

# PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

---

## ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

---

WEDNESDAY, 1 APRIL 2015

### COMMITTEE REPORTS

**1. Report of the Standing Committee on Community Development on an Oversight Visit to Riet Family Guidance Centre, Grabouw on 10 February 2015.**

The above-mentioned Committee, having undertaken the oversight visit to Riet Family Guidance Centre, Grabouw on Tuesday, 10 February 2015, wishes to report as follows:

**1. Introduction**

The Committee as part of its oversight mandate and complying with the Committee programme, resolved to embark on an oversight visit to Riet Family Guidance Centre in Grabouw. The Committee undertook this visit to get first-hand experience of the Centre and assess the activities of this Non-Profit Organisation (NPO).

**2. The delegation**

The delegation of the Standing Committee on Community Development included the following Members:

Ms AJD Marais (DA) (Chairperson and leader of the delegation)  
Ms LJ Botha (DA)  
Ms MM Wenger (DA)  
Ms D Gopie (ANC)  
Ms MN Gillion (ANC)  
Ms PZ Lekker (ANC)  
Ms P Makeleni (ANC)  
Mr RD Mackenzie (DA)

## **Riet Family Guidance Centre Representatives**

Mr Ivan Kortje, Director  
Professor FCT Sonn

### **Departmental Official**

Mr J Blankenberg, Supervisor, Department of Social Development

### **The following parliamentary officials accompanied the delegation:**

Mr B Daza, Senior Committee Co-ordinator  
Ms N Jamce, Committee Co-ordinator  
Mr A Barends, Driver

## **3. Account of visit**

The main objective of the visit was to assess the activities of Riet Family Guidance Centre in Grabouw. This visit is one of many visits that the Standing Committee on Community Development will embark on as part of its programme for the year.

### **3.1. Findings**

- 3.1.1. Riet Centre is a registered Non-Profit Organisation that offers two programmes, substance abuse and victim empowerment programme.
- 3.1.2. The Centre has a Transfer Payment Agreement of R149 394 with the Department of Social Development since 2012 for the rendering of Early Intervention Services for Substance Users and Victim Empowerment Services.
- 3.1.3. The Centre renders substance abuse services within Grabouw and the Early Intervention Services is focusing on evaluating, counseling and motivational talks to mitigate the risk behavior associated with the misuse of substances.
- 3.1.4. The Centre renders Victim Empowerment services in the Caledon area.
- 3.1.5. Riet Family Guidance Centre gets referrals of clients from communities, NPO's and Government Departments on a regular basis. The organization also works with the Changing Lives Centre, a substance abuse support group in Grabouw that meet once every week.
- 3.1.6. The Centre has one Social Worker and the Centre need more personnel including Social Workers, Psychologist and mentors, due to the shortage of funding the Centre cannot afford to appoint more staff.
- 3.1.7. The Centre informed the members that the format that the Department of Social Development use for monthly and quarterly reports is not viable for the reporting of NPO's, as it only requires NPO's to report only on new clients seen and not include information about follow-up interactions with clients.
- 3.1.8. Riet Family Guidance Centre indicated that in December 2014, they helped sixty (60) Victim Empowerment clients. Some were new and some were doing follow-ups, but the Department's report for December shows that the Centre saw only ten (10) new victim empowerment clients.
- 3.1.9. Members were informed that currently there is no safe house for abused women in Grabouw, the Centre normally refers clients to other areas.

- 3.1.10. The Centre indicated that they need funding that will allow them to start aftercare programmes for substance abusers after rehabilitation to minimize relapse.
- 3.1.11. Professor Sonn, a Psychologist from Riet suggested that there is an urgent need for Sheltered Employment Opportunities in Grobouw and its surrounding areas that will create opportunities for their clients in order to reintegrate them to become responsible members of societies.
- 3.1.12. Professor Sonn further suggested that a committee should be established to serve in the Sheltered Employment Opportunities board to ensure that opportunity are created for people to discourage them from abusing substances.

#### **4. Recommendations**

The Committee recommended that:-

- 4.1. The Department should consider providing training to the Riet staff members; empower them with necessary skills for the successful management of the Centre.
- 4.2. The Centre should be easily accessible to all members of the community including people with disabilities. Currently disabled people cannot access the Centre because of the stairs.

#### **5. Papers, Reports and Information requested from the Department:**

The committee requested the Department to provide the following information:

- 5.1. A substance abuse procedural manual: a practical guideline for social workers.
- 5.2. A business plan of Riet Family Guidance Centre in Grabouw.
- 5.3. A copy of the National and Provincial Drug Master Plan.
- 5.4. A detailed report on the Riet programmes.
- 5.5. A detailed report on the proposed Sheltered Employment Opportunities from Professor Sonn.

#### **6. Conclusion**

The Committee successfully concluded its oversight visit and Members raised concern with the manner in which the Centre is being managed.

## **2. Report of the Standing Committee on Community Development on an Oversight Visit to Grabouw Day Hospital on 10 February 2015.**

The above-mentioned Committee, having undertaken the oversight visit to Grabouw Day Hospital on Tuesday, 10 February 2015, wishes to report as follows:

### **1. Introduction**

The Committee as part of its oversight mandate and complying with the Committee programme, resolved to embark on an oversight visit to Grabouw Day Hospital.

The Committee undertook this visit to get a first-hand experience and assess the activities of this Hospital.

## **2. The delegation**

The delegation of the Standing Committee on Community Development included the following Members:

Ms AJD Marais, (DA) (Chairperson and leader of the delegation)

Ms LJ, Botha (DA)

Ms MM Wenger, (DA)

Ms D Gopie, (ANC)

Ms PZ Lekker (ANC)

Ms P Makeleni, (ANC)

Mr RD Mackenzie (DA)

### **Officials in attendance**

#### **Department of Health**

Dr H Rambiyane, Medical Manager, Theewaterskloof Sub –district

Ms W Kamfer, Director, District Health Services

Ms L Van Wyk, Operational Manager

Ms R Rossouw, Primary Health Care Manager, Theewaterskloof Sub –district

Mr V Maseko, Assistant Manager, Primary Health Care, Theewaterskloof Sub –district

Mr C Matsiroza, Deputy Director, Human Resources, Overberg District Office

#### **The following parliamentary officials accompanied the delegation:**

Mr B Daza, Senior Committee Co-ordinator

Ms N Jamce, Committee Co-ordinator

Mr A Barends, Driver

## **3. Account of visit**

The main objective of the visit was to assess the activities of the Grabouw Day Hospital. This visit is one of many visits that the Standing Committee on Community Development will embark on as part of its programme for the year.

## **4. Background Information**

Grabouw Day Hospital was established in 1995 and has a Community Health Clinic and Community Day Centre. The Community Health Clinic opens 24 hours per day, 7 days a week, at which a broad range of Primary Health Care services are provided. It also offers accident, emergency and midwifery services, but not surgery under general anaesthesia.

This facility qualifies as a fix facility. The Community Day Centre does not open 24 hours a day, 7 days a week, at which a broad range of Primary Health Care services are provided. This also offers accident and emergency but not midwifery services or

surgery under general anaesthesia and this qualifies as a fixed facility. The primary health care services in Grabouw Community Day Centre are rendered daily from Monday to Friday from 07:00 -16:30 and the midwife obstetric unit operates 24 hours per day, 7 days per week. In 2005, oral health and pharmaceutical services moved into the Community Day Centre and antiretroviral services were introduced and by then the Community Day Centre had huge challenges with infrastructure.

The French Government donated R20 million to expand the facility, this included a Chronic Disease Unit. A prefabricated building was erected on the premises to accommodate the antiretroviral treatment services, this led to stigmatization of patients, fragmentation of services and strain on staff capacity.

Grabouw Community Day Centre offers the following services:

- (a) A full package of Primary Health Care Services such as Acute Care, Chronic Disease Management, Radiography Services, Radiography services, Pharmacy service, Oral health services, Mental health, School health.
- (b) Outreach Services such as optometry, speech therapy, audiology, sonography, physio and occupational therapy, women's and child health, social services, and dietetics. These services are rendered on an outreach basis from Theewaterskloof Sub –district Office in Caledon.
- (c) Referral pathways such as community based services.
- (d) Cleaning and Security Services are outsourced.

## **5. Findings**

- 5.1. High staff turnover in all categories of the hospital.
- 5.2. Appointment system, community members do not adhere to dates and some do not want an appointment system at all.
- 5.3. Current infrastructure and lay out of the Centre are not conducive to enhance a very good patient flow.
- 5.4. The filing system of patients' folders is a big challenge.
- 5.5. No Health Committee, the hospital has consultative health structure such as facility board structure because the law that regulates Health Committees is not passed.
- 5.6. The number of security personnel in this hospital is not being reduced as alleged; instead the numbers will be increased. The Provincial Department of Health is busy with the Security Tender of Grabouw Community Day Centre.
- 5.7. Grabouw Community Day Centre also provides health services to the surrounding farming communities in Overberg Regional Council via 3 mobile clinics, but the plan is to reduce the Mobile Clinics and establish Health Posts Units in farms where nurses will visit the farms on certain days and provide health services to the farm workers.
- 5.8. Members were informed that the hospital was finding it difficult to reach Service Level Agreements for the establishment of Health Posts Units with farm owners due to farms that are owned by big Consortium Companies.
- 5.9. Child Mortality rate is very low in the Theewaterskloof sub-district.
- 5.10. There is only one permanent doctor, some doctors are on contract and work certain hours per day.
- 5.11. HIV infection rates is alarming in this region.

- 5.12. The hospital needs a bigger record keeping area, currently the records area is too small.
- 5.13. The rehabilitation unit is outside of main building.
- 5.14. Parking area for staff members is not sufficient.
- 5.15. Emergency Services vehicle are using the same entrance as pedestrian patients and that causes congestion in the entrance.
- 5.16. Inadequate space for security.
- 5.17. Need space for helpdesk officer.
- 5.18. Administrative space is needed.

## **5.1. Achievements**

- 5.1.1. Integrated comprehensive services under one roof.
- 5.1.2. Improved waiting times since the establishment of help desk and queue marshal, waiting time related complaints has decreased.
- 5.1.3. Well-functioning alternative dispensing sites in the community. This is well supported by the Central Dispensing Unit.
- 5.1.4. Law defaulter rate, high tuberculosis cure rate at 98% and smear conversion rate at 96%.
- 5.1.5. To improve customer service, the hospital use colour foot code, patients follow the respective foot colour to where they need to in the hospital. The colour foot code help patients with directions.

## **6. Recommendation**

The Committee recommended that:-

- 6.1. The Department of Health should consider upgrading Grabouw Community Day Centre to a 24 hour health facility.
- 6.2. More Xhosa speaking held desk employees should be appointed.
- 6.3. The Department should strengthen public awareness on HIV& AIDS to reduce the stigma within communities.
- 6.4. Filing system should be addressed urgently to avoid the long queues of patients waiting for folders.

The Committee requested the Department to provide a progress report on Health Posts Unit on farms once it has been implemented.

## **7. Conclusion**

The Committee successfully concluded its oversight visit.

**3. The Standing Committee on Human Settlements, having undertaken an oversight visit to Nyanga Mpetha Square housing projects, on Tuesday 10 February 2015, reports as follows:**

**Delegation**

The delegation consisted of the following members:

Maseko, LM (DA) (Chairperson and leader of the delegation)

Hinana, N (DA)

Magaxa, KE (ANC)

Paulsen, MN (EFF)

Schäfer, BA (DA)

**1. Introduction**

In 2004, the Department of Human Settlements and the City of Cape Town embarked on a project to build 58 houses as part of an initiative to eliminate shacks in the Nyanga area. There was a dispute in the community as to who should take ownership of the houses, which led to on-going vandalism of the development.

In 2014, Mr Hinana, a member of the Standing Committee on Human Settlements, informed the Committee of the approximately 58 incomplete and vandalised houses, which remained unoccupied in Nyanga Mpetha Square. In the Committee meeting held on 28 October 2014, a recommendation was made that the Department provide the Committee with a status report on the housing project after which an oversight visit would be conducted to observe the status of the housing project. The requested information was submitted to the Committee on 7 November 2014.

This report discusses the Committee's findings to date, including the findings and recommendations that stemmed from the site visit that took place on 10 February 2015.

**2. Overview of the visit**

The Committee conducted an oversight visit to Nyanga Mpetha Square on Tuesday, 10 February 2015. The visit started with a meeting at 14:00 in the Assembly of God Church in Nyanga with the Department, representatives of the City of Cape Town as well as the community members of Mpetha Square.

During the oversight visit, officials from the Department briefed the Committee on the status of the houses in Mpetha Square and accompanied the Committee on a walk-about.

**3. Findings and Observations**

From the meeting and the subsequent walk-about of the housing projects, the Committee observed the following:

**3.1 Background to the community dispute and vandalism**

The contractor who was appointed by the Housing Support Organisation to construct the houses, went on site without authorisation from either the Department or the City of

Cape Town and erected houses on erven that had not yet been serviced by the City. This meant that even though the houses were built they were not regarded as habitable as no water or sewage connections had been installed. The City had to retrospectively install services and therefore refused to allow people to occupy the houses without any basic services.

Once the development was in its final stages, the shack dwellers from Freedom Square and backyard dwellers from Zwelitsha had a dispute in terms of who would take ownership of the houses. This stemmed from a pronouncement made by the Minister of Human Settlements, wherein he addressed the backyard dwellers informing them that they will be included on the housing allocation list in all new housing development projects. During this time the beneficiaries had already been provided with letters of allocation and title deeds to their plots. Backyard dwellers were now only being provided with plots which were vacant in each of the Masiphatisane Projects. In addition hereto, Mpetha residents illegally obtained the keys to the completed houses and proceeded to occupy the houses. This upset the backyard dwellers. The contractor laid a formal charge against the perpetrators for their actions. This dispute resulted in the vandalism of the houses on three occasions by angry residents, resulting in hundreds of thousands of Rands in damages.

Even though the houses were occupied the houses were not fit for human habitation. This was due to the vandalism and the lack of service points, e.g. no running water, electricity or sewerage connections had been installed by the City of Cape Town. The 58 houses had been vandalised in such a manner that it had no roofs, doors, windows, bath tubs, basins or toilets.

## **3.2 Current condition of Mpheta Square**

### **3.2.1 Vandalism**

The houses were still in a vandalised and incomplete state, e.g. in one of the houses a hole was apparent in the roof height wall plate above the air vent and below the door frame. Cracks were apparent in some of the unoccupied houses, windows and doors were removed and no roofs were present. Vandals stole and sold bath tubs, toilets and basins, some of which had been recovered from road-side vendors in the Phillipi area.

### **3.2.2 Incomplete services**

The 58 houses are still incomplete and require basic services such as electrical installation, sewage facilities and running water. The Committee observed that in some of the houses ceilings and taps were not installed.

Beneficiaries were making use of illegally obtained electricity, and live wires were protruding from light switches, which were uncovered and within easy reach of children who reside in the houses.

The single storm water drain on the side of a road was sealed, thereby effectively hampering storm water from flowing away.



### **3.2.3 Security**

Security seemed to be non-existent as roof tiles and roof trusses, which are the structural framework of timbers designed to support a roof, were placed on the side of the road without any apparent security to prevent theft.

### **3.3 Beneficiary list and occupancy of the houses**

A total of 58 houses had been completed of which 40 have recently been occupied by beneficiaries. The beneficiaries, who have taken occupancy of the houses, were vetted by the Department to ensure that they were authorised to take occupancy of the houses as per the original beneficiary list. This action by the Department was merely to ensure that no un-authorized persons took occupancy of the houses.

Beneficiaries who occupied the houses were provided with letters which authorised them to take residence. M Cee Marketing, who was appointed by the City of Cape Town, distributed these letters.

#### **It is therefore important to note that:**

- 3.3.1 The houses are still to receive services such as electricity, water and sewage connections and are still viewed as uninhabitable until the services are installed.
- 3.3.2 The letter from M Cee Marketing stated that electricity could only be installed once the beneficiary has taken occupancy.
- 3.3.3 No information was granted regarding remedial action taken against the contractor for constructing the houses without prior authorisation, which ultimately resulted in the delay of transfer and subsequent vandalism.
- 3.3.4 The backyard dwellers who qualified for a subsidy, as per the verification list, will be accommodated in some of the vacant houses in other housing projects in Nyanga. Disputes in this regard are still on-going.
- 3.3.5 The Department informed the Committee that the Nyanga Mpetha Square housing project would be finalised by March 2015.

## **4. Reports, Papers and information requested by the Committee**

### **4.1 Reports and papers**

The Committee RESOLVED that the Department provide the Committee with:

- 4.1.1 The beneficiary list, which contains the names of the beneficiaries who have been selected to receive houses in Nyanga Mpetha Square.
- 4.1.2 A detailed budgetary break down of the costs incurred to complete of the Nyanga Housing Project from the date of inception, as well as the costs incurred to repair the houses which were vandalized.
- 4.1.3 A report on the status of remedial action taken against the perpetrators who vandalised the houses in Mpetha Square.
- 4.1.4 A report on the remedial action taken against the contractor for commencing with construction without authorisation.
- 4.1.5 A report which indicates why beneficiaries were allowed occupancy in incomplete houses which were not deemed to be fit for habitation.

## **4.2 Information**

The Committee RESOLVED to request information from the City of Cape Town indicating when the bulk services at Nyanga, Mpetha Square will be finalised.

### **4. The Standing Committee on Community Safety, having conducted an announced oversight visits to Mitchells Plain and Lentegeur Police Stations on 25 February 2015 reports as follows:**

#### **Introduction**

The Committee as part of its oversight mandate and complying with the Committee programme, resolved to undertake announced oversight visits to Mitchells Plain and Lentegeur Police Stations. The Committee undertook this visit in order to gain a better understanding of the functions, successes and challenges of the police stations. The decision to visit these particular stations was largely motivated by the Western Cape Crime Statistics for 2013/2014.

#### **The Delegation**

The delegation of the Standing Committee on Community Safety included the following Members:

Ms MM Wenger, (DA) (Chairperson and leader of the delegation)  
 Mr FC Christians (ACDP)  
 Ms PZ Lekker (ANC)  
 Mr RD Mackenzie, (DA)  
 Ms AJD Marais (DA)

#### **The following parliamentary officials accompanied the delegation:**

Mr W Matthews, Committee Co-ordinator,  
 Mr A Barends, Driver

### **1. Welcome and introductions at the Mitchell's Plain Police Station**

Given the proximity of the two police stations, the Committee decided to first conduct an inspection of the facilities at the Mitchell's Plain Police Station. Thereafter, the Station Commanders of both Police Stations briefed the Committee in the boardroom of the Lentegeur Police Station. The Committee thereafter inspected the facilities of the Lentegeur Police Station.

Brig SW Dyantyi, Head of Provincial Visible Policing (Vispol), welcomed the Committee to the Mitchell's Plain Police Station. Brief introductions by all present were afforded. The Committee proceeded to undertake an inspection of the facilities.

## **2. Inspection of the Mitchells Plain Police Station**

Brig Dyantyi and Col CAH Goolaw, Acting Station Commander, led the Committee on the inspection of the facilities. The Committee used the South African Police Service (SAPS) Monitoring Questionnaire. A representative of the Police Oversight division of the Department of Community Safety, Mr W Bezuidenhout, was present for the duration of the inspections and presentations.

The Committee used the National SAPS Station Monitoring Questionnaire and inspected the front desk/reception area; the holding cells, the victim support room as well as viewed the Domestic Violence Register. The Committee posed questions at each point of inspection and were satisfied with the response from SAPS officials. The Committee expressed its satisfaction that these abovementioned facilities were in good condition.

### **3.1 Presentation by Mitchell's Plain Station Commander**

Col Goolaw, supported by Brig Heilbron and Brig Dyantyi, proceeded to present to the Committee on the following presented on the following categories:

- 3.1.1 Geographical policing area
- 3.1.2 Domestic Violence related crimes
- 3.1.3 Drug and Gang related crimes
- 3.1.4 Victim support
- 3.1.5 Staffing structure

### **3.2 Key findings pertaining to the geographical policing area**

- 3.2.1 The Mitchell's Plain Police Station serves a population of 310 485, which includes policing 55 schools in the 26 km<sup>2</sup> area.

### **3.3 Key findings pertaining to Domestic Violence related crimes**

- 3.3.1 Since 1 April 2014 to 23 February 2015, 3226 cases related to Domestic Violence were registered.
- 3.3.2 Assault Common, Assault with intent to cause Grievous Bodily Harm, Rape and Sexual Assault, account for 36.20% of Domestic Violence incidents.
- 3.3.3 Brig Dyantyi highlighted the importance of the proactive involvement of other Departments in assisting SAPS with counselling and victim support.
- 3.3.4 A total of 119 out of 360 (33.1%) personnel have received domestic violence training.. Please refer to the training database hereto attached.

### **3.4 Key findings pertaining to Drug and Gang related crimes**

- 3.4.1 For the period 1 April 2014 to 23 February 2015, 763 gang related crimes have been registered.
- 3.4.2 There are currently 184 serious and violent crime cases running in Court and/or under investigation.
- 3.4.3 A total of 533 suspects have been arrested for serious and violent crimes.
- 3.4.4 Drug related incidents account for 56.4% of crime linked to gang activity.

- 3.4.5 “Drug dens”, in other words, premises housing drug storage and drug trade, are becoming less prominent as drug trafficking and selling is tending to be a lot more mobile. This means that drugs are sold on the street more frequently and prominently than directly from a drug den. However, these dens are still used to store drugs.

### **3.5 Key findings pertaining to Staffing Structure**

- 3.5.1 The total staff deficit across all units is 89 members. There are 569 granted posts of which 480 are filled.
- 3.5.2 There is an allocation of 58 students earmarked for the station. The Station Commander selects the unit to which students are allocated.
- 3.5.3 Several staff members from Mitchells Plain were allocated and moved to the Lentegeur Police Station.
- 3.5.4 Processes are in place for the establishment of a police station in the Tafelsig precinct and this might affect the (interim) staff allocation at the Mitchells Plain Police Station.
- 3.5.5 In terms of vehicle structure, there is a deficit of 52 vehicles; however, Col Goolaw informed the Committee that his staff members are coping and that the shortage is currently being addressed.

### **4.1 Presentation by the Lentegeur SAPS Station Commander**

Lt Col SS Reddy supported by Brig Heilbron and Brig Dyantyi, proceeded to present to the Committee on the following presented on the following categories:

- 4.1.1 Geographical policing area
- 4.1.2 Domestic Violence related crimes
- 4.1.3 Drug and Gang related crimes
- 4.1.4 Victim support
- 4.1.5 Staffing structure

The presence of the representative of the Lentegeur Community Police Forum was acknowledged.

### **4.2 Key findings pertaining to the geographical policing area**

- 4.2.1 The Lentegeur SAPS serves a population of 310 485 spanning 12km<sup>2</sup>.
- 4.2.2 The Committee expressed concerns about the accuracy of the Census figures for the greater Mitchells Plain area (Mitchells Plain and Lentegeur)

### **4.3 Key findings pertaining to Domestic Violence related crimes**

- 4.3.1 There are 11 volunteers trained by the Department of Community Safety. Volunteers also receive training from the Department of Social Development with regard to basic/level one counselling skills. Volunteers are available 24hours per day.
- 4.3.2 Lentegeur SAPS assists victims of domestic violence, especially women and children, with shelter and/or places of safety.

- 4.3.3 SAPS noted the need for more social workers to assist visits to victims of crime, especially victims of domestic violence.
- 4.3.4 The victim support facility is in a good condition.

#### **4.4 Key findings pertaining to Drug and Gang related crimes**

- 4.4.1 There are currently 25 cases pertaining to drug and gang related crime running in Court.
- 4.4.2 The *High Flyers*, i.e. those in charge of operations, use *runners*, i.e. those who conduct the actual drug trading. It is thus difficult to build cases against the *High Flyers*. A database of cases involving *runners* has been established as a means of tracking repeat offenders. It is hoped that these repeat offenders are linked to the *High Flyers*, in order to build strong cases against these *High Flyers* to give effect to the *Prevention of Organised Crime Act 121 of 1998 (POCA)*.
- 4.4.3 SAPS noted that more assistance from prosecutors would be appreciated to strengthen cases to make them court ready, instead of simply dropping cases.

#### **4.5 Key findings pertaining to Staffing Structure**

- 4.5.1 There is currently a deficit of 18 staff members across all units. There are 213 granted posts of which 195 have been filled.
- 4.5.2 There is a shortage of 2 vehicles. However, Lt Col Reddy indicated that the station is managing with the deficit.

#### **5. Other matters arising during both presentations**

- 5.1 There will be a conference from 10 to 13 March to address the re-establishment of the enquiry branches.
- 5.2 Brig Dyantyi highlighted the importance of knowledge transfer from experienced members of the Vispol and detective units to new recruits.
- 5.3 The City of Cape Town is in the process of addressing the removal of a house owner who allegedly uses the premises as a drug den. The house is located within the Tafelsig precinct.

#### **6. Acknowledgements**

The Chairperson thanked the staff for their presentations, hospitality and efforts to facilitate the oversight visit.

#### **7. Recommendations**

The Committee recommended that:

- 7.1 The National Prosecuting Authority briefs the Committee on the relationship with the South African Police Service detective unit and the cases for prosecutions; and
- 7.2 The Committee draft a letter to the Department of Social Development to request the Department to meet with the South African Police Service to foster

better cooperation and coordination with social workers and police officers visiting victims of crime.

- 7.3 SAPS to provide a status report on the expected opening of the Tafelsig Police Station that includes information of the expected timeline for its opening; whether the facility will be newly constructed or renovated from an existing facility, the number of expected officers to be deployed to the station and from which stations these members will be transferred.

**5. The Standing Committee on Cultural Affairs and Sport having conducted an Unannounced Oversight visit to the Cape Medical Museum on 25 February 2015 reports as follows:**

**Introduction**

The Committee as part of its oversight mandate and complying with the Committee programme, resolved to undertake an unannounced oversight visit to the Cape Medical Museum. The Museum exhibits the history of medicine at the Cape. The displays contain a collection of the equipment used by medical practitioners. The displays also include objects used by traditional healers during the practice of their diagnostic rituals. The Museum therefore contains a collection that tracks the history of medical advancement as well as the preservation of cultural and/or traditional practices of Khoisan in particular.

**The Delegation**

The delegation of the Standing Committee on Cultural Affairs and Sport included the following Members:

Mr RD Mackenzie) (Chairperson and leader of the delegation)

Mr RT Olivier

Ms MM Wenger

**Apologies**

Apologies were rendered on behalf of Members P Makeleni and B Kivedo.

**The following parliamentary officials accompanied the delegation:**

Mr B Daza, Senior Committee Co-ordinator

Mr W Matthews, Committee Co-ordinator

Mr A Barends, Driver

**Museum Official**

Ms B Maliwa: Acting Manager

**2. Inspection of the Cape Medical Museum**

Ms Maliwa explained that the Museum is undergoing some renovations. She proceeded to take the Committee on a guided tour of the facilities. Ms Maliwa provided a brief

explanation of the significance of each room of the Museum. The Museum displays a consultation room, an information room about the history of well-known diseases that were spread in the Cape, a medicinal room, an operating room as well as a room contacting models of the human anatomy. The library is currently under renovation. The Committee posed several questions pertaining to the displays to which Ms Maliwa duly responded.

### **3. Findings and Challenges**

- 3.1 The marketing strategy of the Museum is currently being revised. There is work currently underway to produce a new brochure promoting the Museum as well as interaction with the tourism office at the Victoria and Alfred Waterfront to promote the Museum as a tourist attraction.
- 3.2 In terms of signage, a request has been forward to the City of Cape Town to provide signage promoting/directing the Museum to the public.
- 3.3 In terms of staffing, there is a manager and an assistant manager. Only the manager holds a permanent position. There are three Expanded Public Works Programme placements at the Museum.
- 3.4 According to Ms Maliwa, officials of the Department of Cultural Affairs and Sport could frequent the Museum more often.
- 3.5 The Museum does send invitations to schools and is frequented by first year medical students from the University of Cape Town.

### **4. Acknowledgements**

The Chairperson thanked Ms Maliwa for her assistance and acknowledged that the Committee deemed the oversight visit as informative and successful.

## **6. Report of the Standing Committee on Finance, having undertaken an Oversight Visit to the GrandWest in Cape Town dated 17 February 2015.**

### **Delegation**

The delegation consisted of the following members:

Joseph, D (DA) (Chairperson and lead of delegation)  
 Beerwinkel, CF (ANC)  
 Dyantyi, QR (ANC)  
 Mngasela, M (DA)  
 Max, LH (DA)  
 Uys, P (ANC)

### **1. Introduction**

Section 114 (b) (1) of the Constitution of the Republic of South Africa, 1996, mandates Provincial Legislatures to provide for mechanisms to maintain oversight over the exercise of Provincial Executive Authority in the province, including the implementation of legislation. To this end the Standing Committee on Finance undertook an oversight visit to GrandWest Casino to oversee the way in which

Provincial Treasury and the Western Cape Gambling and Racing Board (WCGRB) perform their respective responsibilities in terms of ensuring compliance to the Western Cape Gambling and Racing Act (Act 4 of 1996) as amended and associated regulations. The Committee therefore also included subordinate legislation in the scope of their visit.

The GrandWest Casino complex was constructed at the cost of R1.5 billion and opened its doors in December 2000. The complex subsequently underwent an expansion during which the Casino floor was extended by 5000m<sup>2</sup> at a cost of R 450 million. The Casino is the biggest in the Southern Hemisphere and one of the Sun International Group's international flagship casino's, generating up to 25% of the group's annual revenue. The oversight visit therefore also provided the Committee with an opportunity to observe international best practice in relation to casino management.

## **2. Overview of the visit**

The Committee was welcomed by the management of the Casino, following which Mr M Naidoo, the General Manager, lead a presentation on the following aspects:

- 2.1 Responsible Gambling;
- 2.2 Combatting money laundering;
- 2.3 Surveillance;
- 2.4 Promotion of Broad Based Black Economic Empowerment and employment equity;
- 2.5 Fees and Taxes; and
- 2.6 Corporate Social Initiatives contributions/projects and enterprise development.

Following the presentation the Committee was lead on a tour of the Casino complex. The Casino currently has a total of 2563 slot machines and 79 gaming tables on its gaming floors. The Casino also has areas designated as Salon Prive', Slots Prive' and Tables Prive' which provides designated gaming experiences for high-end, platinum and high-stakes players respectively.

Following the presentation and tour of the Casino complex the Chairperson extended his appreciation to the Casino management and staff for the preparations leading up to the visit.

## **3. Findings and Observations**

### **3.1. Responsible Gambling**

- 3.1.1 The Sun International self – exclusion policy makes provision for an application process through which players apply to a casino to be excluded from the casino complex. Details of such persons are then placed on a database with the result that they will not be allowed access to the casino complex. Where they have been successful in evading detection to enter the casino, their winnings will be forfeited. For the period October – December 2014, 92 persons have successfully applied for self-exclusion.



- 3.1.2 The Casino has introduced a Responsible Gambling Programme Committee on which representatives of the various gaming departments serve. This Committee is tasked with reviewing self- exclusion cases that have lapsed. This Committee also appoints a case manager to monitor individuals who are considered to be potential “red flag” cases.
- 3.1.3 Customer complaints, related to losses at the casino, are referred to one of the section managers who will determine the severity of the complaint and discuss possible remedial avenues. Complaints can also be lodged with the WCGRB in which case the Casino provides the WCGRB with all the necessary information including the playing habits of the person and, where it is known, the specific products used.
- 3.1.4 Casinos provide funding to the National Responsible Gambling Programme that has centres across the country, with the Western Cape centre being located in Kenilworth. The Programme has quarterly engagements with the WCGRB and provides training and awareness campaigns at, amongst others, schools and service providers to casinos. Any casino advertising as well as each slot machine must have the responsible gambling programme information and contact details on it.

## **3.2. Preventing Cheating Activities**

- 3.2.1 The Casino institutes Suspicious Transaction Reporting for matters reported to the Surveillance Department and Cash Threshold Reporting for transactions of more than R25 000 and multiples thereof.
- 3.2.2 Casino staffs undergo Financial Intelligence Centre Act (Act 38 of 2001) (FICA) training and the Casino is audited twice a year with regards to compliance to FICA regulations, in the first instance by the WCGRB and in the second instance by the Financial Intelligence Centre itself.
- 3.2.3 Gaming technology is of such a nature that gaming machines do not accept counterfeit notes. A greater challenge is the occurrence of stained notes which the South African Reserve Bank considers to be the proceeds of criminal activities. In instances where the stain is not of a significant degree, these notes will be accepted by gaming machines.
- 3.2.4 Before a manufacturer can submit an application to license a gaming machine, it must first pass an assessment stage. The South African Bureau of Standards does the assessment in terms of compliance to health and safety standards. A gaming laboratory such as Gaming Laboratory International (GLI) does the assessment in terms of compliance to the country norms and standards for gaming software. Once the license has been obtained, the machines, together with its technical specifications are licensed with the relevant provincial and national gambling boards.
- 3.2.5 There has been a year - on - year reduction in cheating and syndicate activity since 2013.

### 3.3 **Broad Based Black Economic Empowerment [BBBEE]**

- 3.3.1 The casino is assessed against Employment Equity, Skills Development, Preferential Procurement, Enterprise Development and Social Economic Development and is currently operating at a level 2 BBBEE Status.
- 3.3.2 Of the current workforce of 686 persons, 82% are local residents (defined as persons who have been resident in the Western Cape for at least the past 6 months) whilst 87% of the current work force are equity (defined as Black, Indian and Coloured) candidates.
- 3.3.3 The Casino undertook a gap analysis, and based on its findings, designed level 3 and 4 employed learnerships for their staff. Of the 2013/2014 intake, 56% of candidates were deemed fully competent. This percentage was affected by the restructuring process that resulted in the loss of some of the staff members who formed part of the initial cohort.

### 3.4 **Fees and Taxes**

The Western Cape has the highest casino taxation rates in the Country. Casino's are taxed in proportion to their gross generating revenue with the highest taxation bracket being a levy of 16% for casinos with a gross generating revenue of more than R71 million per month. GrandWest Casino currently falls within the highest taxation bracket.

### 3.5 **Corporate Social Initiatives contributions/projects and enterprise development**

- 3.5.1 GrandWest Casino has since its inception been able to invest over R70 million through its corporate social initiatives.
- 3.5.2 The Casino has various platforms through which it advertises opportunities for persons to apply for their corporate social initiatives and enterprise development awards. One such platform is the Western Cape Education Department Early Childhood Development Committee on which a representative from the Casino serves.
- 3.5.3 The Casino has hosted a biannual Educational Exhibition for grade 10 and 11 learners for the past five years, where learners were invited to attend presentations and visit information stands by companies such as Old Mutual and PricewaterhouseCooper. The 2015 exhibition will be held in Mitchell's Plain and the Casino will again cover the cost of the exhibition including, amongst other, transport and lunch for learners.

3.6 The Casino's exclusivity license expired in 2010.

3.7 The Casino has instituted various measures to mitigate the effect of loadshedding, the first of these being that they have acquired five generators that provide energy to the entire complex in the event of load shedding. The costs of operating these generators currently stand at R350 000 per month.

The Casino has also installed heat pumps and has replaced fluorescent lighting with LED lighting in order to reduce energy consumption. The Sun International Group is also currently undertaking a study to determine the feasibility of installing solar panels with a focus on the viability of using these panels during the autumn and winter seasons.

- 3.8 43% of the Casino staff belong to one of two unions, namely the South African Commercial, Catering and Allied Workers Union (SACCAWU) and Solidarity. The Casino has entered into relationship agreements with these two unions and has quarterly engagements with them. The Casino reported that they had an amiable relationship with both unions.
- 3.9 In terms of the Western Cape Regulations the casino is allowed to place machines on the floor that maintains a Return to Player (RTP) ratio of 85%, which would allow a Casino to retain 15 % of the money spent on a game. GrandWest Casino, as well as its competitors however in practice maintains a 98% Return to Player ratio to ensure that it maintains its client base. If a machine does not comply with this ratio over an extended period of time then it would be removed from the gaming floor.
- 3.10 A local company is currently investigating the viability of manufacturing gaming slot machines and are in discussions with international manufacturers such as Aristocrat in this regard. Should such a venture be successful it would allow the Casino to improve its BBBEE level with regards to preferential procurement.
- 3.11 The Provincial Minister of Finance has approved an additional budget allocation which has allowed the WCGRB to commence with the recruitment and appointment of two additional inspectors. This will increase the Board's capacity to regulate the gambling and racing industries.
- 3.12 The percentage of the gaming floor occupied with gaming products is audited and is inspected by the fire chief to ensure compliance to safety regulations. The Casino is also independently audited in terms of the air quality on gaming floors.
- 3.13 During the tour of the Casino complex the Committee observed that:
- 3.13.1 The Casino is divided into three main areas namely a smoking area, a non-smoking area and prive's with the latter being designated for high denomination games.
- 3.13.2 Staff can request to not be placed on the smoking gaming floor for their own health and safety reasons and this request is respected by Casino management. Another measure to reduce the exposure of staff to a smoking environment has been the introduction of automated card game machines.
- 3.13.3 The Western Cape player behaviour across the smoking and non- smoking groups is unique in that other provinces experience that the smoking gaming floor attracts the most number of players. The Western Cape experience is that

the smoking and non- smoking gaming floors attract an equal number of players.

**4. Information requested by the Committee**

The Committee **REQUESTED** that the Casino submit a list of establishments and institutions that have benefited from its Corporate Social Initiatives and Enterprise Development Programme during 2014.