

PARLIAMENT OF THE PROVINCE OF THE WESTERN CAPE

ANNOUNCEMENTS, TABLINGS AND COMMITTEE REPORTS

FRIDAY, 13 NOVEMBER 2020

COMMITTEE REPORT

Report 5/ 2020

Ref: Citizen Engagement – Protection of the Vulnerable/Health Update and Education/Economic Recovery, Support and Livelihoods

Report of the Ad Hoc Committee on COVID-19, in performing oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic, on the themes/meetings covered for August 2020, as follows:

The Ad Hoc Committee on COVID-19 consists of the following members:

Mr R Allen (DA)
Mr D America (DA)
Ms D Baartman (DA)
Mr G Bosman (DA)
Mr F Christians (ACDP)
Mr C Dugmore (ANC)
Mr B Herron (GOOD)
Ms P Lekker (ANC)
Mr P Marais (FFP)
Mr D Mitchell (DA)
Ms W Philander (DA)
Mr A van der Westhuizen (DA)
Ms M Wenger (DA)(Chairperson)
Ms R Windvogel (ANC)
Mr M Xego (EFF)

Alternative Members:

Ms L Botha (DA)
 Mr R MacKenzie (DA)
 Ms M Maseko (DA)
 Ms N Nkondlo (ANC)
 Mr K Sayed (ANC)
 Mr D Smith (ANC)

Procedural Staff:

Ms Z Adams, Procedural Officer
 Ms L Cloete, Senior Procedural Office

1. Introduction and Background

The Ad Hoc Committee on COVID-19 (the Committee) was established by the Speaker of the Western Cape Provincial Parliament on 14 April 2020 in accordance with Standing Rule 119(1)(b) of the Standing Rules of Western Cape Provincial Parliament. The Committee was tasked with the responsibility to perform oversight over the work of the provincial executive authority as it responds to the COVID-19 pandemic, including oversight over any part of the provincial executive authority, any provincial department, any organ of state and any provincial entity involved in activities dealing with the pandemic.

The meetings have been held virtually, so as to comply with COVID-19 lockdown regulations issued by National Government, as well as a decision of the Programming Authority, to enforce social distancing rules.

2. Election of Chairperson, Adopted Themes and the Rules of Engagement

On 17 April 2020, Member M Wenger (DA) was elected to serve as the Chairperson of the Committee in accordance with Standing Rules 82(1) and 85. The Committee adopted 12 themes around which it would address the COVID-19 pandemic, also agreeing to hold two meetings per week, given the urgency of the matter. Each meeting would primarily focus on one theme. The 12 adopted themes were as follows:

1. Health Department Responses and Preparations
2. Policing, Security and Police Brutality
3. Food Security
4. Protection of the Vulnerable
5. Disaster Management and Local Government Oversight
6. Economic Recovery, Support and Livelihoods
7. Transport and Infrastructure
8. Schooling and Education
9. Human Settlements
10. Citizen Surveillance
11. Intergovernmental Relations and Community Cooperation
12. Government Finance and Budgets

Additionally, the Rules of Engagement during virtual meetings were indicated as follows:

1. All meetings would be open to members of the public and media via livestreaming;
2. All Members microphones must be muted at the beginning of the meeting to avoid background noise;
3. Members are to flag Points of Order in the Chat Function of Microsoft Teams (the application through which virtual meetings are held);
4. All videos and audio must be switched off to improve the quality of the connection; however, if a Member/Minister/HOD/Official is speaking, they may put on their audio and video;
5. Participants must switch off their microphones once they are finished speaking;
6. In terms of maintenance of order, in accordance with the “Directives for Sittings of the House and Meetings of Committees by Electronic Means”, ATC’d on Friday, 17 April 2020, Section 8 states that “when a Member is considered to be out of order by the presiding officer, the presiding officer may mute the microphone of such a Member and call such a Member to order”; and
7. Section 10 of the Directives ATC’d on 17 April 2020 speaks to the application of Standing Rules. Section 10 states that “in instances where these directives are not clear or do not cover a particular eventuality in respect of sittings of the House or meetings of the committees by means of videoconferencing, the Standing Rules must apply as far as this is reasonably and practically possible and, in instances where they cannot be applied, the ruling by the presiding officer must be final”.

The themes/citizen engagement meetings covered in August 2020 included:

- Protection of the Vulnerable: Briefing by the Western Cape Department of Social Development (DSD) on the guidelines for prevention and management of COVID-19 infections in long term care facilities; engagement with umbrella bodies for homes for older persons and for persons with disabilities on how they have managed to prevent the spread of COVID-19 within facilities and the challenges they have encountered during the pandemic; briefing by the DSD and the Department of Cultural Affairs and Sport on bereavement support and psychosocial support initiatives; and engagement with organisations involved in bereavement counselling and psychosocial support for individuals and communities during the pandemic – 14 August 2020
- Health Update: Briefing by the Provincial Department of Health on COVID-19 indicators and public healthcare capacity.
- Schooling and Education: briefing by the Independent Schools Association of Southern Africa on their work during the pandemic, social distancing and preventative measures put in place at schools, strategy to ensure learners progress through the school syllabus, challenges and teacher and learner infections, and the “new normal” at schools; and briefing by Schools Governing Body Associations and School Governing Bodies on their work during the pandemic and challenges experienced – 19 August 2020.
- Economic Recovery, Support and Livelihoods: Briefing by the Federation of Unions in South Africa, the Cape Chamber of Commerce and Industry, Black Business Chamber, Mitchell’s Plain Chamber of Commerce/Plein Chamber, Agri Western Cape, Vinpro and Master Builders and Allied Trades Association in the Western Cape on how the pandemic has affected industries and members belonging to those organisations in both (a) a health perspective and (b) a work and livelihoods perspective, the work organisations have done to support industries and their members, innovations in the sector, and any concerns relating to COVID-19 and the response to the pandemic – 26 August 2020.

3. CITIZEN ENGAGEMENT: Protection of the Vulnerable – 14 August 2020

3.1 Briefing by the Western Cape Department of Social Development

3.1.1 Overview and background

The Committee requested a briefing from the Western Cape Department of Social Development (DSD) on the guidelines for prevention and management of COVID-19 infections in long term care facilities.

The purpose of the meeting was to gauge the measures taken to support homes for older persons as well as persons with disabilities during the pandemic.

3.1.2 Observations and challenges

- 3.1.2.1 Dr R Macdonald, Head of the Provincial Department of Social Development (the DSD), informed the Committee that, as at 3 August 2020, there were currently 115 residents within homes for older persons that were infected with COVID-19, 233 deaths and 1 073 recoveries. In terms of staff working in the homes, currently, 107 were infected with the virus, there had been eight deaths and 1 006 staff members had already recovered.
- 3.1.2.2 Protocols have been put in place to manage the spread of the virus in homes for older persons. The Provincial Department of Health has implemented screenings and testing at these facilities and the DSD has been in communication with all facilities regarding the Regulations issued in terms of the Disaster Management Act, 2002 (Act 57 of 2002).
- 3.1.2.3 R1,755 million has been made available for all 117 funded facilities for older persons for the management of COVID-19. The DSD has facilitated a volunteer organisation to deep clean facilities, with a focus on homes in vulnerable communities and hotspot areas. So far, 15 000 masks, 2 340 litres of sanitiser, 5 000 face shields and 23 000 cleaning products have been distributed to funded facilities for older persons, across the Province. However, the provision of Personal Protective Equipment (PPE) remained a challenge.
- 3.1.2.4 In terms of DSD funded residential facilities for persons with disabilities, there are 39 residential facilities across the Province with a total of 1 673 residents. Of these 39 facilities, five are facilities for children with severe to profound intellectual disability. These five facilities are home to 92 children. So far, eight facilities for persons with disabilities had been affected by COVID-19, with 72 positive cases amongst residents and 39 positive cases amongst staff. There had been five reported deaths of residents, while no reported deaths of staff members.
- 3.1.2.5 The DSD has communicated the protocol for funded residential facilities for persons with disabilities where there were suspected positive or confirmed positive COVID-19 cases. The DSD has also communicated the guidelines for prevention and management of infections in these long term care facilities, and has distributed masks, face shields and sanitisers for Metro-based facilities. Facilities for persons with disabilities in the Eden, Karoo and Cape Winelands areas have received masks and face shields. The DSD also provided financial assistance of R15 000 per facility.

3.2 Briefing by BADISA, the Western Cape Older Persons Forum, Age-in-Action Western Cape, Cape Peninsula Organisation for the Aged and ACVV

3.2.1 Overview and background

The Committee requested an engagement with umbrella bodies for homes for older persons on their work during the COVID-19 pandemic, how they are managing to prevent

the spread of COVID-19 within these facilities and the challenges they have encountered so far during the pandemic.

BADISA, Cape Peninsula for the Aged (CPOA), Age-in-Action Western Cape, ACVV and Western Cape Older Persons Forum (WCOPF) briefed the Committee.

The following representatives were in attendance:

- Ms Christine Quickfall, Chief Executive Officer of BADISA
- Sister Louise Nix, Nursing Service Manager for CPOA
- Ms Yolanda Adams, Human Resources Manager for CPOA
- Ms Irene Snell-Carroll, Provincial Director for Age-in-Action Western Cape
- Ms Ria Abel, Chairperson of the ACVV
- Ms Mara Koornhof, Vice-Chairperson of ACVV
- Ms Lucia Smuts, National Manager: Older Persons at ACVV
- Ms Helen Kriel, Regional Manager: West Coast/Cape Winelands of ACVV
- Ms Ida Nel, Cape Metropole/Overberg
- Mr Vernon Hendricks, Chairperson of WCOPF
- Ms Alvira Kleinhans, Board Member of the WCOPF
- Mr Virgil Groepe, Treasurer of WCOPF
- Ms Melonice Blanckenberg, Coordinator: Active Ageing for WCOPF
- Ms Johannah Joshua, Coordinator: Ward Committees for WCOPF
- Ms Shariefa Darries, Provincial Coordinator for WCOPF

3.2.2 Observations and challenges

- 3.2.2.1 Ms Quickfall, representing BADISA, informed the Committee that the COVID-19 pandemic brought about financial challenges as organisations were unable to fundraise since the middle of March 2020 when the lockdown commenced. This also brought about donor fatigue as organisations for older persons were more reliant on donor funding.
- 3.2.2.2 The organisations acknowledged support from the DSD provided in the form of PPE, however, this provision was not sufficient as there was a constant need for PPE. Although the DSD provided R15 000 for PPE, facilities required more support as staff who tested positive for the virus had to be replaced at the facilities and this was a challenge due to lack of funds. There were a few residential facilities that had to buy their own PPE. Another challenge was the trauma suffered by staff members working at facilities who had witnessed the impact of the virus on residents and other staff members. Staff members were exhausted and suffering from burnout. Additionally, the general uncertainty about the virus hindered organisations from engaging in medium to long term planning for their facilities.
- 3.2.2.3 Mr Hendricks from the Western Cape Older Persons Forum (WCOPF) extended the organisation's gratitude to the first responders, essential employees, public health leaders, physicians and scientists who were continuing to work to treat COVID-19 patients, to protect vulnerable persons, and to minimise the spread of the virus. Although older persons were disproportionately affected, more older persons were coming out of retirement to assist in health facilities and run soup kitchens.
- 3.2.2.4 According to the WCOPF, more and more people are relying on SASSA beneficiaries as they are losing their jobs. Parents who previously relied on their children to supplement their SASSA grants, now have to assist their children who have become unemployed due to the pandemic. Older persons living in facilities have also experienced more instances

- of loneliness since they have not been able to receive visits from family members, and since they have not been able to attend religious gatherings. This isolation has impacted on the emotional wellbeing of persons living in facilities for older persons. The exclusion of SASSA beneficiaries as recipients of food parcels has placed an even greater burden on older persons who have become the only means of household income.
- 3.2.2.5 The WCOPF stated that not all residential facilities were able to create isolation facilities for residents who contracted the virus. Additionally, where there were isolation units, there were not enough staff members to oversee the facilities. Carers are trained to perform certain duties and when residents test positive, these carers are expected to perform duties outside of their job description, which was not fair to them.
- 3.2.2.6 The WCOPF found that the re-evaluation of persons on disability grants could not take place due to staff shortages. This meant that the financial burden would rest solely on older persons in households, who had to care for persons/children with disabilities while the parents were working.
- 3.2.2.7 Ms Snell-Carroll, representing Age-In-Action Western Cape (AIAWC), acknowledged that physical distancing was crucial, however, it had to be accompanied by social support measures and targeted care for older persons, including facilitating access to digital technologies. However, technology was a challenge for older persons who wanted to communicate with their loved ones. Many older persons thrive on social interaction, which was stopped during the lockdown. This has created a risk of older persons falling into depression. During the pandemic, older persons were unable to come to terms with the loss of their loved ones as they did not have the opportunity to say their farewells, causing additional trauma.
- 3.2.2.8 According to AIAWC older persons experienced a number of challenges during the pandemic such as not being able to fetch their chronic medication, and not being able to self-isolate due to extremely impossible circumstances where they were living in large households and low-cost housing with one bedroom. Additionally, there was a concern that the reason that elder abuse reports did not increase during the lockdown was because older persons were living with their abusers and did not have a safe space to go to if they wanted to report the abuse.
- 3.2.2.9 Sr Nix from the Cape Peninsula Organisation for the Aged (CPOA) informed the Committee that they currently had 48 active cases of the COVID-19 virus (36 residents in older persons facilities and 12 staff members that were infected), and 149 recoveries. So far, 47 residents and one staff member had succumbed to the virus. The oldest COVID-19 survivor in the CPOA facilities was 92 years old. The CPOA implemented a number of interventions including training on the use of PPE, which resulted in a recovery rate that exceeded the national rate. Similarly, the ACVV also established its own Occupational Health and Safety policies to combat the spread of the pandemic in its homes. Some staff members at these facilities opted to stay at the facilities rather than stay in high-risk communities where the use of public transport did not allow for proper social distancing. Some staff opted to use private transport to get to work, which resulted in additional costs for the facilities.
- 3.2.2.10 Ms Smuts, representing the ACVV, informed the Committee that the pandemic arrived after the facilities' budgets had been approved, which meant that facilities had to adapt the budgets to cope with additional COVID-19 expenses. The provision of proper PPE for staff, including the N95 masks, remained a challenge. The delay in testing and release of results caused a delay in implementing further preventative measures. Family co-payments also stopped when people became unemployed, which put facilities under immense pressure.

3.3 Briefing by the Western Cape Association for Persons with Disabilities

3.3.1 Overview and background

The Committee engaged with the Western Cape Association for Persons with Disabilities (WCAPD) on the efforts the organisation has made to support COVID-19 management and awareness for persons with disabilities.

The following representatives were in attendance:

- Ms Erica Du Toit, Coordinator: Awareness and Sensitisation
- Ms Elmien Grobbelaar, Director
- Ms Celista Gerber, Regional Manager: Chief Social Worker

3.3.2 Observations and challenges

- 3.3.2.1 Ms Du Toit from the Western Cape Association for Persons with Disabilities (WCAPD) informed the Committee that, similarly to the experience that other organisations had, there was very little time to prepare for the pandemic and lockdown in terms of the organisation's services and the impact the virus would have on persons with disabilities. As a provincial office, the WCAPD was not considered an essential service as it did not provide a direct service to persons with disabilities and therefore would not have received work permits. However, the organisation was able to continue its work remotely. The WCAPD provides support services to its branches that provide direct support to persons with disabilities.
- 3.3.2.2 The consequence of the lockdown was that the WCAPD was unable to fundraise, which resulted in the organisation's income decreasing dramatically. There was no additional income from special care centre fees nor from the sale of products made in workshops.
- 3.3.2.3 The WCAPD ensured the distribution of PPE to its branches, which included masks, shields and gloves, and provided its staff with online training for the correct use of PPE. The WCAPD also developed a home stimulation programme for children, in partnership with the Department of Basic Education, for children who would have been in special care centres, but could not be there due to closure during the lockdown. The WCAPD used radio and social media to highlight the effect of the pandemic on persons with disabilities.
- 3.3.2.4 During the initial phase of the lockdown social work services were not recognised as essential services and social workers could not continue to see their clients. However, there was still a need for support. Social workers then provided telephonic support where possible. During level 4 of the lockdown, social workers were able to render a service, and they began to engage in home and office visits where needed. These services were under strictly controlled circumstances.
- 3.3.2.5 The WCAPD used its own funding in various branches to provide food parcels and cooked meals for homes. This was not the organisation's core business but the pandemic forced branches to implement these services to relieve the desperate need for assistance.
- 3.3.2.6 During the beginning of the lockdown, the WCAPD could not engage in fundraising efforts, which meant that there were no incoming donations, which has resulted in budget deficits for many of the organisation's branches.
- 3.3.2.7 Corporate entities could not continue to fund or donate to the WCAPD branches, and as a result the organisation's branches are now fully dependent on subsidies, which does not provide sufficient funding for all the additional expenses caused by the pandemic.

- 3.3.2.8 The unemployment rate at the WCAPD has increased as some of the branches do not have the resources to pay unfunded salaries, and as a result, retrenchment processes have started at a few branches.

3.4 Briefing by the Western Cape Departments of Social Development, and Cultural Affairs and Sport

3.4.1 Overview and background

The Committee engaged with the Western Cape Departments of Social Development (DSD) and Cultural Affairs and Sport (DCAS) on bereavement counselling and psychosocial support initiatives for individuals and communities during the COVID-19 pandemic.

3.4.2 Observations and challenges

- 3.4.2.1 Dr Macdonald informed the Committee that psychosocial support to individuals and families was tailored to the specific needs of the clients, and may include debriefing, counselling, psychotherapy and cognitive behavioural therapy. Its overall aim was to develop the coping mechanisms and resilience of the client and/or family unit. All services were rendered by either the DSD social work professionals or Non-Governmental Organisations (NGOs) funded by the DSD. The DCAS was responsible for engaging the religious sector to strengthen bereavement support to families who had lost members to COVID-19.
- 3.4.2.2 The DSD was responsible for providing counselling to persons referred by the Department of Health to quarantine and isolation facilities. This counselling included reintegration and mediation services when persons returned to their families and communities following hospitalisation or quarantine/isolation. This type of counselling was needed to assist in overcoming the stigma and fear around the return of previously infected persons. Psychosocial support services were also required for a range of related vulnerabilities that occurred and/or were aggravated by the COVID-19 pandemic such as Gender-Based Violence (GBV), trauma, depression and anxiety.
- 3.4.2.3 Between April and June 2020, the DSD provided debriefing services to 32 194 families, telephonic and one-to-one counselling and support services to 4 452 families, and trauma counselling and support and telephonic counselling to 9 352 families.
- 3.4.2.4 Between April and July 2020, the DSD provided psychosocial support to 1 995 victims of GBV through funded NGOs, 47 victims of crime and violence, nine victims of human trafficking (and their children), and 523 victims of crime and violence that accessed shelter services in funded Victim Empowerment Programme service centres.
- 3.4.2.5 In terms of bereavement support, the DCAS worked with a number of partners to provide relief to citizens through its sport and arts and culture relief funds, and expanded access to psychosocial support through partnerships with the religious sector to improve support to families in need and to offer support linked to funerals. The DCAS also launched the “enrichED” web portal, which is an after school practitioner resources portal, for NGO and sport practitioners.

3.5 Briefing by Lifeline Western Cape and Jelly Beanz

3.5.1 Overview and background

The Committee engaged with organisations involved in bereavement counselling and psychosocial support for individuals and communities during the COVID-19 pandemic.

The organisations that engaged with the Committee was Lifeline Western Cape and Jelly Beanz.

The following representatives were in attendance:

- Ms Glynis Depper, Counselling Consultant for Lifeline Western Cape
- Ms Edith Kriel, Executive Director for Jelly Beanz

3.5.2 Observations and challenges

- 3.5.2.1 Ms Depper from Lifeline Western Cape (Lifeline) informed the Committee that many of the calls they have received were for counselling in respect of GBV and other psychosocial issues because people are no longer distracted by work and everyday life, especially if an individual is prone to anger. There is a cost to counsellors on a psychological level as the work can be very difficult. The type of bereavement counselling that Lifeline has dealt with was in respect of loss of employment, loss of a sense of predictability, loss of control and loss of family interaction.
- 3.5.2.2 According to Lifeline, online counselling and texting has become more popular due to the lockdown because individuals are trapped in the house with their abuser and cannot leave. Lifeline has used WhatsApp to communicate with its clients. Lifeline has been in demand for trauma debriefing. The organisation has a specific team that goes out to clients.
- 3.5.2.3 Ms Kriel, representing Jelly Beanz, informed the Committee that the COVID-19 pandemic has added another layer of distress to children who already experience high levels of complex and developmental trauma. Many children did not have access to information about the virus, which caused additional fear and anxiety. When children are traumatised it impacts on their neurobiological functioning and development of the brain.
- 3.5.2.4 According to Jelly Beanz, children have been exposed to increased instances of violence in the homes during this period. The majority of cases referred to the organisation during the pandemic has been for crimes of sexual abuse. There were also instances of children who were traumatised by issues happening at community level such as witnessing violent acts from the army during the initial phase of the lockdown.
- 3.5.2.5 Jelly Beanz indicated that children have experienced anxiety due to exposure to the virus and deaths of loved ones, which has caused them to withdraw and shut down. Home-schooling and the disruption of schooling (opening and closing of schools) has been problematic and has seemed to affect children on an emotional level. Additionally, it was a challenge for children to access child protection services during lockdown where some services were inaccessible.
- 3.5.2.6 Jelly Beanz asked that communication between government and Non-Profit Organisations be improved to deal with disaster management, especially around food distribution. The organisation did not receive food parcels or extra funding from DSD.
- 3.5.2.7 During the lockdown Jelly Beanz distributed food parcels, developed messaging for radio broadcasts, continued to make contact with clients via telephone, WhatsApp and online platforms, developed training materials for telephone/online therapy, continued to report on the abuse of children, and ensured that services were rendered during a time when there were very few statutory child protection organisations available, amongst other things.
- 3.5.2.8 Jelly Beanz anticipates an increase in disclosures of abuse and neglect once schools reopen. Traumatized children rely on non-verbal communication to indicate abuse or safety issues. Wearing a mask could hinder this type of communication at schools. Teachers will need to be trained and supported to manage the emotional impact of the pandemic. Similarly, frontline workers and community leaders will also require training

in respect of psychological first-aid, as there could be an increase in the number of children requiring psychosocial support.

- 3.5.2.9 Funding has been a challenge during the lockdown. Jelly Beanz has already had to retrench a staff member during the pandemic.

4. CITIZEN ENGAGEMENT: Health Update and Education – 19 August 2020

4.1 Briefing by the Western Cape Department of Health

4.1.1 Overview and background

The Committee requested a briefing from the Western Cape Department of Health on the COVID-19 indicators and the public healthcare capacity.

The purpose of the meeting was to receive an update on COVID-19 cases, hospitalisations and mortality in the Province. The Department briefed the Committee on its hotspot containment strategy, testing capacity, the acute service platform response, a review of the Health system response and the re-introduction of Comprehensive Health services.

4.1.2 Observations and challenges

- 4.1.2.1 Dr K Cloete, the Head of the Department of Health in the Western Cape (the Department), informed the Committee that the Department produces a COVID-19 data summary report and updates these reports daily. This daily report provides data about the number of tests conducted, the cumulative number of cases, the number of active cases, the number of deaths and the number of recoveries. There were 454 104 tests conducted, 100 778 cumulative cases, 6 332 active cases, 90 873 recoveries and 3 573 deaths as at 16 August 2020.
- 4.1.2.2 In terms case and contact tracing, approximately 50% of cases occur in the private sector and a majority of these cases and contacts are followed up by the private doctors taking care of these individuals.
- 4.1.2.3 The case and contact tracing have become a decentralised system, individual workplaces conduct case and contact tracing among their own employees and these feed into the central Departmental system.
- 4.1.2.4 Approximately 10% of all cases completed utilises COVID Connect which is a contact tracing application used by the Department, a national electronic system. All cases are called via a call centre and a case management team and these include the private and public sector patients.
- 4.1.2.5 All citizens called are told to isolate or quarantine, and all citizens are offered state province isolation and quarantine facilities.
- 4.1.2.6 The Department is working on improving the data system for case and contact tracing to bring together the multiple contact tracing systems to one collated system. As of 3 August until 10 August 2020, 7 100 cases were traced and for this same period cases tracked were over 10 000 and they were offered quarantine and isolation facilities were over 10 000.
- 4.1.2.7 Health care workers within the Province specifically within the Western Cape Government, as of 16 August 2020, recorded a total cases of 4 428 positive health care workers, 4 124 recoveries, 269 active cases, 69 accumulative deaths and the infection rate 13.61% and the recovery rate at 93.13%. Infections amongst health care workers reached a peak in June and early July 2020 and has since declined steadily into August 2020.
- 4.1.2.8 There is a continued decline in registered natural deaths in the week leading up to 4 August 2020 and this is consistent with the Department's own reported death data.

- 4.1.2.9 A new feature of the daily dashboard reflects the daily cases and deaths by service areas which includes the Cape Winelands, Eastern area, Garden Route, Khayelitsha, Klipfontein, Mitchells Plain, Northern area, Overberg region, Southern region, Tygerberg, West Coast and the Western area. Some of the data reflects that the Garden Route, for example, had the highest increase recently in cases and they must still reach a plateau since they had a later peak.
- 4.1.2.10 Continued emphasis is placed on hotspot containment strategies. The Department essentially focuses on the impact on; and are continuing to drive behaviour change in every local community via the hotspot strategy, until a full vaccine programme is in place which could potentially be 12 to 24 months. The behaviour change drive will focus on the uptake of masks, social distancing, hand and surface hygiene. The Department is currently going through a formal review on the index case follow-up, contact tracing system, and isolation and quarantine system, based on the learnings of the past three months will be undertaken and this will be part of a larger review on the entire strategy.
- 4.1.2.11 South Africa is part of the larger international collaborative effort to take part in a global vaccine initiative to ensure access to vaccines against COVID-19. Countries, such as South Africa, were invited to participate in the Covax Facility which is an investment opportunity of US\$ 2 billion to provide vital seed funding. The idea is to pull resources and support the production of vaccines for when it becomes available which will be equitably available for countries in need.
- 4.1.2.12 Ten vaccines against SARS-COV-2 are already in clinical trials and researchers at the University of Oxford and AstraZeneca hope to have the first phase 3 data in hand this summer. Phase 3 marks the readiness to administer the vaccine to persons. Many infectious disease experts argue that 18 months for a first vaccine to be available to everyone is an incredibly aggressive schedule, and realistically this might be available in 18 to 24 months. A few optimists however believe that hundreds of millions of doses of vaccine might be ready for roll-out by the end of 2020. The challenges faced though would be availability, affordability and implementation.
- 4.1.2.13 The National Health Laboratory Service (NHLS) has no backlog at present for confirmatory Polymerase Chain Reaction (PCR) tests. There is however sufficient PCR testing capacity in both public and private sector laboratories which essentially means that the Department can now review the testing criteria for the Province. The Department has a technical team meeting and looking to revise the strategy for testing. A national seroprevalence survey is being planned with SAPHRA approved rapid test and this survey will check how many people were exposed to COVID-19. The NHLS has offered to assist with a big community drive to catch-up on TB case detection over the coming months since TB testing decreased during the COVID outbreak to focus more on COVID testing.
- 4.1.2.14 The Department had significant success with the high risk diabetic strategy and it is now focusing on moderate and low risk diabetics. During the Diabetic Project of the total high-risk diabetic patients that have been contacted and admitted over the last two weeks, 39 have been admitted and only two had an adverse outcome of death. After two weeks of the programme, there are 18 patients still admitted in the CTICC Hospital of Hope and are currently being strictly managed, the remaining 19 patients have been discharged and are recovering well. The low risk COVID diabetic phase of the project was launched on Friday 7 August where more than 60 patients have already been contacted and are followed up on daily. 13 of these have been escalated for more intense follow up by a dedicated medical officer for the remainder of the COVID period.
- 4.1.2.15 With reference to field hospitals the CTICC Hospital of Hope had cumulative admissions of 1 502 patients, cumulative discharges of 1 440 and it currently has 57 admissions and had 82 deaths. The Brackengate R300 facility had 201 cumulative admissions, 153 cumulative discharges, 54 current admissions and 4 deaths. The Brackengate R300 facility

- will admit more patients since the CTICC Hospital of Hope will be decommissioned to hand the facility back to the CTICC by 18 September 2020. The Thusong Centre in Khayelitsha had 241 cumulative admissions, 194 cumulative discharges and 34 deaths. This facility has however closed now and the Medecins Sans Frontiers (MSF) will move capacity, which they have invested in the centre for six weeks, to Butterworths in the Eastern Cape. The Sonstraal Hospital has 150 beds, 63 beds are ready and first admissions are planned for 13 August 2020. 60 additional beds will be available in Mitchells Plain, 32 in Hermanus, 20 in Vredendal and 20 in George. If there is a resurgent in cases the Department feels confident that the Province can cope with any upsurge in the absence of the CTICC as a facility.
- 4.1.2.16 As at 17 August 2020, total hospital bed occupation in the Western Cape was 68% and the bed availability across the Province 3 804.
 - 4.1.2.17 Hospital admissions and discharges from 9 August to 16 August 2020 were 575 admissions and 651 discharges, it is therefore in line with the keeping of the decline of admissions.
 - 4.1.2.18 On 10 July 2020 the Department was maximising oxygen use, the oxygen consumption is currently at 54.7% of total capacity. The daily consumption of oxygen aligns with the total consumption pattern with a peak in early July and a steady decrease thereafter. This however remains higher than the baseline oxygen consumption prior to the COVID-19 outbreak.
 - 4.1.2.19 Progress with the private sector indicates that all private hospital groups signed up; sufficient hospitals and specialists are ready to accept patients should the need arise. It is however still the strategy to exhaust in-house capacity first. The current projections are indicative of the need to activate referrals to private hospitals for COVID patients as diminished. Systems and processes are however in place should the need arise to access this capacity in an upsurge.
 - 4.1.2.20 The Metro Mass Fatality Centre situated at Tygerberg Hospital is fully operational and receiving cases. This centre assists in scientific identifications where required, issuing the DHA 1663 (Cause of death notification) along with bereavement counselling to the families who visit the centre. The facility currently has 28 cases that have been admitted and it is well managed with undertaker capacity and capacity at hospitals with no challenge in managing the bodies as a result to COVID cases. In terms of rural preparedness for fatalities, the mortuary container currently at the CTICC Hospital of Hope will be moved to the rural areas as required to assist with the mass fatalities in rural areas.
 - 4.1.2.21 The alcohol ban had an impact on the Sentinel Trauma hospitals reports that shows a sample of hospital emergency centres and their trauma patient numbers over time. The data in this report clearly showed that during the lockdown and when the alcohol ban was in place the number of trauma patients decreased. After lifting the alcohol ban, on 1 June 2020, the number of trauma patients increased. On 12 July the alcohol ban was reinstated and four weeks into the alcohol ban the decrease in numbers was clearly reflected.
 - 4.1.2.22 The surveillance strategy of the Department aims to identify infections before it becomes outbreaks to limit the spread of the disease and enable public health authorities to manage the COVID-19 risk.
 - 4.1.2.23 The Department indicated that comprehensive clinic services will be reintroduced on the clinical service platform from the 1st week of August 2020, especially those that have taken a dip during the COVID-19 period.
 - 4.1.2.24 A review of the health system response to COVID-19 is being done by the Department to consistently adapt their response to emerging data and evidence, make best judgement calls when forecasting against some of the uncertainties the Department faces, learn

lessons from the past four to five months and map the Departments path for the next 12 to 24 months.

- 4.1.2.25 The hospitals' case, mortality and hospitalisation data continued to stabilise overall in the Province, with varying levels of maturation across the Province.
- 4.1.2.26 Significant capacity has been added in terms of infrastructure or equipment for high flow nasal oxygen and oxygen consumption have been managed.
- 4.1.2.27 The Department regards it as essential to ensure a strong focus on containment for the next 12 to 24 months.
- 4.1.2.28 A formal review or reflections process will be conducted by the Department to develop a coherent plan for the next 12 to 24 months based on collective learnings.
- 4.1.2.29 The Department indicated that they cannot predict that South Africa will experience a surge or a second wave in view of the recent phenomena of experiencing of a second wave in other countries such as New Zealand, Singapore and China.

4.2 Briefing by the Independent Schools Association of Southern Africa

4.2.1 Overview and background

The Committee engaged with the Independent Schools Association of Southern Africa (ISASA) on the organisation's work during the COVID-19 pandemic, social distancing measures in place at schools, the strategy to ensure that learners will cope with the syllabus, the challenges experienced, the teacher and learner infection rates and the "new normal" at schools.

The following representatives were in attendance:

- Mr L Montjane, Executive Director
- Ms A Barr-Saunders, Senior Officer: Research, Communications and Training
- Mr S Lee

4.2.2 Observations and challenges

- 4.2.2.1 ISASA is a non-profit organisation that provides its members with services to protect their interests, promote best practise and support equal education. ISASA is the largest and oldest independent schools' association in Southern Africa. The body consists of over 15 000 Educators and over 200 000 Learners.
- 4.2.2.2 Mr Montjane informed the Committee that ISASA has 127 member schools in the Western Cape from a total of 273 independent schools which includes low fee and no-fee schools.
- 4.2.2.3 ISASA performs quality assurance of schools on application of membership and every six years thereafter. ISASA employed a strategic, measured approach and fostered a relationship with the National and Provincial Departments of Education.
- 4.2.2.4 The major change during the COVID-19 pandemic is that the Hybrid Educational Delivery method has been the norm and it seems as if remote teaching learning will remain. The ability of Independent Schools to successfully execute quality remote instruction which highlighted flexibility through various forms of virtual platforms like Google classrooms and Microsoft Teams, while the lower paying or no paying fee schools interacted with their learners via texts and WhatsApp and these schools were required to provide food parcels to its learners as well and in delivering the food parcels they disseminated the work to learners at the same time. The Committee noted that certain schools will advocate for hybrid education, remote teaching and learning, but raised concern that this might widen

- the inequality gap between the various types of schools who can accommodate such practises.
- 4.2.2.5 The contentious role of the Teacher Unions have been experienced as in other international countries.
 - 4.2.2.6 The members of ISASA indicated that they have not lost any school days during the COVID-19 pandemic. ISASA created a COVID-19 portal as an Open National Resource which is accessible to all and contains COVID-19 information and learning materials suitable for online learning supplied by member schools.
 - 4.2.2.7 ISASA supported the movement that the Pre-primary schools reopened including Early Childhood Development Centres.
 - 4.2.2.8 Directions came from the National Department of Education that schools needed to get consent from its Provincial Departments to allow more learners in the schools. Both the Western Cape Education Department and the Gauteng Department of Education succeeded well in getting approvals for consent for deviation. ISASA provided ongoing assistance to their Member schools with notification of the intention to deviate from the directions of the Regulations, compliance with all COVID-19 standard operating procedures and verification in allowing the relevant authorities to inspect schools.
 - 4.2.2.9 ISASA has managed to negotiate special pricing on data and devices from South Africa's largest mobile networks, Vodacom and MTN. Both providers agreed to make standard data available at a reduced cost, as well as URL-linked (site-specific) data at a significantly reduced cost, for the duration of lockdown. Several device options were also available from each provider. They are currently also exploring the possibility of extending this special pricing beyond the lockdown period. The Committee welcomed this initiative by ISASA but however noted that these initiatives should benefit all schools and all pupils in the Province.
 - 4.2.2.10 ISASA significantly ramped up its online presence and did frequent website updates, held many online meetings relating to COVID-19 regulations, wellness meetings for school principals and several meetings for schools to simply discuss issues amongst themselves. The organisation is planning online versions of main conferences for heads or principals and business managers.

4.3 Briefing by the School Governing Body Associations and School Governing Bodies

4.3.1 Overview and background

The Committee engaged with the School Governing Body Associations and School Governing Bodies to understand the work the organisations have done during the pandemic and the challenges that have been experienced.

The following representatives were in attendance:

- Dr M Venter, Executive Officer: Governing Body Foundation (GBF)
- Mr K Williams, Chairperson: Wellington District Governing Body Forum
- Mr T Marshall, Deputy Provincial Manager: Federation of Governing Bodies of South African Schools (FEDSAS)

4.3.2 Observations and challenges

- 4.3.2.1 Dr Venter informed the Committee that the GBF experienced lots of uncertainty with lack of information, late information, changing information and contradictory information from the various authorities.

- 4.3.2.2 The GBF indicated that the Student Governing Bodies are not at schools due to principals not allowing SGBs to visit schools, SGBs could not have virtual meetings at times due to connectivity problems, data and other issues. The SGBs seems to have been operating on its own.
- 4.3.2.3 School fee payments and fund-raising initiatives have declined during this time since some parents of learners were not able to pay schools either due to learners not being physically at school regularly and the parents not feeling the urge to pay schools due to either retrenchments or reduced salaries.
- 4.3.2.4 There was an impact on staffing at schools where some schools dealt with reduced salaries and retrenchments. The schools therefore had to employ additional staff at times.
- 4.3.2.5 The GBF tried to help schools in engaging with the Department of Basic Education (DBE) and the Western Cape Education Department (WCED) in many meetings for inputs and feedback on the situation at schools. The GBF supplied information and gave advice via personal interactions with schools, updating its website regularly and other largely COVID-19 related communications.
- 4.3.2.6 The GBF's support system was mostly provided by WCED officials, a labour lawyer who could assist queries on labour matters, a litigation attorney, an industrial psychologists and their own experience and training to support the schools, respective SGBs and staff members.
- 4.3.2.7 The GBF acknowledged that the WCED provided clear and timeous information in filling in gaps and taking a stand and leadership.
- 4.3.2.8 Mr Williams from the Wellington District Governing Body Association identified challenges which include the filling of SGB posts since the schools does not have funding to continue with the SGB posts and the schools were not able to do fundraising for the salaries of the SGB posts. The return of the respective Grades since the 24th of August has been a concern since some schools have challenges of overcrowded classes and not being able to social distance adequately. They are also experiencing challenges with the reopening of ECD centres in the Wellington area.
- 4.3.2.9 The learners are not returning to schools in Wellington as they should, which is becoming worrying. The educators in Wellington whose comorbidities were declined in some cases did not receive an answer from WCED yet. The schools lack resources which is limited, such as copy paper and due to not being able to do fundraising they have the lack of resources.
- 4.3.2.10 The Wellington District Governing Body Association established an Education Crisis Committee to address the issues experienced which includes some of the Paarl schools as well. They try to support schools to distribute some of the school materials while the learners are still at home. Street Committees have been established for this purpose as well. Retired teachers have been approached to assist schools in teaching learners via the Education Crisis Committee to assist mostly matriculates during weekends and after school. The SGBs suggested that the more affluent schools in the area opt to share resources with the less privileged schools.
- 4.3.2.11 Mr Marshall from the FEDSAS indicated that they are a national Non-profit Organisation (NPO) with head offices in Bloemfontein and branches in all provinces. The organisation focusses on developing effective and efficient school governing bodies to deliver quality education in public and independent schools. FEDSAS regularly meets with the WCED management at provincial and district levels, education labour unions and education sector stakeholders such as other NPOs and Non-government Organisations (NPOs). FEDSAS have numerous Zoom seminars with schools and members of the public to stay abreast of developments and provides support during this period.

- 4.3.2.12 Western Cape FEDSAS has 550 members in all quintiles, half of which are no-fee paying schools. FEDSAS indicated that some parents have not realised the statutory obligations in place to pay school fees which has not taken place.
- 4.3.2.13 FEDSAS identified the COVID-19 new realities in terms of information gathering and modes of interaction via national and provincial webinars, in addition they offer Zoom tailored sessions to upskill the SGBs, communicate via radio with both provincial and national stations and produces newsletters and newsflashes on social media platforms.
- 4.3.2.14 FEDSAS found that the WCED guidelines have been practical and useful. The WCED feeding scheme is vital but safety is required at all schools for collection of the food parcels. The online and distance learning depend on auto-didacts which means that it needs learners who are self-starters. Printed work provided for learners should be monitored. The SGB staff contracts have had to be renegotiated and the UIF-TERS was good at the time but has dwindled since payments were last made in April and May 2020. FEDSAS was alarmed with the fake news regarding education that have been doing the rounds and the anxiety it has created with the unnecessary disruption.
- 4.3.2.15 FEDSAS suggests that trustworthy support and sensible information and behaviour should be encouraged. In addition, the school feeding scheme should be supported and a trimmed curriculum delivery should be introduced. The ECD sector should be supported and schools should be supported to be financially fit to keep the SGB staff. Job opportunities should also be developed for the youth.

5. CITIZEN ENGAGEMENT: Economic Recovery, Support and Livelihoods – 26 August 2020

5.1 Briefing by the Federation of Unions in South Africa

5.1.1 Overview and background

The Federation of Unions of South Africa (FEDUSA) briefed the Committee on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work FEDUSA has done to support its members, innovation in the sector, and any concerns that FEDUSA wished to raise with the Committee relating to COVID-19 and the response to the pandemic. The Committee had also invited the Congress of South African Trade Unions (COSATU) and South African Federation of Trade Unions (SAFTU) to brief it on the above, however the latter union federations declined to participate.

The following representatives were in attendance:

- Ms Riefdah Ajam, General Manager
- Ms Marthique Marinus, Provincial Executive Committee Member
- Ms Natalie Adams, Provincial Executive Committee Member
- Ms Yumna Abrahams, Provincial Executive Committee Member

5.1.2 Observations and challenges

- 5.1.2.1 FEDUSA informed the Committee that the pandemic has caused mental stress, anxiety, fear, depression and physical exhaustion for its members, which have affected members' duties towards their families. Healthcare workers have faced pressure from their families to resign because they fear they will lose their loved ones. There was also a stigma attached to healthcare workers, who were refused certain services because they were

- working in hotspot areas. Private sector members who could not work remotely faced hardships stemming from salary reductions on all levels.
- 5.1.2.2 According to FEDUSA, the National Treasury has forecasted that seven million jobs will be lost due to the pandemic. This is the worst-case projection. The industries most affected will be the automotive sectors, printing and packaging, personal care (hairdressing, cosmetology), retail and manufacturing, transport, aviation transport, tourism and hospitality, banking and insurance, and telecommunications (Telkom). More than 1 800 retrenchment cases have been referred to the CCMA during the lockdown. These cases could affect more than 100 000 workers. Approximately 14 747 private transport workers could lose their jobs and the hotel industry could see approximately 10 387 jobs lost. The retail sector has also been severely impacted with approximately 23 000 jobs that could be lost. FEDUSA stated that 36% of its members indicated that they were not confident that their businesses had the financial resources to continue operating through the pandemic.
- 5.1.2.3 There have been many interventions from FEDUSA to support its members, including being part of the Rapid Response Task Team on the National Economic Development and Labour Council to support job retention and creation, and to mitigate job losses. FEDUSA also has a number of joint efforts with different government departments and programmes. FEDUSA also launched its own Isibonolelo Fund on 1 May 2020 to assist its struggling members. FEDUSA unions distributed masks and are still distributing more masks throughout the Western Cape to assist with the fight against the pandemic.
- 5.1.2.4 FEDUSA found that during the pandemic, women and children continued to be faced with instances of GBV and are still living in abusive homes. The crime statistics continue to plague the Province. FEDUSA feels that the Province is not making the necessary positive strides in order to move forward. Another challenge was the disparity in the workplace in terms of the Occupational Health and Safety (OHS) Act. If the necessary OHS measures had been in place and been functional, the response to these functionalities would not have been as overwhelming as it was. Additionally, the payment of grants to beneficiaries was a challenge. The non-payment of UIF/TERS was a national concern that has affected FEDUSA's members. Collaboration with all levels of government was needed to resolve this challenge. There were a number of employer violations that were exposed during the pandemic/lockdown. There were gross violations in terms of the deductions that were made and money that was not paid to applicants. The consequence management of these matters were non-existent. Payments were found to be suspended, which contributed to the hardships experienced by FEDUSA's members.
- 5.1.2.5 In terms of the banning of alcohol and tobacco, there were a number of psychological impacts, an impact on the health response, and an impact on the private sector. According to FEDUSA, confiscations of alcohol and tobacco has only found its way back into the hands of corruption and recirculation.
- 5.1.2.6 Government will have a vital role to play in relation to awareness campaigns post the lockdown, as the World Health Organisation has warned that this virus will remain for approximately another year-and-a-half. Government's response to the social dilemmas faced by the country must be prioritised, especially for the health and wellness response. Healthcare remains a priority – critical posts must be filled and transport matters need to be resolved. FEDUSA is calling for an all-inclusive economic recovery strategy, with an unconditional commitment from government to saving jobs, a domestic tourism drive, sectoral interventions especially in hospitality, tourism and aviation transport, clear deliverables, outcomes and timeframes, and the appointment of a project manager to drive the economic recovery process.

5.2 Briefing by the Cape Chamber of Commerce and Industry, the Black Business Chamber and the Mitchell's Plain Chamber of Commerce

5.2.1 Overview and background

The Committee engaged with the Cape Chamber of Commerce and Industry (CCCI), the Black Business Chamber (BBC) and the Mitchell's Plain Chamber of Commerce (MPCC) on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work the Chambers have done to support its members, innovation in the sector, and any concerns that the Chambers wished to raise with the Committee relating to COVID-19 and the response to the pandemic.

The following representatives were in attendance:

- Mr Sid Peimer, Executive Director of Cape Chamber of Commerce and Industry
- Mr Sizwe Ngqame, President of the Black Business Chamber
- Mr Mntuwekhaya Ciske, Secretary General of the Black Business Chamber
- Ms Renee Andrew, Treasurer General of the Black Business Chamber
- Mr Sean Achim, Chief Executive Officer and Chairperson of the Mitchell's Plain Chamber of Commerce
- Mr Igshaan Carstens, Chairman of the Strandbay Business Development and Forum and Member of the Mitchell's Plain Chamber of Commerce
- Ms Karrima Jacobs, Committee Member of the ECD Forum and Member of the Mitchell's Plain Chamber of Commerce

5.2.2 Observations and challenges

- 5.2.2.1 Mr Peimer spoke on behalf of the Cape Chamber of Commerce and Industry (CCCI), stating that although mental health issues have always been serious matters, depression and anxiety were now “off the scale” during the pandemic. This has been due to social isolation, which was not healthy for anyone.
- 5.2.2.2 Mr Peimer stated that the pandemic has accelerated the move to the use of more digital platforms for work purposes. Within 24 hours of the lockdown announcement, the CCCI had moved its work online. Unfortunately, the cost of data is very high in South Africa. Even if the pandemic passes, there are still other challenges that will remain such as crime, unemployment, the social infrastructure that has been affected, and corruption.
- 5.2.2.3 According to members belonging to the CCCI, government support packages and assistance were not handled efficiently. Some of the COVID-19 regulations were irrational, such as not being able to transport alcohol to the harbour, banning of cigarettes, etc. If government continues to implement these types of regulations, then the country will remain uncompetitive.
- 5.2.2.3 Mr Ciske spoke on behalf of the Black Business Chamber (BBC), stating that the impact of COVID-19 on grassroots businesses was that many of its members had suffered massive reductions to their revenue, some businesses were struggling to operate normally since the lockdown, and others have not yet resumed work, while some of its members had closed their doors. Other challenges experienced by the BBC's members during the pandemic included the matter of skewed procurement policies that did not favour emerging entrepreneurs especially for PPE tenders, and non-existent food supply distribution centres managed by Small, Medium and Micro Enterprises (SMMEs).

- 5.2.2.4 The BBC realised that many of its members did not have access to government interventions. Many SMMEs did not have the privilege of having digital devices and internet connectivity at their homes and could not access or process application forms for relief funds from government, as all the internet cafes had also been closed according to the COVID-19 regulations. The BBC then lobbied government to make internet cafes essential service providers. The BBC encouraged their members to apply to the support schemes.
- 5.2.2.5 Mr Achim, spoke for the Mitchell's Plain Chamber of Commerce (MPCC), and informed the Committee that one of the greatest losses experienced during the pandemic was the death of the MPCC's Director of Tourism, Mr Cyril Williams. He stated that the pandemic had decimated the tourism industry in the Province, especially the Mitchell's Plain area.
- 5.2.2.6 Mr Achim informed the Committee that it was difficult to tell people living in areas such as Mitchell's Plain, Khayelitsha, Nyanga, etc. to stay in their houses or to isolate, because when people have to go to the shops, they have to walk in pairs or in groups because of crime. Sometimes there are five families living in one-room houses, which did not allow for social distancing or isolation.
- 5.2.2.7 The MPCC found that some government departments had shut down during the pandemic, which brought certain administrative processes to a standstill. For example, people were unable to access their applications for bonds, which were still sitting in the deeds offices. Additional challenges included inaccessibility to internet or digital devices, high data costs and inaccessibility to IT assistance. This was extremely challenging for small businesses. When small businesses retrench one or more people, they in essence close their doors.
- 5.2.2.8 The MPCC informed Members that Early Childhood Development (ECD) centres were critical to support small businesses, as these services were needed while business owners were running their businesses from home. Many ECD centres in Mitchell's Plain have closed their doors permanently.
- 5.2.2.9 The MPCC informed the Committee that many businesses had applied for UIF/TERS relief. However, the first payment to one of its members was six weeks late, and many were still waiting on payments from June 2020. The administrative process of applying for relief funds has been crippling for the MPCC's members.

5.3 Briefing by Agri Western Cape, Vinpro and the Master Builders and Allied Trades Association Western Cape

5.3.1 Overview and background

The Committee engaged with Agri Western Cape (AWK), Vinpro and the Master Builders and Allied Trades Association in the Western Cape (MBAWC) on how the pandemic has affected industries and its members in both (a) a health perspective and (b) a work and livelihoods perspective, the work the organisations have done to support its members, innovation in the sector, and any concerns that the organisations wished to raise with the Committee relating to COVID-19 and the response to the pandemic.

The following representatives were in attendance:

- Mr Jannie Strydom, Chief Executive Officer of Agri Western Cape
- Ms Jeanne Boshoff, Corporate Communications Manager of Agri Western Cape
- Mr Rico Basson, Managing Director of Vinpro
- Ms Marisah Nieuwoudt, Wine Tourism Manager of Vinpro

- Ms Des Paterson, Office Manager of Master Builders and Allied Trades Association Western Cape
- Mr Deon Bester, Health and Safety Manager of Master Builders and Allied Trades Association Western Cape

5.3.2 Observations and challenges

- 5.3.2.1 Mr Strydom representing Agri Western Cape (Agri WC), informed the Committee that the health and safety of farmworkers was the top priority for the organisation during the pandemic, and they did their best to keep all workers informed of matters related to COVID-19, especially around the regulations. Agriculture was declared an essential service from the beginning of the lockdown, however; there were certain commodities that were not allowed to continue during this period, which affected the finances of these businesses. The pandemic and subsequent regulations impacted on certain commodities, which in turn impacted on the value chain of stakeholders in the agricultural sector, as many of the stakeholders in the sector were interconnected. The banning on alcohol sales impacted heavily on the wine value chain, which had a knock-on effect for many other businesses.
- 5.3.2.2 According to Agri WC, there were many regulations that were Gazetted, however; the interpretation of these regulations was a challenge. There were many regulations that had to be adhered to which made it difficult for businesses to function at optimal capacity. The additional cost of PPE was not necessarily budgeted for and impacted quite heavily on the finances of many businesses. Transport of farmworkers was essential for farmers and had to be prioritised. Various protocols had to be implemented to ensure that if workers tested positive for the virus that the entire operation would not shut down. Limiting access to the farms meant that farms could limit the spread of the virus.
- 5.3.2.3 Agri WC requested assistance from their members for food assistance and donations during the lockdown. Agri WC's members supplied Food Forward SA with more than 100 tons of fresh produce consisting of fruit and vegetables, etc.
- 5.3.2.4 According to Agri WC, there were many transport restrictions that were challenging for the sector, for example, in the informal market, where transporting produce from markets to consumers were restricted, this resulted in lower fresh produce market sales.
- 5.3.2.5 Agri WC informed the Committee that trade restrictions during the pandemic and lockdown continued to pose the biggest challenge for its members, followed by the lack of profitability, the global recession and the slow recovery of the tourism sector. Additional challenges that remained also included the drought, rural safety and the socio-economic impact of unemployment and crime, the maintenance and effective operation of infrastructure, and the lack of constant and affordable energy supply.
- 5.3.2.6 Mr Basson, representing Vinpro, informed the Committee that the country's wine industry had suffered major disruption during the pandemic. Wine manufacturing was not categorised as an essential service at first. This was announced on 23 March 2020. However, on 26 March 2020, this restriction was lifted and the sector was allowed to harvest and store wine products. On 7 April 2020, the sector was allowed to transport and export wine products, however, on 16 April 2020, the regulations banned the transport of wine to harbours. This created havoc for the sector's international supply chain as wine producers could not commit to supplying their importers, which resulted in a reputational challenge for suppliers.
- 5.3.2.7 Vinpro reported that an estimated R7,5 billion has been lost in direct revenue over the past 14 weeks within the wine industry, which is a severe impact for a fairly medium-sized industry. The lack of trade means that the revenue, turnover and sales of wine, will

- decrease severely. Another consequence is that there will be approximately 300 million litres of surplus stock by the end of the year, and that the sector will not be able to harvest a section of the 2021 crop. A decrease in cash flow meant that the price of wine could possibly decrease by 50 percent, which could also result in approximately 25 000 job losses. Vinpro stated that urgent financial dispensation was needed to assist the wine industry to recover from the impact of the pandemic. The wine industry is a significant employer of labour, much of which is in rural areas, which means that there will be a severe socio-economic impact on those areas.
- 5.3.2.8 Ms Nieuwoudt, representing Vinpro, stated that the wine tourism industry has been severely impacted by the pandemic and the lockdown regulations, specifically around the on-consumption sale of wine and the travel restrictions. Vinpro estimated that by July 2020, the country had lost R2,5 billion in revenue from wine tourism, and if the international borders do not open before 2021, the loss of revenue is estimated to be R4,9 billion.
- 5.3.2.9 Ms Paterson, representing the Master Builders and Allied Trades Association in the Western Cape (MBAWC), informed the Committee that the construction industry has been under enormous strain for various reasons over the past number of years, and the pandemic had intensified the situation even more. MBAWC filtered and disseminated information relevant to its members on a weekly basis, especially around the COVID-19 regulations that impacted the sector. MBAWC was one of the organisations that lobbied government to allow the industry to recommence with its activities during level 3 of the lockdown.
- 5.3.2.10 The UIF/TERS applications and payments for the MBAWC's members was quite a challenge. It was estimated that approximately 86 percent of the employees in the construction sector were reliant on UIF and TERS payments. Unfortunately, many were unable to access these relief funds. However, the MBAWC was working with the Department of Economic Development and Tourism's Red Tape Reduction Unit to resolve these matters.
- 5.3.2.11 Mr Bester from the MBAWC stated that there were a minimal number of infections reported on sites since the construction sector has resumed its work, which was encouraging, as there were well-managed protocols in place on most sites. Protocols include screening on entry, keeping of records of persons on sites for contact tracing purposes, the strict use of masks, and distancing where possible. According to MBAWC, most of the infections were found to be with the younger, junior to middle management employees and junior engineers that were on site, which suggested that it could possibly be a matter of lifestyle factors and adhering to social distancing protocols.
- 5.3.2.12 The challenges dealt with by MBAWC included the transportation of workers to sites, the supply and increased cost of proper PPE, employers taking responsibility for the health and safety of their employees, employees monitoring their own health and symptoms, the decline in construction jobs over the years and major companies going into business rescue, inefficiencies in approval and payment processes, and the state of the economy, which has been exacerbated by the pandemic.

6. Acknowledgements

The Committee thanked the Departments for their efforts during the pandemic. The Committee also thanked the organisations for engaging with Members and acknowledged the remarkable work they have done to support and protect individuals, vulnerable persons, businesses and industries during such a difficult time, especially in assisting them to overcome any losses during the pandemic.