the Clinic consist of one Operational Manager, one Enrolled nurse, one Administrative Clerk, and one Cleaner.

Due to inadequate space at the Clinic, it was reported that to take the service pressure from the Clinic, the CDU patients are accessed and collect their chronic medication from a venue outside the Clinic. Three groups of patients are accessed from the off-site CDU venue, essentially, patients that are due for observation and blood tests, patients that are due for observation and Doctor's scripts, and patients who collect their chronic medication. The blood test is conducted twice per year for chronic patients, every second month there is an outreach for the chronic patients. The delegation was

informed that an appointment system was in place and effective at the Struisbaai Clinic. It was reported that the chronic patients have dates for the entire year, they collect their two-month chronic medication every second month.

The Child Welfare assists the Clinic with community outreach programmes. The NGO has 31 Home Based Carers. They provide services to approximately 25000 patients in Struisbaai, Elim, Napier, Arniston, and Bredasdorp. The services offered include community and clinic based services, delivery of medication to bedridden patients, evaluations, taking blood samples when due, refer patients who need social services to the Department of Social Development in Cape Agulhas. The Carers are also trained in baby wellness and maternity programmes. The contract between the Department and Child Welfare will expire in December 2022 and will be advertised again and the contract for the Carers is on annual basis, however, the Department has extended the contract to skill the community members in terms of health. The Carers received a monthly stipend of R4000.00 for the service they offer. It was reported that the Department was trying to move patients outside the Clinic to a Home Based Care Service. The aim is to strengthen the home based care and make it safe for the Carers to visit communities. The amalgamation of the Carers to the Department of Social Development was on the agenda, however, funding was an issue.

The NGO reported that in the past, the Carers had a once-off sponsor for electric bicycles to utilise when visiting and distributing medication to patients. The bikes are no longer working as they need to be serviced and the tires need to be changed. Financial constraints and lack of funding were reported as a challenge that contributed to the extraction of the use of electric bicycles by the Carers. It was reported that in the absence of transport for Carers to various communities, the Carers had formed a buddy system where they walk in groups when visiting communities for safety reasons.

#### **6.1. Key challenges at the Struisbaai Clinic**

- 6.1.1** The population growth was reported to be increasing rapidly in Struisbaai and the surrounding areas.
- 6.1.2** Inadequate space was reported as a challenge. It was reported that the timelines for the extension of the Clinic has been moved from 2023 to 2027 due to budget constraints.
- 6.1.3** The reception area is small due to the size of the Clinic.
- 6.1.4** Due to the shortage of space at the Struisbaai Clinic, the delegation noted that the small filing room was also used as a tea room and administration room. It was reported that the room was not only small it was also a fire hazard. In addition, there is no electronic filing system at the Struisbaai Clinic.
- 6.1.5** The consultation room is also used as a medical storage room.
- 6.1.6** High crime rate in some of the areas was reported as a challenge when the Community Based Carers visit communities.
- 6.1.7** Mental health cases were reported to be on the rise due to drugs and substance abuse.
- 6.1.8** Mobile buses were reported to be too small to provide proper comprehensive care in rural areas, Wellness buses are required.

#### **6.2 Recommendations**

The delegation recommended that:

- 6.2.1** The Department should consider making Wellness Buses available in rural areas, specifically, in Cape Agulhas to provide proper comprehensive care due to inadequate space in Mobile Buses that provide the service in rural areas.

- 6.2.2** The Department should consider building a temporary structure as alternative office space at the Struisbaai Clinic whilst the Clinic is waiting for the proposed revitalization in 2027.
- 6.2.3** Struisbaai Clinic should establish a partnership with the Cape Agulhas Municipality to ensure that municipal law enforcement assists the Home Based Carers when visiting various communities in the surrounding areas.

### **6.3 Request for information**

The Committee requested the Department of Health to submit the following documents on or before Wednesday, 31 August 2022.

- 6.3.1** A copy of the Business Plan and Infrastructure Plan for the Struisbaai Clinic.
- 6.3.2** Detailed report on the payment structure of Community-Based Cares that are in contract with the Department in various NGOs across the province.

## **7. Visit to the Elim Home in the Cape Agulhas on Thursday 23 June 2022**

The delegation visited the Elim Home which is situated in a rural town of Cape Agulhas. Elim Home is a residential special care facility for children with severe intellectual and physical disabilities. The Elim Home cares for the most severely intellectually and physically disabled children and young adults from disadvantaged communities. Elim Home is one of only very few full-time residential facilities for disabled children in the Western Cape and was the first and only home to accommodate black and coloured children at the time it was established. It was reported that Elim Home was founded in 1963 by the Moravian Church of South Africa.

The Home gets a subsidy from the Department of Health and two outreach programmes are funded by the Department of Social Development. Although the Home is based in Western Cape, residents come from as far afield as Upington, Pofadder, Port Elizabeth, and George. During the visit, it was reported that Elim Home caters for 51 clients and there were 58 staff members. The nursing staff at the Home provides 24-hour care that is supplemented by other therapies that aims to enhance the level of independence of each child. Children are divided into small, manageable groups according to their mental age and physical ability. Each group has its caregiver that acts as a house parent who provides for the particular needs of individuals and facilitates educational and therapeutic interventions.

It was reported that 44% of the Elim Home was funded by the Department of Health and the rest was from Germany and other donors. The Home received only a 3% increase in funding from the Department of Health. The Department of Health audits the Home twice a year. In addition, it provides good nutritious food with a standardized menu plan; provides healthy balanced meal plan throughout different seasons of the year, and nutritional assessment of patients to provide the appropriate feeding methods such as peg tube feeding.

It was emphasised that the Home strives to stimulate and maximise the developmental potential that may exist so that the individual child's opportunities for rehabilitation and their quality of life are increased. It was reported that children living with a disability require constant care and specialised stimulation both physically and mentally. At Elim Home, these needs are met not only by the caregivers in charge of each group but also by a part-time physiotherapist and a full-time occupational therapist.

The delegation was informed that Occupational therapy is an essential part of the rehabilitation process in any home for intellectually and physically disabled persons. Occupational therapy teaches essential life skills including those often taken for granted by most able-bodied people, for example



picking up a spoon, opening a jar, washing with a cloth, etc. Besides learning basic life skills, cognitive development is also improved enabling children to gain independence in other basic tasks. Playing with appropriate toys during these sessions teaches children how to adapt to activities encountered daily. As important as the Occupational Therapy Programme is the Physiotherapy Programme through which children are exercised with passive movement and stretching to prevent contractures and to increase mobility. The therapy also includes such vital training as head and trunk control, and balance to assist in the establishment of correct positioning, which makes for better feeding and breathing which is essential in the prevention of complications.

## **7.1 Key challenges**

- 7.1.1** Difficulty to appoint professional staff because of affordability.
- 7.1.2** Lack of staff training due to funds and distances.
- 7.1.3** Shortage of finances to meet the basic running costs of the organisation because the government subsidy is less than 44% of basic expenses.
- 7.1.4** Staff salaries are very low in comparison to the current cost of living. Some of the staff members are breadwinners of extended families.
- 7.1.5** Infrastructure and maintenance challenges were reported as a challenge for the Home.
- 7.1.6** Shortage of nappies was reported as a major challenge. It was reported that the Home makes use of towel nappies due a lack of disposable nappies. It was further reported that the Department of Health provides one packet of disposal nappies per client per month.
- 7.1.7** Safe transport for clients to the referral hospitals in Tygerberg, Lentegeur, Worcester, and Red Cross Children's Hospitals was reported as a challenge due to high petrol and diesel costs.
- 7.1.8** The majority of the children and young adults at the Elim Home come from disadvantaged families, although parents are required to pay a mere R50 per month towards the care of their children, the Home only receives approximately one-third of the expected fees. These fees are used to meet the children's specific requirements for clothing, and personal hygiene.
- 7.1.9** In addition to the minimal parent fees, the Home receives annual subsidies and disability grants, however, these represent only a third of the actual cost of taking care of the children. This places an enormous strain on the organisation that has to fundraise to compensate for the difference, to maintain the buildings and provide essential therapy equipment and facilities.
- 7.1.10** Lack of cooperation and visitations by some of the family members was reported as a challenge. It was reported that some of the patients at the Home are not getting visitation from their family members and when they pass away, the Home has to bury them if no family member comes forward to claim the body.
- 7.1.11** It was reported that the budget for the wheelchairs of some of the children at the Home was still allocated to the budget of a hospital that is outside Elim Home.
- 7.1.12** The Members were concerned by the lack of staff diversity within the Home although the Home caters to children from diverse backgrounds across the country.

## **7.2 Success reported at the Elim Home**

- 7.2.1** It was reported that Home has a good standard of work.
- 7.2.2** The home always gets a Clean Audit Report from government, the audit is done twice a year.
- 7.2.3** Good health status of patients was reported as a major success.
- 7.2.4** It was reported that the Home has a low death rate.
- 7.2.5** The Home transferred several children to mild and moderate institutions as well as to mainstream schools.

### **7.3 Recommendation**

The delegation recommended that the Department of Health should bring the issue of inadequate employment equity at Elim Home to the Elim Board Members. This will assist to address the language barriers between the children and the staff members at the Elim Home.

### **7.4 Request for information**

The delegation requested the Department of Health to submit on or before Wednesday, 31 August 2022, a detailed report on the funding of the Elim Home and the reasons why the Home did not get an inflation rate increase on its funding.

## **8. Visit to the ACVV in Bredasdorp on Friday 24 June 2022**

The delegation visited the ACVV in Bredasdorp, one of the NGOs that is funded by the Department of Social Development in the province. Mr. Krohn, ACVV Overberg Regional Manager briefed the delegation on the ACVV services. He reported that ACVV is a designated child protection organization as stipulated in the Children's Act, 2005 (Act No. 38 of 2005) with a specific focus on children under 18 years old and their families. According to Mr. Krohn, ACVV has branches in the Northern Cape, Eastern Cape, and Western Cape. The Overberg Regional Office covers areas such as Montagu, Barrydale, Bredasdorp, and Grabouw. It was reported that all the Overberg Regional branches have nine personnel and five Social Workers. The Bredasdorp ACVV was reported to be in need of an additional Social Worker.

The ACVV in Bredasdorp provides services that include the full scope of protection services for children from prevention and early intervention to statutory intervention, care, and reintegration. In addition, ACVV assesses all forms of childhood trauma, abuse, neglect, abandonment, temporary safe care and alternative care for children, children's court investigations, foster care and adoption, court-ordered mediation, parenting plans, substance abuse by children, behavioural challenges, parental guidance, and family reunification. Other services that are provided by the ACVV include awareness and prevention of child protection and gender-based violence aspects. The child protection programmes and services that ACVV offers are statutory intervention and care programmes; prevention and awareness programmes; early intervention programmes; and reintegration programmes. It was reported that the Department of Social Development was funding 75% of the ACVV expenses. The funding covers salaries for one Social Worker, two Auxiliary Workers, and one Administrative Officer, the shortfall was covered through fundraising by ACVV.

### **8.1 Key challenges**

- 8.1.1** A high caseload for the Social Workers was reported as a major challenge. It was reported that each Social Worker has 200 cases.
- 8.1.2** High caseload for Social Worker Supervisors, the caseload is 1:60 although the norm is 1:2 for Social Workers.
- 8.1.3** It was reported that Social Workers spend 80% of their time on paperwork and 20% on clients and this was a major challenge. Paperwork has taken the Social Workers away from the clients and their visibility in communities has vanished.
- 8.1.4** Lack of foster parents in the area was reported as a challenge. It was reported that if the Social Workers remove children from their families due to serious circumstances, there are no alternative placement homes in the Overberg area, specifically in Bredasdorp.
- 8.1.5** High unemployment and substance abuse were reported as a challenge in Bredasdorp, Proteem, and the surrounding areas.

- 8.1.6** There are rates of teenage pregnancy and school dropouts in Montagu, Ashton, and Robertson.
- 8.1.7** There is an increase in behavioral problems for children between the ages of 15-18 years old resulting in high numbers of school dropouts. It was alleged that children from Proteem relocate to the CBDs due to the lack of high schools in the area, they end up dropping out of school due to affordability and other social ills.
- 8.1.8** Long waiting period for the placement of children in conflict with the law in Child and Youth Care Centres (CYCCs) in the province. In addition, the lack of cooperation and inconsistency of the presiding officers in Courts has been reported as a challenge.
- 8.1.9** High child death review cases in Ashton and Montagu were reported as a challenge.
- 8.1.10** High caseload for foster care and a shortage of safe parents were also reported as a major challenges in Ashton. In addition, gender based violence and alcohol abuse were also reported to be high in the area.
- 8.1.11** It was reported that ACVV has only one Social Worker who provides services to Bredasdorp, Proteem, Klipdale, and Arniston and an increased administrative burden is deflecting Social Workers from working directly with children and families that need their services.

## **8.2 Request for information**

The delegation requested the ACVV in Bredasdorp to submit on or before Wednesday 31 August 2022, the actual statistics for the caseload of the ACVV office in Bredasdorp.

## **8.3 Recommendation**

The Committee recommended that ACVV should consider appointing IsiXhosa speaking officials as Welfare Field Workers and Social Workers, specifically for the Ashton and Touwsrivier areas.

## **9. Visit to the Otto du Plessis Hospital on Friday 24 June 2022**

The delegation visited the Otto Du Plessis Hospital. The Otto Du Plessis Hospital is a 30 beds District hospital in the Bredasdorp and Swellendam Health District. The hospital is situated in Bredasdorp, Western Cape. Otto Du Plessis hospital is a public hospital and services are free to pregnant and breastfeeding women, as well as children under the age of six years and pensioners. The Hospital offers out-patient and in-patient services to the communities of Cape Agulhas. The clinical staff at the Hospital consists of six staff nurses, nine emergency nurses, and four doctors. The Hospital provides digital x-rays, theater, and emergency cesarean sections. The Otto Du Plessis has a paediatric ward with four beds and an isolation room for mental health patients.

It was reported that vehicle accidents were very high in the area and the Hospital attends to approximately 1200 to 1400 emergency cases per month during the peak of COVID-19, the cases were significantly low around 500 cases. The Hospital has been renovated and there is an exclusion area for mental health patients.

### **9.1 Key challenges**

- 9.1.1** Substance and drug abuse were reported to be high in the area and the driving force behind the high numbers of psychiatric patients at the Hospital.
- 9.1.2** Mental patients are supposed to be admitted to the Hospital for 72 hours for observation and be referred to the Worcester Provincial Hospital, however, due to lack of bed space in Worcester, the patients end up staying at the Otto Du Plessis Hospital longer.

- 9.1.3 It was reported that mental health patients that are admitted at the Otto Du Plessis Hospital sometimes stay in normal wards due to lack of space and they end up escaping from the hospital.
- 9.1.4 No drug rehabilitation centre in the Overberg District and one is needed as a matter of urgency.
- 9.1.5 Female ward at the Hospital does not have a seclusion room for psychiatric patients and they share the ward with other patients and this was reported as a major challenge.
- 9.1.6 The delegation was informed that capacity was needed to increase the referral hospitals for the mental patients in Worcester and Lentegeur Hospitals.
- 9.1.7 Strengthening of the community Alcoholics Anonymous for substance and drugs support group was reported as needed in the communities around the Cape Agulhas and Overberg District.
- 9.1.8 It was reported that Otto Du Plessis was facing a revolving door for psychiatric patients due to a significant amount of people in the area that are using Tik and other substances, and keep getting admitted to the Hospital and go back to their communities and do drugs again. The communities of the Cape Agulhas and Overberg District are in urgent need of rehabilitation facilities in the Overberg District.
- 9.1.9 Bed utilisation rate was reported to be high at the Hospital due to the mental health patients that stays longer than a month.
- 9.1.10 During the visit, it was reported that the Hospital does not have a Family Physician.
- 9.1.11 To take the service pressure away from the hospital, the Hospital has introduced a palliative care system an interdisciplinary medical caregiving approach aimed at optimizing the quality of life and mitigating suffering amongst people with serious, complex, and often terminal illnesses. Community caregivers were reported to be getting training to support people with terminal illnesses in their private homes. The aim is to empower people to avoid patients from dying alone in Hospital rather than at home with family members.

The delegation concluded the visit to the Overberg District and thank all the health and NGO officials that briefed the delegation and answered questions during the visit. The delegation also thank the officials for their hard work during the peak of the COVID-19 pandemic in the Cape Agulhas and Overberg District. The delegation successfully concluded the visit.



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