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PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

THURSDAY, 28 MAY 2026

COMMITTEE REPORT

REPORT OF THE SOCIAL CLUSTER VISIT WEEK 23 TO 24 FEBRUARY 2026

1. Introduction

The Social Cluster Visit Week is a key mechanism established by the Western Cape Provincial Parliament to achieve its constitutional oversight mandate in the province. It is intended to ensure that Members of the Provincial Parliament, through its standing committees, continuously keep abreast of developments and delivery issues in the province. It also allows for oversight visits and interaction with communities to get first-hand information on the needs and challenges that are confronting people. The delegation also visited different facilities to assess projects that are implemented by various government departments in the province. The Social Cluster Visit Week allowed the Social Cluster's standing committees to visit the West Coast area. The following standing committees were part of the Social Cluster Visit Week:

Standing Committee on Education;
Standing Committee on Health and Wellness;
Standing Committee on Police Oversight, Community Safety, Cultural Affairs and Sport;
Standing Committee on the Premier and Constitutional Matters; and
Standing Committee on Social Development.

2. The delegation

The delegation of the Social Cluster Visit Week included the following Members:

Van Minnen, BM (DA) Leader of the delegation

Bans, A (ANC)

Booyesen, M (DA)

Bosman, G (DA)

Cassiem, A (EFF)

Johnson, P (DA)

Kamfer, F (ANC)

Michels, J (NCC)

Sayed, K (ANC)
 Stephens, D R (PA)
 Walters, TCR (DA)
 Windvogel, R (ANC)

3. Visit to Mossel Bay Joint Operation Centre on Monday, 23 February 2026

MMC for Safety in the Mossel Bay Municipality, Mr L Van Dyk, welcomed the delegation and led the presentation and tour of the facilities.

Salient points from the Mossel Bay Joint Operation Centre visit

- 3.1.1 The Mossel Bay Municipality serves approximately 145,000 residents, supported by only four police stations, one of which is semi-closed.
- 3.1.2 The municipality spans 2,077 km², creating substantial spatial challenges for emergency and crime-prevention response.
- 3.1.3 The briefing emphasised that rural municipalities (B-municipalities) require greater attention, as policing resources have historically been concentrated in Cape Town rather than distributed equitably across the province.
- 3.1.4 Rural policing has significant resourcing gaps, particularly in Mossel Bay and its surrounding rural communities. The closure of the Herbertsdale Police Station is one example of the paucity of resources, as residents must travel 50 km to the nearest police station.
- 3.1.5 The Mossel Bay JOC was constructed at a cost of R12 million, with an additional R3 million for supporting infrastructure.
- 3.1.6 A further R9 million will be required for the installation of a critical telecommunications mast, which will ensure municipality-wide communication coverage.
- 3.1.7 The facility comprises three operational levels, including strategic offices for the Ombudsman, WCLA, and provincial partners, as well as the main Incident Room, which remains operational on a 24-hour basis depending on incident requirements.
- 3.1.8 Plans are in place to expand the facility by 1,600 square metres, although funding for the expansion has not yet been secured.
- 3.1.9 There is a need for all Joint Operation Centres (JOCs) in the Western Cape to find integrated systems. Although comparable, an integrated system would improve provincial coordination for emergency and policing responses and data sharing. For example, Mossel Bay uses a locally-affordable system, whereas Cape Town uses the Emergency Policing and Incident Command (EPIC) system, highlighting a need for technological alignment and interoperability.
- 3.1.10 The JOC currently manages approximately 600 live cameras, with capacity expected to increase to 1,000 cameras by the end of March 2026.
- 3.1.11 All camera feeds, drone footage, and helicopter video streams feed into the JOC's central monitoring hub, providing real-time situational awareness across the municipality.
- 3.1.12 The municipality operates sophisticated drone infrastructure with docking stations, enabling continuous flight for surveillance, erosion monitoring, settlement expansion tracking, and riot or crowd-control intelligence.
- 3.1.13 Air-support capacity is strengthened through MOUs with private pilots and sponsored fuel reserves, enabling rapid deployment of helicopters when necessary.
- 3.1.14 The JOC is administered through a non-profit company (NPC) structure supported by Section 67 grant funding, currently totalling R3 million per year.
- 3.1.15 Of this amount, R1.5 million is allocated to salaries for CCTV operators, the financial officer, and the operational head, while the remaining R1.5 million funds projects and technological expansion.

- 3.1.16 The Auditor-General has challenged the use of Section 67 for the JOC, but the municipality maintains that independent governance is essential to shield the centre from political interference and ensure operational continuity.
- 3.1.17 The Board of Directors comprises independent community members, neighbourhood-watch leaders, and councillors with oversight responsibilities, serving five-year terms.
- 3.1.18 Access to video material is strictly controlled through policy: only SAPS, presenting a valid docket or SAPS21, may obtain footage.
- 3.1.19 On average, six to eight detectives access footage weekly for docket preparation.
- 3.1.20 Judges and judicial leadership have visited the centre to observe its data-protection protocols.
- 3.1.21 The relationship with SAPS is strong and consistent, with senior SAPS leadership readily accessible and cooperative.
- 3.1.22 The Mossel Bay JOC operates a fully trained Reaction Unit and maintains two armoured vehicles, each equipped with external cameras feeding into the JOC.
- 3.1.23 The municipality hosts one of the province's three K9 Units, containing nine dogs trained for narcotics detection, abalone detection, ammunition detection, and search-and-rescue, given SAPS has no such dogs in the Southern Cape.
- 3.1.24 The K9 Unit is supported by a formal MOU with SAPS, recognising the specialised training and operational contribution of the Mossel Bay dogs.
- 3.1.25 During high-risk events such as wildfires, law-enforcement operations, or riots, political and administrative leadership coordinate jointly with Fire and SAPS from the Incident Room for immediate operational decision-making.
- 3.1.26 Mossel Bay has 47 neighbourhood-watch structures, of which 43 are accredited; accreditation remains difficult due to administrative burdens, fingerprinting requirements, and biennial renewal cycles.
- 3.1.27 Not all neighbourhood watches receive equipment or funding due to varying levels of commitment and attendance at CPF engagements, trainings, and operations.
- 3.1.28 The rise of the Community in Blue programme has unintentionally reduced participation in neighbourhood watches, as some residents perceive Community in Blue as requiring less effort.
- 3.1.29 The municipality argues for collective provincial procurement of safety tools such as dogs, equipment, firearms, and vehicles to reduce cost inflation and inefficiencies. Procurement constraints, such as being required to purchase specialised dog food through standard supply-chain processes, serve as an impediment to operational efficiency.
- 3.1.30 The JOC leadership raised concerns regarding insufficient rural funding allocations, noting that Mossel Bay received only R64,000 from more than R1 million allocated through district structures.
- 3.1.31 The municipality continues to argue that the investment model used for the Law Enforcement Advancement Plan (LEAP) should be expanded beyond Cape Town to address rising violent crime in rural municipalities and in other municipalities.
- 3.1.32 In terms of CCTV capability, Mossel Bay, George, Plettenberg Bay, and other municipalities collectively access 5,000 to 7,000 cameras across the region. Licence Plate Recognition (LPR) networks across multiple municipalities now operate in an interconnected manner, enabling tracking of vehicles moving from Cape Town through the Garden Route corridor.
- 3.1.33 The Mossel Bay JOC provides 12-hourly operational reports to the South African Police Service (SAPS) leadership, ensuring constant situational visibility of incidents and trends across the region.
- 3.1.34 MMC Van Dyk guided the delegation on the tour of the facilities. The facility hosts Provincial and Municipal Traffic Services, the SAPS, the Municipal Fire Department, the Municipal Emergency Services Switchboard, Mossel Bay Telemetry, Neighbourhood Watches, Disaster Management, and the Rhino Action Group.

4 Visit to the Bartholomeu Dias Museum Complex, Mossel Bay, 23 February 2026

The delegation was welcomed by Barend Jooste and Amanda Human, employees of the Museum.

4.1 Salient points from the Bartholomeu Dias Museum Complex visit

- 4.1.1 Mr. Jooste presented a historical overview of the Museum, with a particular emphasis on the Portuguese voyagers towards southern Africa.
- 4.1.2 The Museum was established in 1989.
- 4.1.3 The Complex extends beyond the nautical Portuguese voyager theme; its main attraction is a life-size replica of the Bartolomeu Dias, the caravel ship used for the infamous exploration.
- 4.1.4 For the last three years, access to the ship has been prohibited due to preservation and maintenance concerns. The Museum facilitated visits to the ship to showcase a visual history of the ship's various living quarters.
- 4.1.5 The Museum Complex also showcases African heritage, indigenous knowledge systems, and European exploration narratives.
- 4.1.6 The Museum Complex also houses the Granary, Post Tree, Malay Graves, a freshwater spring known as The Fountain, the Munrohoek Cottages, and a Botanical Garden.
- 4.1.7 The Shell Museum and Aquarium is Africa's largest exhibit about molluscs. The exhibition is rather extensive, with a shell collection from around the world on display.

5 Visit to the Point High School (Hoërskool Punt) on Tuesday, 23 February 2026

During the week's Cluster A visit to the Garden Route, the Social Cluster delegation visited Point High School in Mossel Bay, with the primary purpose of engaging the institution on the recently implemented cell phone policy. Representatives of the school delivered a thorough presentation detailing the institution's operations, accomplishments, and challenges. The briefing encompassed policy frameworks, academic outcomes, staffing structures, facilities, and partnerships with the community, underscoring the school's dedication to excellence and inclusion. Attention was given to the rationale, application, and impact of the cell phone policy, which has drawn interest for its role in shaping learner discipline, classroom management, and overall school culture.

Mr. AJ Gouws, the Principal of the school, received and briefed the delegation.

Salient points pertaining to the Point High School

- 5.1.1 Point High School is a dual-medium institution offering instruction in both English and Afrikaans. It serves learners from diverse cultural and socio-economic backgrounds, with feeder schools including Milkwood Primary, Laerskool Hartenbos, Laerskool Park, and Laerskool Vorentoe.
- 5.1.2 Parental involvement remains a challenge, with low attendance at meetings and events. The school continues to implement strategies to strengthen engagement, recognizing the importance of parental support in learner success.
- 5.1.3 The school has introduced a Cell Phone Free Policy in response to growing concerns about the negative impact of mobile devices on learners. The decision was informed by consultations with FEDSAS and careful consideration of legal guidelines, ensuring that the policy aligns with national regulations.
- 5.1.4 The rationale behind the change is rooted in several observed issues:
 - Learners' attention in class was increasingly divided, leading to academic deterioration.

- Dishonesty during assessments became more prevalent due to access to phones.
 - Inappropriate use of footage raised concerns about privacy and safety.
 - Emotional and social health was negatively affected, with learners experiencing stress, anxiety, and peer pressure linked to phone use.
- 5.1.5 The school opted for a Cell Phone Free School model, integrating the policy into its disciplinary framework. Learners are not permitted to use cell phones during school hours, and safe storage facilities are provided to ensure security. Alternatives for contacting parents are available, ensuring that communication needs are met without reliance on mobile devices.
- 5.1.6 Disciplinary measures are applied consistently, with repeated violations resulting in parental involvement. This approach emphasizes accountability while safeguarding learners' well-being. The policy is not merely restrictive but is designed to foster a healthier, more focused learning environment. By removing distractions, the school aims to strengthen academic performance, encourage face-to-face social interaction, and promote responsible digital citizenship outside of school hours.
- 5.1.7 Point High School achieved outstanding results in the 2025 National Senior Certificate examinations. Out of 256 Grade 12 learners, the school recorded a 99.2% pass rate, with 86.7% achieving Bachelor passes and 11.7% Diploma passes. Two learners attained averages above 90%, and 20 learners were recognized as A-candidates.
- 5.1.8 Several subjects achieved a 100% pass rate, including Afrikaans Home Language, English Home Language, Consumer Studies, Geography, Life Orientation, Mathematical Literacy, Music, Tourism, and Visual Arts. All other subjects recorded pass rates above 88%, with averages exceeding the Western Cape provincial average.
- 5.1.9 Good practices contributing to these results included extended school days for Grade 12 learners, extra classes in all subjects, provision of supplementary materials, and support from the School-Based Support Team for learners requiring accommodations.
- 5.1.10 Point High School has set targets for 2026, including achieving a 100% pass rate, increasing Bachelor passes to at least 87%, securing a 100% pass rate across all subjects, and raising the number of A-candidates to 25 with a total of 300 A symbols.
- 5.1.11 The school employs 56 teachers and 41 non-teaching staff, totalling 97 personnel. Of the teachers, 31 are appointed by the WCED and 25 by the SGB. Non-teaching staff includes 11 WCED appointments and 30 SGB appointments.
- 5.1.12 Teachers' qualifications are strong, with the majority holding REQV 14 (matric plus four years of study). The average teaching experience is 16.1 years, reflecting a highly experienced workforce.
- 5.1.13 With 53 teachers serving 1,264 learners in 2026, the teacher–learner ratio stands at 1:24. The largest decline in enrolment was noted in Grade 9, attributed to homeschooling. Supporting staff includes a psychologist, a life coach, a disciplinary head, student teachers, and additional administrative and hostel staff.
- 5.1.14 House Pepler accommodates 53 learners, with balanced representation across grades. Hostel staff includes superintendents, matrons, duty teachers, and 13 residing teachers. Facilities include dining and study halls, rooms, and ablution blocks. The hostel also hosts group accommodation for sports and cultural events, strengthening community ties.
- 5.1.15 Donors and sponsors play a vital role in supporting the holistic development of learners. Contributions assist with sports equipment, educational tours, learner transport, and participation opportunities for underprivileged learners.
- 5.1.16 All donations are managed in compliance with the South African Schools Act and departmental guidelines, ensuring transparency and accountability. Funds are administered by the School Governing Body, audited annually, and used strictly for educational purposes.
- 5.1.17 The impact of these partnerships is significant, enabling the school to expand access to opportunities, strengthen programmes, and promote inclusion and excellence.

- 5.1.18 For the year ahead, Point High School has identified several challenges, including the risk of failure among learners with complex subject combinations, the need for targeted support to prepare high-achieving learners for the new NSC examination format, and the growing impact of social and economic barriers alongside rising stress levels, which demand stronger learner support systems.
- 5.1.19 Point High School's vision is to provide quality education while fostering inclusivity, respect, responsibility, honesty, care, and innovation. The school emphasizes hard work, perseverance, and self-discipline, aiming to develop learners intellectually, physically, and spiritually.
- 5.1.20 Successes include strong academic performance, cultural and sporting achievements, and the creation of a safe, disciplined environment where learners can thrive.

6 Visit to the Rosemoor Clinic, George, 24 February 2026

The Social Cluster delegation conducted an oversight visit to Rosemoor Clinic in the George Subdistrict on 24 February 2026. The purpose of the visit was to assess service delivery, infrastructure conditions, staffing levels, and the impact of the 2023 fire that damaged the clinic's National Health Insurance (NHI) building. This formed part of the cluster's broader mandate to ensure that health facilities across the province remain functional, accessible, and responsive to community needs. Senior managers from the George Health Subdistrict welcomed the delegation and gave them a thorough overview of the clinic's operations, service demands, and infrastructure needs.

Salient points pertaining to the Rosemoor Clinic visit

- 6.1.1 Rosemoor Clinic serves a catchment population of 14,685 residents, with an average monthly headcount of approximately 2,835 patients, underscoring its role as a critical frontline healthcare facility in the Garden Route District.
- 6.1.2 The clinic operates with a committed but stretched workforce. It is managed by an Operational Manager and supported by Clinical Nurse Practitioners, a Professional Nurse, and Enrolled Nurses who deliver daily clinical services.
- 6.1.3 Administrative support is provided by two clerks, a cleaner, and additional registry and cluster administrative personnel.
- 6.1.4 Clinical support includes a Pharmacy Technician available throughout the day on Mondays, Wednesdays, and Fridays, and during mornings on Tuesdays and Thursdays. A medical doctor visits the clinic for six hours on Mondays and five hours on Fridays.
- 6.1.5 Despite limited human resources and increasing patient volumes, staff continue to maintain service delivery standards, although capacity pressures were evident during the visit.
- 6.1.6 The clinic historically provided a comprehensive package of care, including acute services; maternal, child and women's health; HIV and TB management; chronic disease care; community and home-based services (including palliative care); and rehabilitative and allied health services. However, following the 2023 fire, several services have been relocated to neighbouring facilities.
- 6.1.7 Oral health services are currently rendered at Thembaletu CDC and Conville CDC, while rehabilitation services (physiotherapy, occupational therapy, dietetics, and mental health counselling) have been moved to Conville CDC. Radiology referrals are managed by Thembaletu CDC and George Hospital, and SASSA services have also been relocated to Conville. These shifts have increased the burden on patients, particularly vulnerable groups requiring integrated care.
- 6.1.8 A major concern raised during the visit was the fire of 5 June 2023, which destroyed key sections of the clinic's NHI building, including two consultation rooms, two patient bathrooms, a staff tearoom and bathroom, a storeroom, and a rehabilitation room.

- 6.1.9 These losses significantly disrupted operations, reduced service capacity, and necessitated the relocation of services to already overburdened facilities. The lack of consultation rooms and rehabilitation space continues to constrain service delivery, particularly amid rising numbers of chronic disease patients referred from Conville CDC.
- 6.1.10 Although alternative facilities are relatively close (approximately 1 km to Conville CDC and 1.7 km to Protea Park), access remains a challenge for patients reliant on walking, public transport, or those with mobility limitations. These barriers excessively affect elderly people, people with disabilities, and patients requiring ongoing care.
- 6.1.11 The relocation of rehabilitation services has further reduced capacity and increased waiting times at receiving facilities, exacerbating service pressures.
- 6.1.12 Planned infrastructure projects for the 2025/26 financial year include the renovation of client and staff bathrooms; general maintenance such as painting, flooring, signage, and blinds; and the construction of a carport to provide shelter for CDU clients during peak collection periods.
- 6.1.13 The primary priority of infrastructure is the reconstruction of the two consultation rooms destroyed by the fire, along with the repaving of the impacted area.
- 6.1.14 Long-term planning considerations include the potential development of a new Conville Clinic, and upgrades to Rosemoor Clinic will be aligned with this timeline to avoid duplication of infrastructure investment.
- 6.1.15 The delegation noted increasing pressure on the clinic due to rapid population growth in the Protea Park area, as well as a rise in chronic disease referrals from Conville CDC.
- 6.1.16 Additional operational challenges include limited waiting room space, insufficient parking, inadequate bathroom facilities, and a shortage of rehabilitation space, all contributing to overcrowding and long waiting times.
- 6.1.17 Despite these challenges, the clinic demonstrated several strengths. It maintains strong TB linkage-to-care rates and high antenatal booking rates, indicating effective outreach and early patient engagement.
- 6.1.18 The clinic also delivers ongoing health awareness initiatives aligned with the national health calendar. In addition, the Pharmacy Basic Assistant facilitates the distribution of approximately 600 Chronic Dispensing Unit (CDU) parcels per month to community points in Rosemoor, improving access to medication despite space constraints.

6.2. Input from Community Members

During the oversight visit to Rosemoor Clinic, community members joined the delegation and voiced the following concerns:

- 6.2.1 Ms. S. Fortuin, Chairperson of the Clinic Cluster Committees, stated that the Department must determine whether Rosemoor Clinic will be merged with Conville Clinic or whether a new Community Day Centre (CDC) will be established in Conville.
- 6.2.2 Community members requested the refurbishment and expansion of Rosemoor Clinic and opposed any relocation of the facility, citing accessibility challenges due to distance.
- 6.2.3 Since the NHI building burned down in 2023, neither the Minister nor the Head of the Department has visited or supported the Clinic Committee.
- 6.2.4 The limited size of the facility was highlighted as a major concern. Community members noted the absence of an emergency room and an adequately sized waiting area.
- 6.2.5 Ablution facilities were reported to be inadequate. Patients currently share bathrooms, with no separation between male and female facilities. It was further noted that one bathroom does not have a door, compromising patient privacy.
- 6.2.6 Community members identified a vacant municipal building adjacent to the clinic, previously used by the Department of Social Development as a women's shelter. They

- requested the Committee's intervention to facilitate engagement with the Municipality to repurpose the building as an extension of the clinic to alleviate space constraints.
- 6.2.7 Concerns were raised regarding the lack of support from the George Municipality.
 - 6.2.8 A significant shortage of ambulances was highlighted, with community members reporting difficulties accessing the hospital due to limited emergency services.
 - 6.2.9 It was reported that the temporary shelter and overflow waiting area leaked when it rained and urgently needed repairs.
 - 6.2.10 The leaking roof of the temporary pharmacy structure continues to affect service delivery, with flooding limiting access to the pharmacy. Staff are required to dispense medication under challenging conditions, including moving between areas in the rain, while patients struggle to access the facility due to flooding and an unsafe wooden staircase.
 - 6.2.11 Security concerns were raised regarding inadequate fencing, which makes the facility vulnerable to criminal activity. Community members requested the replacement of the current fence, noting that funding for this was reportedly allocated in 2022 but has not yet been implemented.
 - 6.2.12 Community members also reported that the clinic has only two consultation rooms, a small waiting area, and lacks essential emergency equipment, including a nebuliser, oxygen supply, and an electronic filing system.
 - 6.2.13 Community members further informed the delegation that the current capacity of Rosemoor Clinic is insufficient to meet the needs of the expanding population in Rosemoor and nearby areas, resulting in heightened demands on staff and infrastructure, as well as adverse impacts on service delivery and the quality of health services provided to these communities.

6.3. Recommendations

The delegation made the following recommendations for the urgent attention of the Department of Health and Wellness:

- 6.3.1. Urgent repairs must be undertaken to the patient shelter/overflow areas, which are currently leaking, ahead of the rainy season.
- 6.3.2. The leaking pharmacy roof and unsafe wooden staircase at the entrance must be prioritized and addressed without delay.
- 6.3.3. The Department should implement interim measures to address the inadequate bathroom facilities, while expediting plans for permanent, compliant ablution facilities at Rosemoor Clinic.
- 6.3.4. A comprehensive needs assessment of the area should be conducted to inform appropriate service delivery strategies and ensure that future planning is aligned with community needs.
- 6.3.5. The Department should engage the George Municipality to secure permission to utilize the vacant building adjacent to the clinic as an extension of Rosemoor Clinic, to alleviate space constraints.
- 6.3.6. The Department should replace the existing fencing with a secure, higher perimeter fence to prevent unauthorized access and improve overall security at the facility.
- 6.3.7. Home-Based Care services should be strengthened to enhance community-level service delivery and reduce pressure on the clinic, particularly in relation to the dispensing of chronic medication.
- 6.3.8. The Department should assess if the current EMS allocation meets community needs.

Mr L Alwie from the Department of the Premier briefed the delegation on the implementation progress of the Western Cape Energy Resilience Programme (WC ERP), with particular focus on impacts in the Southern Cape. The briefing outlined how the province is changing its plans to address energy challenges, moving towards using different, more local energy sources and reducing energy use. The briefing was followed by a site visit to inspect the completed Solar Photovoltaic (PV) installation at George Secondary School.

- 7.1.1 The WC ERP was initiated to address the impact of load-shedding and long-term electricity supply insecurity. The Programme's strategic objectives have evolved to reflect changing national and global energy dynamics. While load-shedding has been suspended for over 300 days, the focus shifted to mitigating all energy-related disasters.
- 7.1.2 The revised objectives include mitigating and managing energy-related disasters in the Western Cape, as well as facilitating improved energy resilience in the Western Cape, defined as secure, decarbonised, affordable, and financially sustainable energy.
- 7.1.3 The Programme reflects major energy-sector changes over the past three years, including Eskom's unbundling, the removal of the generation license threshold, the Electricity Regulation Act, 2006 (Act No. 4 of 2006) and the introduction of a new wholesale market. Growing affordability is making self-generation more appealing as consumers seek to avoid rising tariffs.
- 7.1.4 The Western Cape Government monitors all used or generated energy from non-Eskom energy sources. The target for 2025 was to have 500–750 MW of this energy operational and accessible on the provincial grid, however, it achieved 982 MW. The goal for next year is 1,000–1,500 MW. Notably, in November 2024, small-scale generation (households and commercial customers) across the country generated more energy than the national Renewable Energy Independent Power Producer Procurement Programme has in its entire 10-year history.
- 7.1.5 An estimated 30% of the national small-scale generation (approximately 2 100 MW of a national 7 000 MW) is located in the Western Cape, indicating high uptake.
- 7.1.6 The programme is implemented through a whole-of-government approach.
- 7.1.7 The Western Cape Energy Resilience Programme is making progress, particularly in the Southern Cape. The WCG is developing its own Integrated Resource Plan (2025-2050) to outline future energy needs and mix, with Phase 1 complete and Phase 2 underway. The WCG is also preparing for a wholesale energy market and exploring green hydrogen as an economic trigger.
- 7.1.8 A flagship project in Hessequa Local Municipality aims to take 80% of its load off the national grid by using a 10 MWp Solar PV system and 10 MWh battery energy storage system. The project is 87% complete and serves as a model for municipal energy independence.
- 7.1.9 The WCG is also managing peak loads in five municipalities using remote load control systems and accessing Eskom's energy efficiency funds.
- 7.1.10 The WCG is supporting municipalities in energy generation and procurement, providing technical skills and advisors to develop energy tenders. George Municipality is seeking 80-100 MW of energy, and Stellenbosch Municipality revised its tender from 20 MW to 50 MW with provincial help. The WCG also mapping electrical networks, developing wheel frameworks, and supporting Cost of Supply Studies.
- 7.1.11 Solar PV and battery installations are underway at hospitals and clinics, using Energy Performance Contracting models with no upfront cost. 26 schools have received energy interventions, focusing on poorer Quintile 1-3 schools. The WCG is exploring solutions to secure panels against theft and vandalism.
- 7.1.12 The WCG promotes New Energy Vehicles, with 10 electric buses introduced into the GoGeorge service.
- 7.1.13 A public Energy Dashboard tracks energy projects and load-shedding relief packs, updated every two weeks.

- 7.1.14 After the briefing, the delegation proceeded to do an inspection of the solar PV system installed at the George Secondary School. The system comprises approximately of 90 solar panels, each rated at 0.55 kW and four batteries, each with a capacity of 5 kWh (totalling 20 kWh of storage). The system supplies power to the school first, then charges the batteries with any surplus energy. At night or during cloudy conditions, the school draws power from the batteries. The system is designed to sustain the school's operations, including its security systems.
- 7.1.15 During weekdays, the school operates from 7:30 am to 3:00 pm and uses solar power directly. On weekends, when the school is closed, the system continues to generate power and stores it in the batteries. By the start of the next week, the batteries are fully charged and can power the school's load even if the weather is cloudy.
- 7.1.16 The delegation identified several challenges. These include the fact that the: -
- WCG faces several challenges in implementing its energy resilience programme.
 - Municipal procurement processes are slow and difficult to navigate, hindering project execution.
 - Short tender windows are problematic thus longer tender windows of around eight months are needed for bidders to conduct necessary studies.
 - Many smaller municipalities lack technical staff and experience in managing long-term Power Purchase Agreements.
 - There is a significant backlog in network maintenance (over R1 billion in the province), constraining new generation connections.
 - Theft and vandalism of solar panels persist, especially in rural areas.
 - Additionally, high energy costs are forcing consumers to seek alternatives, highlighting the distinction between access and affordability.
- 7.1.17 The delegation noted the significant shift in thinking from coping with load-shedding to creating a future energy ecosystem and an "energy affluent" province that could potentially export power.
- 7.1.18 The delegation discussed potential revenue opportunities for public facilities like schools and hospitals by oversizing energy systems and selling excess back to the grid, as proposed by the City of Cape Town.

7.2 Request for information

- 7.2.1 The delegation requested the Department of the Premier to submit a copy of the simplified summary booklet for the programme.

7.3 Recommendation

- 7.3.1 The delegation recommended that the Department of the Premier tracks the development of a model for feeding excess energy from public facilities back into the grid and how the revenue would be managed.

7.4 Resolutions

The delegation resolved: -

- 7.4.1 To continue to monitor municipal capacity constraints as a key risk to implementation.
- 7.4.2 To monitor the potential for energy resilience to be turned into energy affluence and export for the province.

8 Visit to the Department of Social Development's regional office, 24 February 2026

The Social Cluster delegation conducted an oversight visit to the Department of Social Development (DSD) Eden Karoo Regional Office in George to assess the availability,

accessibility, and effectiveness of substance abuse services within the George in the Eden Karoo District. The visit focused on youth-centred prevention programmes, outpatient treatment and aftercare services, community-based interventions, and services rendered by DSD-funded non-governmental organisations (NGOs).

The delegation was welcomed by Mr. M. Skosana and senior management from the Department. The Chief Whip, Member G. Bosman, chaired the meeting in place of the absent Chairperson, Member W.F. Kaizer-Philander.

Mr. Skosana provided a comprehensive briefing on the implementation of substance abuse programmes in the Eden Karoo Region.

- 8.1.1 The delegation was informed that the Regional Office serves the Garden Route and Central Karoo District Municipalities through ten local service offices that deliver integrated social development services.
- 8.1.2 The Department implements a coordinated and legislatively driven response to substance use disorders through its Substance Abuse Programme, supported by broader social welfare and community development interventions. This approach is aligned with the Prevention and Treatment for Substance Abuse Act, 2008 (Act 70 of 2008), and the National Drug Master Plan, to prevent substance abuse, improve access to treatment, and strengthen aftercare and reintegration support.
- 8.1.3 The Provincial Substance Abuse Programme operates within a structured framework that prioritises prevention, early intervention, accessible treatment services, regulation of service providers, and sustained aftercare. At a provincial level, the programme includes the funding and support of NGOs, the registration and monitoring of treatment centres, capacity-building initiatives for practitioners, and the management of both voluntary and involuntary admissions. The programme adopts a continuum of care model, ranging from prevention and early intervention to inpatient treatment and long-term reintegration.

8.2 Findings

- 8.2.1 The oversight visits to the DSD Eden Karoo Regional Office in George revealed that the Department has established a comprehensive and multi-layered response to substance use disorders across the Eden Karoo Region.
- 8.2.2 The oversight visits to the DSD Eden Karoo Regional Office in George revealed that the Department has established a comprehensive and multi-layered response to substance use disorders across the Eden Karoo Region.
- 8.2.3 The delegation noted that prevention and early intervention services are widely implemented, particularly through school-based programmes and community awareness campaigns. These initiatives play a critical role in early identification and referral, enabling timely support before substance use escalates. In several areas, including Beaufort West, Hessequa, and Prince Albert, early intervention targets have been met or exceeded, demonstrating strong programme reach and effectiveness.
- 8.2.4 Access to inpatient treatment services remains a key strength of the provincial response. Funded treatment centres provide structured residential programmes for adults, youth, and specialized groups, with treatment durations ranging from five to sixteen weeks. These facilities accommodate both voluntary and involuntary admissions, ensuring that individuals requiring intensive care can access appropriate services.
- 8.2.5 The delegation further observed that aftercare and reintegration services are being implemented to support sustained recovery. These services include skills development, family reunification, and ongoing psychosocial support, often in collaboration with other sectors such as health services. Capacity development initiatives, including training in the Universal Treatment Curriculum, SBIRT, and evidence-based

therapeutic approaches such as Cognitive Behavioural Therapy (CBT), have strengthened practitioner competence and improved service quality.

- 8.2.6 The role of Local Drug Action Committees (LDACs) was highlighted as critical in coordinating responses at the municipal level. In the Eden Karoo Region, functional LDACs facilitate collaboration among government departments, municipalities, and civil society stakeholders, ensuring alignment with the National Drug Master Plan and strengthening local implementation.
- 8.2.7 Partnerships with NGOs, particularly organizations such as SANCA Garden Route, were noted as effective and impactful. These organizations have demonstrated organizational stability, expanded service delivery, and strong intersectoral collaboration, contributing positively to outcomes for service users and their families.

8.3 Challenges

- 8.3.1 Despite these positive findings, the delegation identified several challenges that continue to affect the effectiveness and reach of substance abuse services in the region. Access to services remains uneven, particularly in rural and remote areas where long distances, limited transport options, and staffing constraints hinder consistent service delivery. These challenges impact both prevention and treatment efforts, as well as follow-up support.
- 8.3.2 While early intervention services performed well in certain areas, inconsistencies were noted across the region, suggesting variations in demand, referral systems, and levels of community engagement. This uneven performance highlights the need for more targeted and coordinated approaches to service delivery.
- 8.3.3 Aftercare and reintegration services were identified as a significant area of concern. The delegation noted that aftercare targets were not consistently achieved, indicating gaps in long-term recovery support. Challenges in this area include limited employment opportunities, difficulties in family reintegration, and insufficient structured support to prevent relapse.
- 8.3.4 Regulatory and compliance challenges also persist, particularly with regard to unregistered treatment facilities operating within the province. This places additional pressure on the Department's monitoring and inspection capacity and raises concerns about the quality and safety of services provided.
- 8.3.5 Resource constraints remain a critical issue, with both the Department and funded NGOs facing limitations in funding, staffing, and infrastructure. These constraints are compounded by increasing demand for services, driven by broader socio-economic challenges such as poverty, unemployment, gender-based violence, and child neglect. These underlying factors continue to exacerbate substance use disorders and place additional strain on available services.
- 8.3.6 Councillor M. Roelfse from George Municipality stated that social development services lack dedicated funding, forcing the municipality to shift resources from other parts of the budget to support these services.
- 8.3.7 Despite these constraints, the municipality currently supports 120 soup kitchens, as well as five community gardens linked to nearby soup kitchens, and a total of 220 food gardens across various communities. In collaboration with the Department of Social Development (DSD), the municipality initiated a capacity-building programme in 2025 aimed at assisting non-governmental organisations (NGOs) that experience challenges in accessing funding.
- 8.3.8 Councillor Roelofse also reported that the municipality has set a target of establishing 200 soup kitchens; however, only 20 have been established to date. In this regard, he requested additional support from the Department of Social Development and the Provincial Government to strengthen partnerships and expand service delivery. He also highlighted that, in 2025, the municipality adopted the "From Kitchen to Nutrition" policy, which aims to alleviate food insecurity in the region. In terms of this policy,

funded soup kitchens are supported for a period of five years, subject to compliance with requirements, including demonstrating service provision for at least three months and ensuring that facilities are located at least 500 metres apart.

- 8.3.9 He further reported that the municipality provided support to a shelter with a capacity of 120 individuals, which accommodated approximately 220 people at the time of the visit. In addition, the municipality implements various other social interventions, including family reunification programmes, skills development initiatives, and the facilitation of employment opportunities.

8.4 Resolutions

The delegation resolved that the Standing Committee on Social Development should:

- 8.4.1 Request a comprehensive briefing from the Department of Social Development on the challenge of unregistered rehabilitation centres in the province. This should include how these facilities are monitored, the regulatory framework governing their operations, including costs and treatment methodologies, and the Department's long-term strategy for assessing the effectiveness and the sustainability of rehabilitation services.
- 8.4.2 Conduct unannounced oversight visits to rehabilitation centres across the province.

8.5 Recommendations

The delegation recommended that:

- 8.5.1 The Department of Social Development should intensify public education and awareness initiatives across the province to inform communities about the risks associated with unregistered rehabilitation centres, including the potential harm and financial implications.
- 8.5.2 The Department should consider increasing budget allocations for substance abuse programmes, given the growing demand for these services, which necessitates urgent government intervention.

9. Requests for information

The delegation requested the Department of Social Development to provide the Standing Committee on Social Development with:

- 9.1.1 A comprehensive database of all registered rehabilitation centres in the province, disaggregated by region; and
- 9.1.2 Detailed information on interventions undertaken by the Department to support, regularise, or close unregistered rehabilitation centres.

The delegation conducted six oversight visits, ensuring focus on each portfolio in the social cluster. The visit week, coupled with the visits conducted in the Garden Route District Municipality in November 2025, formed part of a concerted approach to oversight on the ground level.