

*Monday, 16 March 2026]*

No 24 - 2026] THIRD SESSION, SEVENTH PARLIAMENT

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

MONDAY, 16 MARCH 2026

### ANNOUNCEMENT

The Speaker:

**Referral of document to committee in terms of section 54(2) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:**

#### **Parliamentary Oversight Committee**

Western Cape Provincial Parliament – In-year Monitoring Report as at 28 February 2026.

### TABLING

The Speaker:

**Tabling of document in terms of section 54(1) of the Financial Management of Parliament and Provincial Legislatures Act, 2009 (Act 10 of 2009), as amended:**

Western Cape Provincial Parliament – In-year Monitoring Report as at 28 February 2026.

Copies attached.

### COMMITTEE REPORT

#### **REPORT OF THE SOCIAL CLUSTER VISIT WEEK, 17 TO 21 NOVEMBER 2025**

##### **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 Garden Route 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:

Johnson, P (DA) – Leader of the delegation  
 Bans, A (ANC)  
 Booysen, M (DA)  
 Bosman, G (DA)  
 Kaizer-Philander, WF (DA)  
 Kamfer, F (ANC)  
 Michels, J (NCC)  
 Ngqentsu, B (ANC)  
 Sayed, K (ANC)  
 Stephens, DR (PA)  
 Van Minnen, BM (DA)  
 Walters, TCR (DA)  
 Windvogel, R (ANC)

## **3. Visit to Creating Effective Families on Monday 17 November 2025**

During the Cluster A visit week to the Garden Route, the Social Cluster delegation visited Creating Effective Families (CEF), a non-profit organisation funded by the Department of Social Development (DSD). The purpose of the visit was to evaluate the organisation's operations, to assess its impact on family preservation and broader social development, and to identify both achievements and challenges in delivering services to vulnerable communities in Mossel Bay.

Salient points pertaining to the Creating Effective Families (CEF):

Creating Effective Families (CEF) is a community-based organisation, officially registered as NPO 010-933 in 2000, with its origins dating back to 1986 through its partnership with Famsa. For over 37 years, CEF has collaborated with the DSD to deliver comprehensive interventions that strengthen families as the cornerstone of society. The organisation promotes family well-being and resilience through family-centred social work interventions, operating Monday to Friday from 08:00 to 16:00. It offers up to three months of supported transition, providing not only protection but also opportunities for transformation, as well as on-call emergency support.

The delegation was informed that the CEF employs qualified and experienced social workers who engage with clients through a responsive, process-based approach rather than fixed programmes.

It was reported that all services offered by the CEF are provided free of charge and include temporary shelter for abused women and children; therapeutic interventions, such as individual counselling, family therapy and support groups; and programmes addressing substance abuse and psychosocial challenges. Additional services include parenting support initiatives, skills development and income-generation projects, the Early Childhood Development Programme, and a men's support group for victims of abuse. The CEF also offers court support for victims of crime and violence and hosts monthly success-sharing sessions with rehabilitated families.

The NGO emphasised its early-intervention approach for substance use disorders, including alcohol, drugs, sex and gambling, targeting individuals and families at risk. The CEF's family-centred model prioritises skill-building, supportive relationships and breaking destructive patterns, such as enabling behaviours.

The organisation further reported a rise in violence, particularly domestic violence and violence against vulnerable groups, including children, women, the elderly and individuals marginalised by culture, identity or socioeconomic status. The CEF recognises the cyclic nature of domestic violence and, where appropriate, works with both the victim and the alleged perpetrator, acknowledging that in some cases the perpetrator may be the woman herself, while upholding dignity and accountability.

The CEF receives financial support from the DSD, with an allocation of R1 184 730 for the 2025/26 financial year. Despite this support, the organisation continues to experience significant financial constraints that affect its ability to retain qualified staff and sustain critical programmes. As a result, the CEF has been exploring strategic financial options, including the potential sale of its premises, to ensure long-term sustainability.

### 3.1. Challenges

The facility reported the following challenges:

- 3.1.1. Funding cuts and budget constraints, which have led to the closure of key programmes, including the Rape Crisis Centre, early childhood development services and HIV and Aids counselling.
- 3.1.2. Staff retention difficulties due to uncompetitive salaries and limited financial resources.
- 3.1.3. An increasing demand for services that is driven by high unemployment and economic instability.
- 3.1.4. Operational challenges, including load-shedding and the lasting effects of the COVID-19 pandemic.
- 3.1.5. Unsuccessful attempts to sell the organisation's premises to improve sustainability, as potential buyers have offered significantly undervalued prices.

DSD officials confirmed the Department's long-standing partnership with the CEF and acknowledged that funding cuts are affecting NGOs across the province, resulting in closures and significant service gaps. Challenges with NGO compliance were also noted. The Department reported that performance monitoring and evaluation visits are conducted regularly through engagements with NGO management.

### 3.2. Successes

Despite these constraints, the CEF has demonstrated several notable strengths, such as:

- 3.2.1. A strong, long-standing partnership with the DSD that ensures continuity and trust.
  - 3.2.2. A holistic, integrated service model addressing family preservation, substance abuse and gender-based violence.
  - 3.2.3. A dedicated and experienced team that ensures high-quality client engagement.
  - 3.2.4. Adaptive and innovative practices that position the CEF as a leader in family-centred social work.
  - 3.2.5. Demonstrable positive outcomes and a meaningful impact on vulnerable communities
- 3.3. Recommendation

The delegation recommended that the Department of Social Development should explore mechanisms to provide market-related financial support and reinstate critical programmes to strengthen and enhance overall service delivery.

#### 3.4. Conclusion

The delegation commended Creating Effective Families for its unwavering commitment to family preservation and social development in Mossel Bay. The organisation's adaptive strategies, holistic approach and service to vulnerable communities continue to make a significant and measurable difference. However, urgent steps are required to address funding constraints and staff retention challenges to safeguard long-term sustainability.

## 4. Visit to the Pinnacle Point Cave (Point of Human Origin) in Mossel Bay on Monday 17 November 2025

The delegation visited the Pinnacle Point Cave heritage site, also referred to as the Point of Human Origin, in Mossel Bay. Dr P Nilsen gave a thorough background to the studies that led to the declaration of the cave as a Point of Human Origin.

### 4.1. Salient points pertaining to the Pinnacle Point Cave

Member B van Minnen, Chairperson of the Standing Committee on Police Oversight, Community Safety, Cultural Affairs and Sport, led the proceedings for this engagement.

- 4.1.1. The main archaeological discoveries were published in the leading scientific journals, *Science* and *Nature*.
- 4.1.2. The Pinnacle Point Site Complex was declared a Provincial Heritage Site in 2012 and, on 26 July 2024, it was declared a UNESCO World Heritage Site (WHS).
- 4.1.3. The delegation, led by experienced guide Mr C Jantjies, followed the trail and stairway path, comprising 200 steps, to the 13B Cave, for a guided tour. The 13B Cave contains some of the earliest evidence for modern human behaviour in the world, dated 160 000 years ago. These include the use of the cave as a home, with several signs of construction to establish different purposes for different spaces in the cave.
- 4.1.4. These spaces were for cooking meals, preparing meals, as a form of a midden or waste area to store bones and other waste, and sleeping areas, located towards the cave's opening.
- 4.1.5. There is also evidence of manipulating rock and other raw materials with heat (fire) to forge tools.
- 4.1.6. There is also evidence of using okra that was ground up and used as pigment or paint for various functions.

- 4.1.7. One of the most praised scientific forms of evidence includes proof of volcanic ash, referred to as tephra or fallout glass. These microscopic fragments can be traced to the volcanic glass originating from the super volcanic eruption of Mount Toba, in modern-day Indonesia, about 74 000 years ago.
- 4.1.8. The cave is currently about 16 m above sea level. The evidence points to lower sea levels, which translates into the Indian Ocean shore being located between 5 and 10 km further from the entrance to the cave. This would support the notion that the entrance to the cave was level with pastoral ground, most likely a savannah.
- 4.1.9. Further evidence to support this notion can be seen inside the cave where there are different layers of the cave's floor bed affected by sand deposits and other natural material.

## **5. Visit to the Pacaltsdorp Clinic in Pacaltsdorp on Tuesday 18 November 2025**

The Cluster A delegation conducted an oversight visit to the Pacaltsdorp Clinic on Tuesday 18 November 2025. The purpose of the visit was to evaluate the facility's operational capacity, patient experience, infrastructure development progress and community-based health initiatives. This visit formed part of the Parliament's mandate to ensure equitable healthcare delivery in the George subdistrict, which serves a population of approximately 294 929 people, with Pacaltsdorp accounting for 12% of this demographic. The clinic plays a critical role in providing primary healthcare services to a growing population in a mixed formal and informal settlement area.

Dr Z North, Medical Manager, together with other senior officials from the George Health Subdistrict, joined Sister Smith, the newly appointed Operations Manager for the Pacaltsdorp Clinic, in welcoming the Cluster A delegation. Dr North and the departmental officials accompanied the delegation on a walkabout through various sections of the clinic. Following the visit, Dr North provided the delegation with an overview of the Pacaltsdorp Clinic's services, current challenges and key pressure points.

### **5.1. Salient points pertaining to the Pacaltsdorp Clinic**

The Pacaltsdorp Clinic provides a broad range of primary healthcare services to the community. It operates from Monday to Friday from 07:30 to 16:00, offering acute care, mother-and-child services, chronic disease management and daily doctor and pharmacy services. Due to severe congestion, an appointment system is being phased in to improve patient flow.

Monthly dental and oral-hygiene services are offered on site, and emergency cases are referred to the George Regional Hospital. Mental-health support includes twice-weekly visits by a mental health nurse and twice-monthly psychiatry outreach from the George Regional Hospital. The clinic also covers underserved areas through mobile outreach and school-based programmes. Staffing includes 1,5 full-time medical officers, supported by an operational manager, clinical nurse practitioners, professional nurses and enrolled nurses.

Allied health professionals, occupational therapists, speech therapists and physiotherapists visit weekly on a rotational schedule. Urgent allied-health cases are referred to the regional hospital or managed during special outreach visits. Social work support is provided mainly by the Department of Social Development, with assistance from the subdistrict social worker when required. A Sassa doctor conducts remote file assessments, processing approximately 40 applications weekly.

The patient experience survey revealed mixed results. While the availability of medicines scored an impressive 97% against a target of 90%, access to services scored 83%, and waiting times were notably low at 48% – far below the 90% target.

Cleanliness and infection control practices were rated highly at 91%, and overall patient experience declined from 85% to 81%, falling short of the satisfaction benchmark of 90%.

The delegation was informed that the clinic upgrade is funded and managed by the national Department of Health, with the Independent Development Trust (IDT) appointed as the implementing agent. The project aims to address long-standing congestion and poor conditions, including overcrowded waiting areas and the use of temporary corrugated iron structures for some services.

In 2023, a new implementing agent was appointed under the Infrastructure Delivery Management System (IDMS). The contracts of previously appointed professional service providers (PSPs) had expired, necessitating the appointment of new PSPs who first had to familiarise themselves with existing documentation, which caused further delays.

The upgrade valued at R15 597 000 is currently at construction stage 4, with most design and documentation completed. Planned improvements include a new pharmacy with a CDU, an emergency room, consulting rooms and additional clinical support spaces. Construction delays have been attributed to prolonged procurement processes and the widespread disruptions caused by the COVID-19 pandemic.

In response to ongoing challenges, the Western Cape Department of Health and Wellness has implemented several interim interventions. A new shelter has been erected to protect patients during long waiting periods and an appointment system is being introduced to reduce overcrowding and improve infection control. A meeting in April 2025 between the district office and the clinic committee clarified project progress and addressed community concerns.

Due to space limitations, many services are currently housed in container units as temporary extensions. Once the new building is complete and full-time security is in place, the Department will explore extended operating hours and more flexible staff schedules to improve service delivery.

The clinic was selected as an NHI Facility Improvement Pilot Site in the Garden Route. Although initial funding from the national Department has ceased, the provincial Department of Health and Wellness has committed to completing the project and is finalising budget provisions before implementing the NHI priority list.

NGO partnerships contribute significantly to service delivery, deploying 144 staff members for screening, testing, education, psychosocial support and home visits. SAHARA conducts weekly outpatient substance-rehabilitation sessions at the clinic.

Three external chronic-medication pick-up points serve stable patients closer to home, while mobile outreach teams visit four sites weekly to offer comprehensive primary healthcare. A twice-monthly health-promotion outreach includes family planning, immunisations, HIV and TB screening and community education. Additional ad-hoc outreach is undertaken in response to emerging health concerns or outbreak surveillance needs.

Schools and crèches receive quarterly visits for health promotion and dental services. The Food Garden Pilot Project, supported by multiple stakeholders, promotes nutrition and preventative care through sustainable gardening and community engagement.

Mental health patients requiring advanced care are referred to the George Hospital. The clinic currently operates two CDU pick-up points and is in discussion with two additional sites to ease pressure further by allowing chronic patients to collect medication off-site.

## 5.2. Input by health stakeholders in Pacaltsdorp

Community representatives who were in attendance were allowed to provide input during the visit, noting that frustrations over the deteriorating condition of the clinic have been building for years. They described the situation at the Pacaltsdorp Clinic as unbearable, explaining that makeshift structures are still being used to accommodate patients while the facility awaits reconstruction. They also informed the delegation that national authorities have been promising upgrades for many years, contributing to growing impatience among residents.

While community members welcomed the refurbishment of the clinic, they highlighted significant delays in finalising the project, noting that the site handover, initially expected by the end of May 2025, has not yet materialised. Despite some progress, they stressed that severe space constraints persist. With substantial population growth in Pacaltsdorp and the surrounding areas, community leaders reiterated the urgent need for a community day centre (CDC) and at least two additional primary healthcare facilities in the Pacaltsdorp communities.

Community leaders reported that the clinic's paper-based filing system creates major inefficiencies and adds to patient frustration. The Pacaltsdorp Clinic Committee, in collaboration with local leaders, agreed that the lack of space is the most critical challenge and again underscored the urgent need for a CDC to serve the community's healthcare demands adequately.

Community leaders further noted that government facilities in Pacaltsdorp, including the police station, library and clinic, were built decades ago to serve a population of approximately 10 000 people. Although the population has grown significantly, the size of these facilities and the staffing levels have remained unchanged.

Additionally, they reported growing frustration as more government services are being rolled out in the relatively new Thembaletu township, while Pacaltsdorp, one of the oldest communities, continues to lag behind. Community members stressed that government investment and service delivery should also be prioritised in Pacaltsdorp, and that the area should be developed to the same standard as Thembaletu.

## 5.3. Challenges

The facility reported the following challenges:

- 5.3.1. Extended patient waiting times continue to affect overall patient satisfaction significantly.
- 5.3.2. Inadequate office space remains a major challenge at the Pacaltsdorp Clinic. The renovations underway will not resolve the space constraints; only the construction of the CDC will meaningfully address the majority of the clinic's infrastructural and service-delivery needs.
- 5.3.3. Infrastructure improvements have been delayed due to the termination of previous contractors and pending approvals from the Director-General.
- 5.3.4. Ambulance availability is limited, with only three ambulances serving George and none stationed at Pacaltsdorp.

- 5.3.5. Population growth in the area continues to increase demand for additional service points and human resources.
- 5.3.6. During the rainy season, the reception waiting area becomes waterlogged due to the sloped front entrance and an ineffective drainage system.
- 5.3.7. Due to inadequate space, the Sassa doctor operates from a mobile clinic stationed at the facility and only visits once a month. With sufficient space, more frequent visits could be accommodated to meet high service demand.
- 5.3.8. Space limitations has a negative impact on the staff's ability to respond quickly and to provide efficient services.
- 5.3.9. Long waiting times persist, partly because some patients arrive and queue before opening hours, expecting to be served first and becoming frustrated when the clinic prioritises patients with appointments.
- 5.3.10. The manual filing system contributes to slow turnaround times. The clinic has not yet migrated to the Single Patient Viewer electronic system, which would allow faster access to patient information.
- 5.3.11. High staff turnover was reported as a challenge in the previous financial year.
- 5.3.12. Rude patient behaviour and patient frustration were highlighted as ongoing concerns at the clinic.
- 5.3.13. The TB default rate is high and concerning. The clinic is collaborating with home-based carers to reduce treatment defaulting.
- 5.3.14. Young men with difficult-to-treat TB often avoid seeking care because they fear that taking time off from work may jeopardise their employment.
- 5.3.15. Employers of domestic and farm workers reportedly do not recognise sick certificates issued by clinics, causing many workers to avoid health appointments to prevent losing a day's wages.
- 5.3.16. The standalone container units used as temporary extensions have electricity but no internet access because they are not equipped with network points.

#### 5.4. Successes

The facility reported the following successes:

- 5.4.1. The clinic has achieved a high TB treatment success rate (79%) and maintains strong HIV care coverage.
- 5.4.2. The facility consistently exceeds targets for the availability of medicines.
- 5.4.3. Cleanliness and infection control practices are rated highly.
- 5.4.4. The clinic maintains active community engagement through food garden initiatives and NGO-led outreach services.
- 5.4.5. Good partnership between the clinic and the Eden Municipality: It was reported that the Eden Municipality assists during the rainy season with tents as waiting areas for patients at the Pacaltdorp Clinic.

#### 5.5. Recommendations

The delegation recommended that:

- 5.5.1. The Department of Health and Wellness should strengthen its TB and HIV education and awareness initiatives to improve community knowledge and to help reduce the TB default rate in Pacaltdorp and the surrounding areas.
- 5.5.2. The Department of Health and Wellness should assist the clinic in disseminating TB awareness messages across various communities. Improved communication on preventative services is required.

5.5.3. The Department of Health and Wellness should consider establishing additional distribution points for chronic medication in the surrounding communities, including farming communities, to alleviate pressure on the clinic.

5.6. Request for information

The delegation requested the Department of Health and Wellness to submit the following by 8 December 2025:

5.6.1. Comprehensive statistics on the TB default rate at the Pacaltsdorp Clinic.

5.6.2. A comprehensive report on the infrastructure audit of the Pacaltsdorp Clinic.

## **6. Oversight visits to the New Dawn Park Primary School in George on Tuesday 18 November 2025**

Mr F Visagie, Principal of the school, and Mr Ackerman, Circuit Manager for the school, received and briefed the delegation.

6.1. Key aspects pertaining to the visit

Mr Visagie briefed the delegation on the background and the basic functionality of the school. He reported that:

- 6.1.1. The New Dawn Park Primary School is in Pacaltsdorp, George, and currently serves about 970 learners from a disadvantaged community.
- 6.1.2. Families in the area face high unemployment, substance abuse, teenage pregnancies and a lack of positive role models. The school, together with its governing body and community, aims to be a catalyst for social change by creating opportunities that shape a brighter future for learners.
- 6.1.3. Existing sport facilities, such as the rugby field and netball court, do not meet standard requirements, and redevelopment is planned to provide safe recreational spaces and youth development programmes.
- 6.1.4. The school was established in 2006 and consists of an administration block, a hall, 28 classrooms (14 intermediate and 14 foundation phase), bathrooms for learners and staff, a disability bathroom and a sick bay.
- 6.1.5. There are also two Grade R classrooms with bathrooms and a storeroom, as well as a mobile kitchen. The school garden, once part of the nutrition programme, remains a source of pride.
- 6.1.6. Plans for new sport facilities include converting the old rugby and soccer field into a hockey and futsal court, building a double hard court for netball, basketball, tennis and volleyball, and creating new grass or astro turf fields for rugby, cricket, football and athletics.
- 6.1.7. A softball field and upgraded hall facilities are also proposed.
- 6.1.8. The school is led by Principal FD Visagie and Deputy Principal R van der Merwe, supported by four departmental heads and 15 educators.
- 6.1.9. The staff establishment for 2026 remains unchanged at 22 posts. Public service support staff includes two admin clerks, one foreman and two general assistants. Learner enrolment has remained stable at around 885 to 886 learners.
- 6.1.10. The school participates in the National School Nutrition Programme, serving about 800 learners daily. A new mobile kitchen installed in 2024 has improved food preparation.
- 6.1.11. The teacher–learner ratio is approximately 1 to 38,8, with 22 permanent staff and additional Grade R, SGB and ELSSEN educators.

- 6.1.12. Learner transport is not officially provided, but about 73 learners from Rygerpark use private transport.
- 6.1.13. The governing body is seeking an official route to enhance safety, with policies, codes of conduct, contingency plans, SAPS partnerships and a functioning safety committee in place. Ongoing concerns include proximity to an informal settlement, fence vandalism and undeveloped land, which the school aims to convert into a sport field. Other risks are an asbestos roof on the Grade R building, wall cracks and leaks in the hall roof.

## 6.2. Challenges

The school reported the following challenges:

- 6.2.1. The school faces significant challenges including gangsterism, substance abuse, reliance on social grants, limited parental involvement and many parents being uneducated or illiterate.
- 6.2.2. The school requires a softball field, and upgrades to the hall facilities have also been proposed.
- 6.2.3. The school needs new sport facilities, including converting the old rugby and soccer fields into a hockey and futsal court, as well as constructing a double hard court or astro turf fields.
- 6.2.4. The Principal raised a serious concern regarding a Grade 1 learner who has been engaging in daily substance use. This issue has become a major challenge for the school, necessitating the involvement of social workers and collaboration with external organisations that provide support to learners affected by substance abuse.
- 6.2.5. The school continues to struggle with vandalism, particularly the repeated damage to its fencing, which requires daily repairs.
- 6.2.6. The school also requires two additional Grade R classrooms.

## 6.3. Successes

Despite encountering challenges, the school has achieved notable successes, including graduates emerging from the community, recognition in international rugby competitions, and enhanced systemic test results in 2024.

## 6.4. Recommendations

The delegation recommended that the WCED should:

- 6.4.1. Ensure that the School Governing Body (SGB) effectively fulfils its statutory roles and responsibilities.
- 6.4.2. Develop and implement a programme aimed at strengthening and promoting the teaching and learning of Mathematics.

## 6.5. Conclusion

The New Dawn Park Primary School exhibits notable resilience, dedication and community engagement despite its operation in an environment marked by considerable socio-economic challenges. The leadership and staff remain focused on learner well-being, academic advancement and comprehensive development. Nevertheless, the recent visit identified urgent requirements, including infrastructure restoration, safety measures and assistance for the proposed sport redevelopment initiative. Addressing these issues will enhance the educational setting and further reinforce the school's function as a stabilising and empowering resource in

the Pacaltsdorp community. Ongoing support from the WCED, municipal authorities and prospective collaborators will be critical to ensure that the school fulfils its mission of delivering high-quality education and valuable opportunities to all learners.

## **7. Engagement with the Garden Route District Municipality on matters of safety in George on Thursday 20 November 2025**

The newly appointed Executive Mayor, Ald K Marais, welcomed the delegation. He provided introductory comments speaking about the current state of safety across the Garden Route District Municipality (GRDM). He was joined by Ms N Raisa-Mlandu, Executive Manager: Community Services in the GRDM.

### **7.1. Key aspects pertaining to the visit**

- 7.1.1. Representatives from the various municipalities in the GRDM were not in attendance, many of whom attended a prior scheduled meeting in Cape Town.
- 7.1.2. Ald Marais stated that, together with the South African Police Service, there are plans to establish a unified system to serve as a district nerve system. This will ensure a coordinated monitoring and response platform to address safety and all other emergency services matters by means of a centralised hub.
- 7.1.3. Ms Raisa-Mlandu gave a brief overview of some of the municipalities in the district, as not all had submitted presentations.
- 7.1.4. The Garden Route District Safety Forum (GRDSF) was established on 28 October 2022 to enhance local planning and monitoring, coordination and accountability for community safety initiatives.
- 7.1.5. There was an immediate focus to prioritise recruitment of law enforcement officers with funding granted from the Western Cape Government (WCG).
- 7.1.6. The GRDSF requires monthly report-backs from municipalities represented in the forum, detailing the expenditure of WCG grant funding.
- 7.1.7. Providing input from some of the municipalities, Ms Raisa-Mlandu added that Thembalethu is a hotspot crime area in George. Dr W Bezuidenhout, from the Department of Police Oversight and Community Safety, added that Pacaltsdorp and Conville are also high crime areas, especially for cases of gender-based violence.
- 7.1.8. Ms Raisa-Mlandu reported that Knysna is experiencing an increase in criminality, especially in areas such as Karatara and Rheenendal.
- 7.1.9. Some of the challenges in the Knysna Municipality include taxi-industry-related crime, land invasions, stray animals and homelessness.
- 7.1.10. Ms Raisa-Mlandu expressed concern that councillor participation and meeting attendance need to be improved, and that the Knysna Council needs to be more active. Better budgeting for safety also needs attention.
- 7.1.11. A safety subcommittee has been established to deal with safety and security matters in the Knysna Municipality. The efforts to identify hotspots aim to enhance improved coordination and strengthen the resilience and emotional intelligence of individuals at risk of violence.
- 7.1.12. In terms of the Hessequa Municipality, there are several service delivery challenges, including homelessness and the associated difficulties, such as food insecurity, health risks due to exposure to weather elements, and overall vulnerability of these people to violence and exploitation.
- 7.1.13. Illegal dumping violations are also another challenge that adds to the susceptibility to fire hazards and unsanitary conditions. These not only affect residents but also have a negative impact on tourism in the region.

- 7.1.14. The fragmentation of policing powers, division of responsibilities, and lack of coordination between municipal law enforcement and the South African Police Service, is another major challenge to safety and security in the municipality.
- 7.1.15. The population increase in the Hessequa Municipality, also attributed to the influx of people from neighbouring areas and provinces, creates a disproportionate law enforcement and policing personnel to population ratio.
- 7.1.16. Roaming livestock from nearby farm holdings adds to the challenges of property damage and even increased traffic accidents.
- 7.1.17. With regard to the Oudtshoorn Municipality, significant challenges include the lack of involvement of pertinent stakeholders, a lack of political will and buy-in, public outreach and awareness on safety matters, budgetary constraints limiting the potential for technological and other resources in combatting crime, and the insufficient staffing capacity, especially of law enforcement officers.
- 7.1.18. Unemployment among young people is a key driver of the increase in social ills and criminality.
- 7.1.19. Overall, the Oudtshoorn Municipality needs a collective approach to address by-law infringements, legislation to deal with vagrancy, multi-level government involvement to educate school learners and the youth at risk, as well as better CCTV monitoring tools, and measures to deal with illegal immigrants.
- 7.1.20. In terms of the George Municipality, which roughly accounts for 35% of the district's population, there are different challenges given its higher population, and aspirations to be categorised as a metropole region.
- 7.1.21. George has approximately 294 000 residents, and the evolving socio-economic dynamics give rise to various criminal acts. There is a high incidence of property crime, GBV cases, substance abuse, extortion and gangsterism.
- 7.1.22. SAPS visible policing (VISPOL) in vulnerable zones is negatively affected due to underresourcing.
- 7.1.23. There is a need for more synergy between emergency and response services. This point relates to Ald Marais' assertions that a centralised hub is being established to coordinate all emergencies and response services.
- 7.1.24. Staff recruitment in the municipality has not matched the increased population and expectations to serve a growing number of residents.
- 7.1.25. Additionally, other challenges, such as a lack of overnight shelters for the homeless, the risk posed by wildlife on major traffic routes, illegal land invasions, waste chain management and illegal liquor outlets, require equal attention.

## **8. Oversight visits to the Thembalethu Thusong WCG E-centre in Thembalethu, George, on Thursday 20 November 2025**

Ms S Leeuw, Development Manager for Thembalethu Thusong WCG E-centre, with Mr K Groenveldt from the Department of the Premier, received and briefed the delegation.

### **8.1. Key aspects pertaining to the visit**

- 8.1.1. The Thembalethu Thusong WCG E-centre is located in the township of Thembalethu in George, an area established in the 1980s and officially renamed "Thembalethu" in 1999.
- 8.1.2. The e-centre was launched in 2008 and initially operated from an upstairs venue before relocating to its current ground-floor premises in 2015. In 2023, the centre transitioned from the Cape Access model to the Thembalethu Thusong WCG E-centre Programme.
- 8.1.3. The e-centre is situated at the corner of Sandkraal and Jeriko roads and operates from Monday to Friday between 08:00 and 16:00.
- 8.1.4. The E-centre Manager post was vacant but has been filled.

- 8.1.5. The Development Manager, Sikhokele Leeuw, has progressed through the programme since 2021 and has completed E-learner, ICDL, and Train-the-Trainer qualifications.
- 8.1.6. The e-centre provides a range of services, including free 45-minute computer access, free internet, printing, scanning, email support, assistance with job applications, research and access to government information.
- 8.1.7. User activity is monitored through daily registers, weekly statistics and monthly reports submitted to the regional coordinator.
- 8.1.8. In 2024, the e-centre recorded 13 076 user sessions, while 10 651 sessions were recorded in 2025. School learners frequently visit the e-centre to conduct research and complete school projects.
- 8.1.9. The e-centre is actively involved in community outreach and government initiatives. In May 2024, staff supported the WCG Mobile E-centre during the George building collapse, where the mobile unit served as a command centre for printing operational documents and facilitating emergency coordination.
- 8.1.10. The e-centre also participated in the IEC E-Voting Public Engagement Session in September 2025. For Mandela Day, staff visited the Rosemore Old-age Home to provide grooming and wellness services to elderly residents. The e-centre also attended Youth Day celebrations at the New Dawn Park sport ground in June 2025 and hosted EPWP learnership interviews for the Department of Infrastructure.
- 8.1.11. Training remains a core function of the e-centre, with programmes offered in Basic Computer Skills, E-learner and ICDL. Training has been provided to the youth from the Outeniqua Child Youth Care Centre and to eight teacher assistants from the Department of Education in September 2025. Graduation ceremonies were held in 2023, 2024 and 2025 to acknowledge successful trainees.

## 8.2. Challenges

The facility reported the following challenges:

- 8.2.1. Inconsistent trainee attendance affects training statistics and programme performance.
- 8.2.2. Poor attendance demotivates facilitators who prepare and deliver training sessions.
- 8.2.3. The vacant E-centre Manager post may impact operational oversight and service delivery.

## 8.3. Successes

The facility reported the following successes:

- 8.3.1. A trainee secured employment at the Meat Shop after completing Basic Computer Training.
- 8.3.2. A regular user was accepted into Africa Skills to study bricklaying after training.
- 8.3.3. Another user gained employment at Texas Grill as a waiter after receiving support with CV updates and applications.

## 9. Acknowledgement

The Social Cluster Visit Week to the Garden Route provided Members with valuable first-hand insight into the strengths and challenges across key service-delivery sectors. The visits highlighted the dedication of NGOs, schools, clinics and municipal structures that continue to serve vulnerable communities despite financial pressures, infrastructure backlogs and rising demand.

The Cluster A delegation extends its sincere appreciation to the management teams of all facilities visited during the programme for their openness and generosity in sharing valuable insights. Their willingness to engage meaningfully has greatly enriched the work of the Social Cluster and contributed to the success of this oversight visit.