**6. REPORT OF THE PORTFOLIO COMMITTEE ON SOCIAL DEVELOPMENT ON THE OVERSIGHT VISIT TO THE NORTHERN CAPE PROVINCIAL DEPARTMENT OF SOCIAL DEVELOPMENT, THE REGIONAL SOUTH AFRICAN SOCIAL SECURITY AGENCY (SASSA) OFFICE, THE SASSA SERVICE CENTRE AND THE NATIONAL DEVELOPMENT AGENCY (NDA) PROJECTS, DATED 02 MARCH 2016**

**Executive summary**

The Portfolio Committee on Social Development has a constitutional mandate to conduct oversight over the Department of Social Development and its entities, the South African Social Security Agency (SASSA) and the National Development Agency (NDA). It conducts oversight through committee briefings and visits to the provincial departments. From 20 – 24 July 2015 the Committee visited the Northern Cape Department of Social Development, its programmes, SASSA regional office and NDA funded projects.

The Committee identified substance abuse as the focus area of the oversight visit because the Northern Cape province is one the provinces that has high levels of substance abuse. It was therefore the interest of the Committee to conduct oversight over the department’s performance in combating substance abuse. The Committee noted that substance abuse cannot be dealt with in isolation as it impacts on issues of social crime, gender based violence, family preservation and youth development. The oversight framework of the Committee therefore focused on the implementation of the Prevention of and Treatment for Substance Abuse Act, the Children’s Act, the Child Justice Act, the National Social Crime Prevention Strategy, Domestic Violence Act, the Inter-sectoral VEP Strategy, and the White Paper on Families.

The Committee made the following findings:

* The programmes of the department are implemented in relatively good building structures even though there were those that needed maintenance work and upgrading to accommodate the needs of the residents.
* There were funding delays to the centres due to challenges in the submission of business plans. The delays negatively impacted the service delivery at the centres. Most importantly the availability of meals.
* The province had functioning facilities that can be used as best practices. It also had had facilities that require intervention in terms of centre management, capacity building, monitoring and evaluation, safety and security and programme implementation.
* The public private partnership between the department and Bosasa at the De Aar Secure Care Centre provides a good practice for the department to consider establishing with the Noupoort Christian Care Centre.
* All the centres were registered and were using registered Child and Youth Care Workers, however in some centres educational programmes as well as educators were not accredited and registered.
* The facilities that the delegation visited showed that the provincial department was implementing the provisions of the Children’s Act, the Child Justice Act and the Older Persons Act. However, certain provisions of the acts need to be improved as was observed in Gopalang Service Centre for the Aged, Molehe Mampe Secure Care Centre and Lerato Place of Safety.
* Despite the high rate of substance abuse in the province, the province still falls short in implementing the Prevention of and Treatment for Substance Abuse Act. The delegation however notes that the public treatment centre was in its construction phase. Nevertheless, the province needs to improve the provision on the implementation of out-patient treatment centres and other related programmes.

The aforementioned findings have implications on policy issues relating to funding to Non - Profit Organisations (NPOs) and support the provincial department provides to these organisations. The findings therefore have a bearing on how the department implements and complies with the NPO Funding Guidelines and the Policy on Financial Awards to Service Providers. They also indicate that the provincial department is doing relatively well in implementing the Children’s Act, the Child Justice Act and the Old Age Act, despite certain areas that require some interventions, which are recommended later in the report. The provincial department however needs to improve on the implementation of the Prevention of and Treatment for Substance Abuse Act. The findings further show that the department needs to strengthen its monitoring and evaluation over the implementation of programmes and running of the facilities. Lastly, the findings point to the issue of intergovernmental relations between the department and the Department of Basic Education, particularly in relation to the accreditation of courses and programmes offered at the Department of Social Development facilities. This also applies to the registration of schools and accreditation of educators by the Department of Basic Education.

**Introduction**

The Portfolio Committee on Social Development conducted an oversight visit on 20 – 24 July 2015 to the Northern Cape provincial Department of Social Development, South African Social Security Agency (SASSA) service centre, and projects funded by the National Development Agency (NDA). The Committee also visited programmes funded by the provincial Department of Social Development. For the Northern Cape, the Committee identified substance abuse as an area of focus its oversight work. Research evidence has shown that substance abuse is linked to various social crimes, domestic violence, and gender based violence and to a certain extent violence, neglect and abuse against children. It therefore became imperative for the Committee to link its oversight on the department’s anti-substance programmes with victim empowerment programmes, child protection programmes as well programmes aimed at strengthening families. Therefore the oversight framework focused on the implementation of the Prevention of and Treatment for Substance Abuse Act, the Children’s Act, the Child Justice Act, the National Social Crime Prevention Strategy, Domestic Violence Act, the Inter-sectoral VEP Strategy, and the White Paper on Families.

In Northern Cape, the Committee met with the Provincial Portfolio Committee on Health and Social Development to inform it of its oversight visit in the province. During this meeting the Committee received a briefing from the provincial Department of Social Development on the state of service delivery in the province. The Committee also enjoyed a privilege to receive a briefing from the provincial House of Traditional Leaders.

As part of conducting oversight over the performance of the department’s entities (SASSA and the NDA), the Committee visited three projects funded by the NDA - the Tshwaralanang Hydroponics Cooperative, Strydenburg Future Leaders and Strydenburg Early Childhood Centre. The Committee also received a briefing from the regional SASSA office on its service delivery in the province. It thereafter visited a service centre in Galeshewe in Kimberly to observe how the 4 step application process was implemented.

**Objectives of the oversight**

The objectives of the oversight visit are as follows:

* To consider the department’s programmes in implementing key legislative frameworks aimed at fighting substance abuse, domestic violence and violence against children.
* To consider the budget and expenditure patterns of the department in implementing the legislation and programmes on the aforementioned areas, including financial support to the NPOs in adherence to the Policy of Financial Awards to the NPOs.
* To assess how the department promotes inter-governmental relations in implementing legislation and programmes.
* To assess the impact the programmes of the department and its entities have had in the lives of the beneficiaries by conducting site visits to the identified areas.
* To assess the department’s overall financial performance by considering its budget expenditure.
* To consider the Auditor-General audit outcome and progress made to address matters of emphasis, if any, raised by the Auditor-General.

1. **Delegation**

**Members of Parliament**

Hon Capa, R N ANC (Chairperson)

Hon Malgas, H ANC

Hon Tsoleli, S ANC

Hon Mabilo, PS ANC

Hon Kopane, SP DA

Hon De Kock, K DA

**Parliamentary staff**

Ms Ntsabo, L Committee Secretary

Ms Nogenga, Y Content Advisor

Ms Koyana, S Researcher

Ms Mnyovu, N Committee Assistant

1. **Meeting with the provincial Portfolio Committee on Health and Social Development, provincial Department of Social Development and stakeholders**
   1. **Opening and welcome by the MEC**

Mr Sokhaka, MEC of Health and Social Services gave a brief overview of the measures the province had undertaken to address the problem of substance abuse in the province. He reported that the provincial Department of Social Development funded the Foundation for Alcohol Related Research (FARR) to conduct a Foetal Alcohol Spectrum Disorder prevalence study amongst Grade 1 learners in fourteen schools in Galeshewe and Roodepan in Kimberley. The aim of the study was to get an indication of the magnitude of the Foetal Alcohol Spectrum Disorder in an urban area of the Northern Cape. The study revealed an overall Foetal Alcohol Spectrum Disorder (FASD) prevalence rate of 6,09% in these two areas combined.

This meant out of every 1000 children, 60 had FASD. This implied that these children had permanent, irreversible brain damage that affected their development. In some areas within Galeshewe it was found that the prevalence rate was as high as 11%. The results of the study put Kimberley as having the highest prevalent rate of FASD because a previous study conducted by FARR in Johannesburg showed that the city had 2,7% prevalent rate.  The results of the study further showed that FASD is not necessarily a problem of rural communities. The results of the study also showed that South Africa had the highest reported rates of FASD in the world. The prevalent rate of 1% to 3% in the United States of America (USA) was the closest to the South African prevalent rates. Information obtained in the study furthermore indicated that 83% of the mothers of the children with FASD were still drinking at the time of the study. Of great concern to the department was that 23% of these mothers had died before their children reached Grade 1.

The MEC also reported that as a follow on the research, towards the end of 2012, FARR launched FASD Awareness, Training and Prevention Programmes in Galeshewe and Roodepan. These programmes provided counselling to all the mothers of the children with Foetal Alcohol Spectrum Disorder. It trained ninety eight (98) Educators and School Psychologist on the management of learners with FASD in the classroom. It also trained 18 Dieticians, 14 Occupational, Speech and Physiotherapists, 63 Nurses and 74 Social Workers to enable them to continue with Foetal Alcohol Spectrum Disorder Awareness and Prevention work in Kimberley after the end of the project. Also, FARR implemented a Healthy Mother, Healthy Baby concept in De Aar which resulted in a 30% decrease in the prevalence of Foetal Alcohol Syndrome.

Since 2012 FARR has involved thousands of community members in Kimberley and across the province in Foetal Alcohol Spectrum Disorder Awareness Programmes such as theatre shows, awareness walks, talks at clinics and presentations to inform people about the dangers of alcohol use during pregnancy. The department was planning to roll out the Healthy Mother, Healthy Baby Programme in Upington. The department would also develop and implement a plan of action based on the results of the study. This process would be undertaken in close collaboration with all relevant stakeholders.

The MEC further reported that the crime analysis revealed that substance abuse contributes significantly to most crimes in the province. Unemployment and poverty also plays a role in increased domestic violence and other related crimes. To address these challenges the department embarked on an extensive enrolment of centre based Early Childhood Development (ECD) programme which facilitated a long term child development and poverty eradication. The Victim Empowerment Programmes (VEP) implemented by the department have had significant contribution towards assisting victims of crime, which is mainly attributed to substance abuse in the province.

**2.2 Opening remarks by the Acting national Chairperson of Portfolio Committee on Social Development**

In her opening remarks, the Acting Chairperson, Hon Malgas, explained that the oversight visit was based on an approach that the Committee adopted to focus on social issues that are predominantly challenges faced by a province. For the Northern Cape, the Committee decided to focus on the challenge of substance abuse even though it acknowledges that the issue of substance is a nationwide problem. It however would not have been adequate for the Committee to only focus on substance abuse in isolation from other policy areas that are affected by substance abuse, such as victim empowerment, family preservation and youth development.

The Committee was particularly interested in engaging with both the department officials and beneficiaries because it was mainly interested in getting feedback on the impact of the department’s programmes as well as projects funded by the NDA. Furthermore, the Committee believes that traditional leaders have a very important role to play in the implementation of the department’s programmes because they have regular interactions with people on the ground. The traditional leaders’ inputs were therefore important to the Committee.

**2.3 Opening remarks by the provincial Chairperson of Portfolio Committee on Health and Social Development**

Dr Dithebe, the Chairperson of the provincial portfolio committee welcomed the national Committee to the province and noted that the oversight function is important in ensuring accountability and strengthening democracy. In exercising its oversight function the provincial committee had managed to assess the provincial Department of Social Development’s spending patterns to measure service delivery. Despite budgetary constraints the department had managed to get clean audits reports in two consecutive years. In July 2011, the Committee conducted an oversight visit to the Nourpoort Christian Care Centre. It recommended that the centre should align its programmes to the department’s laws and policies to enable it to be registered and obtain its license. The Committee’s oversight work and intervention the Masifundisane crèche in Britstown was renovated. The Committee intended to conduct oversight visit to SASSA regional office.

**2.4 Presentation by the Northern Cape Provincial House of Traditional Leaders**

The Deputy Chairperson of the Northern Cape Provincial House of Traditional Leaders welcomed the delegation to the province. She reported that the House resolved to invite various MECs in the province to share with it their plans aimed at promoting development of traditional communities. She explained that the Dikgosi (chiefs) are the custodians of custom and culture. They also have a role to play in the maintenance of peace and order in the traditional communities by conciliating and mediating disputes between members of the community. They also seek to promote the interests of the traditional communities and take reasonable steps which may be necessary to promote the well-being and advancement of the traditional communities.

The Deputy Chairperson reported that the challenges faced by communities is the influx of unregistered of foreign nationals into rural areas, especially those from Bangladesh. The problem has been that these nationals enter into marital unions with local women and refuse to support their children. This result in children being neglected. There also been instances where foreign nationals commit murder and disappear with not trace because they are undocumented. The House reported that it forwarded these issues to the Tribal Council which appealed to the Department of Home Affairs to address them. Another challenged faced by communities was the slow turnaround time of the social workers to address the needs of the people such as the processing of Foster Care Grant (FCG) applications. Another challenge was that some rural areas still have open space SASSA pay points and this affects the wellbeing of the vulnerable people, particularly elder persons. The Deputy Chairperson also informed the delegation that the Social Relief of Distress is not properly administered in rural some rural areas.

**Deliberations**

The delegation appreciated and acknowledged the role of the traditional leaders. They pointed out that traditional leaders are one of the key stakeholders of the department and legislatures, therefore their oversight role is very important.

The delegation agreed with the House of Traditional Leaders that the shortage of social workers is a serious challenge that affects the delivery of services of the department and SASSA. The delegation informed the meeting that the long term goal of the national Department of Social Development is to have one social worker per ward. The social worker will provide holistic services to the families. The department also took a policy decision to use retired and unemployed social workers. It established a national database which records details of these social workers so as to place them in identified areas. Some of these social workers were employed at the Gender Based Command Centre.

* 1. **Presentation by the provincial Department of Social Development**

The presentation gave a report on the department’s performance on the implementation of policy issues pertaining to substance abuse, social crime prevention, victim empowerment, families, children, budget and financial report.

**Substance abuse**

In 2007 the department commenced a process of drafting the provincial anti substance strategy. The strategy was approved in 2012. It is a multi sectoral strategy that is implemented through the “Ke Moja” programme. The “Ke Moja” programme is implemented in 132 schools in the province and targets all grade 8 learners. The department also implemented prevention programmes that focused at raising awareness on the dangers of substance abuse at early childhood development (ECD) and primary school levels. To reach the youth, the department implemented a Peer Educator Programme, which it found to be effective compared to when education was done by the parents. With regard to the in-patient treatment centre, the department reported that in the absence[[1]](#footnote-1) of a public treatment centre in the province, it funded the Resilia Treatment Centre based in Upington.

Pertaining to the implementation of the National Drug Master Plan, the department reported that it established a Provincial Substance Abuse Forum to ensure the implementation of the integrated and coordinated substance abuse services and also to ensure that each involved department is implementing what is in line with the policy. Furthermore, the department serves as a secretariat in the Provincial Substance Abuse Forum. It pays for the accommodations, transport and meals of the Local Drug Action Committee members attending forum meetings. The department indicated that the functionality of the Local Drug Action Committees is still a challenge. To address this, the department held discussions with the South African Local Government Association (SALGA) and a resolution was taken that all 32 municipalities in the province should establish the Local Drug Action Committees by the end of the current financial year (2015/16).

Reporting on the intergovernmental relations in implementing the Prevention of and Treatment for Substance Abuse Act, the department informed the delegation that there was a good inter-departmental collaboration resulting in an integrated and coordinated service delivery at a local level. Despite this success, there were challenges when it came to integrated planning for annual calendar events because departments were still planning in isolation. Furthermore, not all municipalities were involved in the establishment of the Local Drug Action Committees. The other challenge faced by the department was the increasing number of Foetal Alcohol Syndrome (FAS) cases due to the abuse of the methamphetamine drug (also known as tik) by pregnant mothers, especially in the Springbok area.

**Budget and expenditure report**

For 2015/16 financial year the department allocated a budget of R44.2 million towards the substance abuse programme. By the end of June 2015, it had spent R2.3 million, including accruals and commitments (A & C), of its budget. The bulk allocation of the budget (R22 million) went to Buildings economic classification, followed by Goods and Services at R6.3 million. By the end of June 2015, the department had spent only 1% (R218 000) towards buildings and 26% (R1.6 million, including A & C) towards Goods and Services.

For Non Profit Institutions economic classification, the department received a budget of R2.4 million and by end of June it had transferred R178 000 (7%) to the Not for Profit Organisations (NPOs). For the construction of the substance abuse treatment centre, the department was allocated a budget of R42 million by the national department. However, the estimated costs of the centre amounted to R97 million. The provincial department then engaged with the national department as well as consultants and the costs were reduced to R67 million. This resulted in the number of beds of the centre being reduced from 60 to 40. The provincial department informed the delegation that it had requested the national department to assist it with additional funds.

**Social Crime Prevention**

The department reported that it had a drafted its provincial plan and aligned it to the national integrated social crime prevention strategy. It also implements integrated social crime prevention programmes at district level. In accordance with the Child Justice Act, the department implements level 1 diversion programme through its probation officers and through the National Institute for Crime Prevention and the Reintegration of Offenders (NICRO) and !Kheis YCDP. Level 2 diversion programmes are provided at the Namaqua and the De Aar secure care centres. The implementation of the social crime strategy has resulted in a decrease in the number of children in conflict with the law and fewer children are referred to institutions. The delegation was told that it was difficult to scientifically indicate the successes of the strategy as there are no measurement tools to assess and determine the success rate of the social crime programmes.

**Budget and expenditure report**

For the social crime prevention programme, the provincial department allocated a budget of R75.2 million. By the end of June, it had spent R18.1 million (24%), with the largest allocation of R38.2 million (27%) recorded under Goods and Services. This was followed by budget allocation of R31.9 million (23%) under Compensation of Employees and then R1 million budget allocation for Non Profit Institutions. By the end of June, the department had transferred R10.2 million (14%) to the NPOs.

**Victim Empowerment Programme (VEP)**

The department implements victim empowerment programme through a number of initiatives, including providing psychosocial services to victims of crime and violence, implementing the 365 Days of Violence Against Women and Children programmes and training of service providers and volunteers. Victim empowerment services are provided in five (5) shelters, namely:

* Bopanang One Stop Centre in the Z F Mgawu District. This is the only centre where victims of human trafficking can be accommodated;
* Princess Pofadder in the Z F Mgcawu District;
* Ethembeni Crisis Centre in the Pixley Ka Seme District;
* Grace Divine Shelter in the Frances Baard District; and
* Green Door in the John Taolo Gaetsewe (JTG) District.

**Budget and expenditure report**

The programme was allocated a budget of R13.8 million for 2015/16 financial year and by the end of June 22% of it had been spent. The highest budget of R7.7 million was allocated to the Compensation of Employees, then followed by R3.5 million to Goods and Services. Both economic classifications had spent 22% by the end of June. This programme had the highest expenditure of 25% (R616 000 out of R2.4 million) towards Non Profit Institutions economic classifications compared to all other programmes reported on.

**Families**

To implement the White Paper on Families, the department developed and implemented the provincial integrated operational plan. The plan is focused on the implementation of a range of family preservation services and programmes, parental skills programmes and reunification services. These programmes include Fatherhood Strategy, Active Parenting of Teenagers, Family Reunification and Marriage Enrichment. The plan is also used as a guiding document for the Provincial Family Services Forum which is an integrated structure consisting of all relevant departments and service providers. To implement these programmes the department in collaboration with the NGOs trained 78 service providers. The department plans to intensify the provision of the aforementioned programmes by capacitating 45 more service providers as of May 2015 to September 2015.

**Budget and expenditure report**

The department allocated a budget allocation of R39.6 million towards this programme and by the end of June the programme had spent 14% of this budget. The Goods and Services economic classification received the lowest budget allocation of R1.2 million but it had the highest expenditure of 43% by end of June. Compensation of Employees was allocated a budget of R36.1 million and spent 12% (R4.4 million) of it. The Non Profit Institutions economic classification was allocated a budget of R2.2 million and spent 19% (R429 000) of it. The bulk of the funding under Non Profit Institutions economic classification went to Family and Marriage Association of South Africa (FAMSA).

**Children**

The department reported that it maintains a register of child headed households even though at the time of the reporting there were no child headed households reported. Only youth headed households were reported. The department was still trying to determine the reason for this. The department also implemented the following Integrated Programme of Action (POA):

* Six ECD centres were strengthened by improved infra-structure, indoor and outdoor equipment.
* Five additional sites will be improved in the 2015/16 financial year.
* Mobile ECD services have been implemented in the Pixley Ka Seme and John Taolo Gaetsewe district.
* 11 Social Workers in the Districts are responsible for the registration, capacity building, monitoring and supporting the ECD facilities.
* District ECD Forums have been established to strengthen intersectoral collaboration.

With regard to the prevention and welfare programmes, the department reported that Social Workers and Social Auxiliary Workers render prevention, early intervention, statutory and continuum of care services. Community based services are rendered to vulnerable children and families by trained volunteers in the Isolabantwana programme and by trained Child and Youth Care Workers (CYCW) in the Isibindi programme. The department further appointed additional Social Workers and Social Auxiliary Workers. The department also increased funding to the 13 Isibindi programmes. Through the Isibindi and Home Community Based Care programmes the department provided services to 63 859 children. In 2014/15, it reached 990 children through therapeutic services. It also reached 4 626 children who are in foster care. Despite these achievements, the department reported that it encountered challenges of high drop out of care givers and CYCWs, absence of programme funding for NGOs and a shortage of Social Workers in the NGO sector. All these challenges had a negative on service delivery.

**Budget and expenditure report**

The Children programme is implemented according to three sub-programmes, namely; Child Care and Protection, which was allocated a budget of R47.1 million, ECD and Partial Care with a budget of R79.8 million and Child and Youth Care Centre with a budget of R32.4 million.

**Overall department’s budget and expenditure report**

The department was allocated a budget allocation of R709.8 million by the national Department of Social Development. By the end of June 2015 it had spent a total of R160.7 million, with Administration and Social Welfare Services programmes accounting for the highest expenditure of 28% and 27% respectively. However, Children and Families programme received the highest budget allocation of R236.7 million and had spent only 20% (R48.4 million) by the end of June. With regard to economic classification, the Non Profit Institutions had the second lowest expenditure of 17% (R35 million out of R202.2 million budget) across the programmes. The low expenditure was attributed to the challenge of non-compliance by the NPOs in submitting business plans. The department took a decision of not transferring funds without submission of business plans.

**Table 1: Budget and Expenditure for 2015/16**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Programme** | **Budget 2015/16** | **Expenditure: 30/06/2015** | **Accrual & Commitments** | **Expenditure incl. A & C** | **% Spend** | **Available** |
| Administration | 110 594 | 27 451 | 3 456 | 30 907 | 28% | 79 687 |
| Social Welfare Services | 94 968 | 23 522 | 2 180 | 25 701 | 27% | 69 267 |
| Children and Families | 236 711 | 44 984 | 3 466 | 48 450 | 20% | 188 261 |
| Restorative Services | 149 909 | 29 293 | 1 733 | 31 026 | 21% | 118 883 |
| Development and Research | 117 674 | 22 783 | 1 911 | 24 694 | 21% | 92 980 |
| Total | 709 856 | 148 033 | 12 746 | 160 778 | 0% | 549 078 |

**Observations by the delegation**

The delegation expressed a concern that the presentation lacked specific detailed information on the programmes the provincial department was implementing on substance abuse, social crime prevention and victim empowerment. Detailed information such as the type of programmes, where they are implemented and their impact was lacking. Information like this was important to have as the province has a serious challenge of substance abuse, with Foetal Alcohol Syndrome (FAS) levels being highest in the world. The provincial department explained that its social crime prevention programme was developed and aligned to the national strategies, however the department does not have documented programmes. Social Workers design and implement programmes for a particular area based on the needs assessment of that area.

The delegation also noticed that the department prioritised to strengthen only six ECD centres in the whole province. The department explained that it funded 394 ECD centres but prioritise the six because they lacked infrastructure and sport equipment. There are a number of ECD centres that are functioning at ward and municipal level but some have no access to land. These are therefore difficult to assist. With regard to subsidy funding the national department explained that MINMEC approved a standard practice of R15 per child subsidy. However, provinces that have more funds, such as KwaZulu-Natal, pay R16 per child. According to the funding model it is expected that ECDs spend 50% on nutrition, 30% on salaries and 20% on operational costs. The national department further informed the delegation that the department was considering a proposal for a shift from subsidy per child to programme subsidy based on the cost drivers. An interdepartmental committee comprising of the Department of Social Development, Department of Health and the Department of Basic Education, as core partners, was set up to consider the issue of subsidy, payment of salaries of ECD practitioners and their training.

The delegation supported the department’s commitment to comply with the Public Finance Management Act (PFMA) by ensuring that funds to the Not for Profit Organisation (NPOs) are only disbursed upon submission of a business plans. It however emphasised the need for the department to support and build capacity of those NPOs that are functioning but lacked capacity to develop business plans and other accounting and governance systems to ensure compliance to the Non-profit Organisations Act.

* 1. **Presentation by the Regional SASSA**

**Demographic profile**

The SASSA (or Agency) provincial footprint covers a regional office, five district offices, 51 local offices, 345 pay points and a staff complement of 527 (inclusive of 38 vacancies). The Agency pays social grants to 313 137 beneficiaries out of the provincial population of 1 145 862. Francis Baard, John Taolo Gaetsewe and ZF Mgcawu districts have the highest number of beneficiaries – 34%, 20% and 19% respectively. These are the districts that have the highest population in the province.

**2015/16** **Special projects**

The regional office implements the following special projects as identified in the national strategic plan:

* **Automation of business process –** 43 out of 54 local offices were automated. All 94 Service points have not been automated and services are provided through mobile ICT equipment. These mainly provide services up to quality control phase only due to shortage of Approval Officers and Team Leaders who serve at Level 7 and Level 8. Therefore, these points require complete ICT connectivity and full staff complement to provide effective services. The Local Offices provides scheduled outreach services from community or tribal halls.
* **Door to Door projects –** the Agency conducts these projects to compliment the Integrated Community Registration Outreach Programme (ICROP). It has adopted them as part of the regional annual calendar events such as Human Rights Door to Door campaign in March and Nelson Mandela Door to Door campaign in July. These projects resulted in the increase of the Grant-in-Aid by 14% between April and July 2014, which was the highest growth within one quarter.
* **ICROP** - through this programme the Agency in collaboration with both external and internal stakeholders, has reached out to 158 poverty wards, bringing the needed services.
* **Queue management** - The Agency follows a structured Queue Management system at all Local Offices in which clients are registered in the Intake Register by Customer Care official and then referred to the service area for application process waiting area. The application process follows the airport bench system on a first-come-first-serve basis through the:
  + - Screening
    - Attesting
    - Quality Control
    - Verification
    - Card Enrolment (Issuance)

A senior official manages the queue, advising beneficiaries on services rendered and making referrals where necessary. Clients who are on repeat visits are put through the Express process which focuses on enquiries, card replacements, SRD and medical bookings.

* **Pay point security** – each pay point is safeguarded by three security guards who manage access control with pay point volunteers.
* **Capacity building** - the regional office conducted a desktop and established that the majority of the appointed Senior Grant Administrators employed at level 7 had more than six years’ experience in the field but the majority of them were in possession of matric certificates and not three (3) year tertiary qualification, which is a requirement. To address this, the office developed an Accelerated Development Programme (ADP), which focuses on bursary management, skills development programs, Emerging Management Development Program, Recognition of Prior Learning (RPL) and the Grants Excellence Program to improve on the skills of the staff.

**Fraud and corruption management**

Between 2012 and 2014 the Agency received 232 fraud and corruption cases and finalised 114. In the 2013/14 financial year it received the highest (162) number of cases compared to the other years even though it did not make any recoveries. It however recovered R6.3 million in 2012/14 and R500 000 in 2014/15.

**Budget and expenditure report**

The Regional Office was allocated a budget of R256.16 million in 2014/15 financial year, which the bulk (61%) of it was allocated to Compensation of Employees and 36% to Goods and Services. For 2015/16 financial year the office was allocated a budget of R263. 6 million. As of end of June 2015 the office had spent 51% of its budget.

**Table 2: Budget Allocation: Trend and Comparison for 2014/15 and 2015/16 FY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Economic Classification** | **2014/15 Allocation** | **2014/15 Allocation As a %** | **2014/15 Audited Outcome** | **2014/15 Audited Outcome as a %** | **2015/16 Allocation** | **2015/16 Allocation as a %** |
| Compensation of Employees | 157 246 | 61% | 151 511 | 62% | 174 637 | 66% |
| Goods & Services | 92 482 | 36% | 85 677 | 35% | 845 98 | 32% |
| Payment of Capital Assets | 6 340 | 3% | 5 925 | 3% | 4 363 | 2% |
| Total | 256 168 | 100% | 243 113 | 100% | 263 598 | 100% |

**Challenges**

The Agency reported that it faced challenges of having to rezone three identified local offices but it has to rely on the National Department of Public Works to do the rezoning. It also faces a challenge of the shortage of senior managers in the Benefit Administration and Support division. The division has five sub-units but only two managers were appointed to head them. Similarly, the Agency faces capacity constraints to implement the 4-step business process.

1. **Site Visits**

**3.1 Gopalanag Old Age Service Centre in Warrenton**

The centre was established in 1993 as a Non-profit organisation by a group of women with the aim of addressing problems and challenges which were faced by older persons such as neglect and abuse. The purpose of the centre was to create an awareness on safety issues of older persons. The Centre has a staff compliment of a project manager, 2 cooks who also serve as cleaners, one driver and one gardener.

The centre is registered and funded by the Department of Social Development. The funding of R9 000 used to be paid on monthly basis and members contribute a membership fee of R80. However, members of the centre informed the delegation that since February 2015 the centre had not received its funding. As a result the centre had not been able to provide the residents with meals. Hunger was their main problem.

The members also raised the following challenges:

* The centre also did not have proper security and as a results it had experienced a number of burglaries. The food supply and equipment were stolen.
* It did not have a functioning kitchen and ablution facilities. The kitchen was not functioning because the centre did not have a stove and a refrigerator. It also did not have water supply hence the toilets were working. The lack of water supply also affected the gardening project.
* The bus of the centre broke down as a result older persons especially the frail could not be transported to and from the centre. The bus had not been working for years because the radiator that needed to be repaired.

The members appealed to the delegation to assist the centre to receive its funding again so that they can be provided with meals again. They also requested that active ageing programmes should be implemented in the centre.

**Remarks by the Mayor**

The Mayor of Warrenton district expressed her appreciation of the oversight visit. She raised concerns over the breakdown of communication between her office and the department. She reported that there had been instances when she was not informed of the visits of officials from the MEC’s office to the centre. She was also not informed about the challenges faced by the centre. She only heard about them from other sources. She indicated that she was informed that the centre did not receive its funding because it did submit a business plan. She reported that it was alleged that the business plan was drafted but it could not be found. The suspicion was that someone who probably had interests in the centre had the business plan. She explained that Warrenton has high unemployment rate and water shortages. Therefore the centre was playing very important role play in sustaining the needs of older people. She emphasised that the centre was in urgent need of transport, food supply, water supply and security.

**Remarks by the MEC**

The MEC reported that the centre last received funding of R11 000 in February 2015. The funding was since halted because the centre had not submitted the business plan. He made an undertaking that the department would assist the centre to develop a business plan. He made a commitment that the centre would never again not receive its funding. He promised that in two weeks the provincial department would deliver a stove and a refrigerator. The Chief Financial Officer would attend to the issue of security. The department would also attend to the issue of providing activities for elder persons. The issue of breakdown of communication between his office and the Mayor would be addressed.

**3.2 Tshwaranang Hydroponics**

The Tshwaranang hydroponics initiative was established in 1999. The overall objective of the cooperative is to create a viable and sustainable enterprise that will generate income and create employment in the Windsorton community. The cooperative is operating on a piece of land that was donated to the 12 members of the cooperative by the local municipality. In 2000 the Northern Cape Department of Agriculture, Land Reform and Rural Development was approached to establish a greenhouse initiative. In 2006, a 15 bay multi-span was erected covering 3 600 square metres with additional infrastructure. This structure was not used until 2008. A mentor was appointed by the department to train the members on hydroponics. The project has a staff complement of 35 members for summer season and 16 staff members for winter season.

The cooperative has three (3) green houses, two (2) are naturally ventilated and one (1) is force ventilated. It is equipped with growing mediums, drip irrigation system, sensors, weather and fan systems, a pump house fully equipped with an irrigation system, fertilizer tanks, four (4) water reservoirs, a buck up generator, chemicals and tools storage rooms and a chlorinator to treat petium disease discovered in the water for the project.

In 2008, the NDA provided funding to the cooperative towards operational costs for an amount of R886 920. In 2010 the NDA approved the first sustainability grant for replacement of the cocopeat with the intention to increase production by 10 – 15%. Another sustainability grant was approved for an amount of R241 551. This grant was used to purchase the cooler truck, fertilizer, payment of salaries and energy costs. The total amount invested to the cooperative by the NDA was R1 248 471.

The cooperative supplies Shoprite Fresh Mark in Bloemfontein with about 4 800 cucumbers on a weekly basis. Due to the demand of their produce in summer, an agreement was reached with Fresh Mark to increase the supply in summer to 10 000 cucumbers per week. The project will also supply Shoprite with sweet peppers as from the end of August 2015, also to be delivered on weekly basis. It sells surpluses to the local people. The produce that is not accepted as a standard for the market is given to the nearby community for free.

**Challenges of the project**

The project manager reported that the cooperative faced the following challenges:

* Non-payment by the local municipal hence the cooperative was supplying supermarkets because they pay timeously.
* It takes time to develop relationships with suppliers because of the long time it takes to build a company track record. There are also few suppliers in and around Kimberly that can assist with the supply of inputs.
* High transportation costs as the cooperative was using a rented truck to transport produce to the market.
* The cooperative was not viable enough to supply big markets in Johannesburg and in Cape Town.
* The hydroponic technology is new a new concept and is therefore unknown in the province. Production of crops used to be done through open field production systems.
* The project does not have a formal packaging facility to do the post-harvest handling.

**Recommendations**

The delegation was impressed with the success of the cooperative. It however suggested that the project should consider providing mentorship programmes for the youth who have an interest in the field. The delegation also recommended that the project should forge partnerships with other business ventures and suppliers in the province. It should also consider an option of becoming a supplier to local markets and to the department’s facilities, such as the Old Age Centres and other facilities, including schools, as it is government funded. The NDA and the Department of Social Development should assist the project to achieving this.

**3.3 Tlhokomelo SASSA local office**

Tlhokomelo office is the biggest SASSA local office in Kimberley. It provides services to the greater Galeshewe and Platfontein communities. The staff complement of the office comprises of 18 officials - 14 grants administrators, 1 Team leader and 3 supervisors. During the 2012/23 financial year, the office was renovated based on the SASSA/ Presidential Monitoring and Evaluation assessment and an additional waiting area was created to cater for more beneficiaries.

The office provides services to 100 people per day. Disability grant applications are higher compared to other grants. The office consists of two buildings and conducts three streams on the four step grant application process. Disability assessment are conducted at six health facilities on weekly basis. During load shedding periods applications are captured manually. The delegation was taken on a walk about of the four step grant application process.

**3.4 Readira Soup and Community Nutritional Development Centre**

Readira centre was established in July 2003 by seven (7) women who wanted to improve the lives of their community. The centre consists of consist of four (4) board members, three (3) women and one (1) man, seven (7) staff members and five (5) garden volunteers.

When the centre started the members conducted door to door visits to identify whether there was a need in the community to start a feeding scheme. They decided that each member should contribute R70.00 and ask the community to assist them by contributing R10.00 per month per household. The centre mainly caters for people suffering from Tuberculosis (TB) related diseases and for the needs for elderly and people with disabilities.

While it was waiting for its NPO certificate the kitchen started serving meals from a garage in the back yard of the chairperson’s house. Members approached various organizations and departments for donations. In 2007 the centre was registered and received funding from the provincial Department of Social Development. It receives an annually funding of R67 438. The department recently upgraded it into a Community Nutritional Development Centre (CNDC). The centre management also intends to expand the centre into a Community Centre to assist the youth have access to the internet to search information for their assignments and apply for employment. The centre also plans to start activities for the elderly. The centre has a big yard, enough to accommodate a youth centre and Early Childhood Development.

The provincial Department of Human Settlement built a structure for the centre. The provincial Department of Safety and Security provided security doors and burglar bars and doors. The provincial Department of Agriculture and Rural Development would be assisting the centre with food gardens so that it can provide weekly vegetables to the community.

The centre provides nutritional meals to the community three (3) times a week and is serving approximately 216 beneficiaries per day. It also assists with pauper funerals and provide vegetables to the needy households. It also provides vegetables to the TB and HIV/AIDS patients referred to it by the local clinic every Fridays. It also assists with wheel chairs and donates old clothes to the families,

**Inputs from the members of the Centre**

Members expressed their appreciation of the weekly meals they were receiving in the centre. They also appreciated that they were well treated in the centre. The centre offers a peaceful and happy environment for the elderly. The centre has been providing services to the elderly for the last 13 years. The members contribute a monthly fee of R30 towards the purchase of vegetables, which they also take home to their children.

**Challenges**

It was reported that the centre was faced with the below challenges:

* Need for the maintenance of the vegetable garden so that the centre can produce vegetables and provide stipends to the volunteers.
* There is a high crime rate among the youth hence the centre wanted to start providing youth activities to keep them occupied.
* The Department of Social Development only allows the centre to buy groceries of R3 000 per month even though it serves more than 1 038 beneficiaries a month.

**3.5 Molehe Mampe Child and Youth Care Centre**

The centre was formerly established in 1989 to accommodate boys and girls between the ages of 14 – 18 years who were in conflict with the law. In 1991, the girls section was closed due to some challenges the centre encountered. The girls section was then replaced by a school that is run by the Department of Basic Education. The school offers multi-grade classroom tuition and children are taught numeracy and literacy, computer skills, woodwork and welding. Even though the school offers computer programmes it was reported that it did not have educators who are computer literate. The centre manager approached the Department of Basic Education in February 2015 to request the department to place computer literate educators at the school. The centre was still waiting for the Department of Basic Education to do so. It was also reported that the school has a high turnover of educators due to lack of incentives and lack of safety and security due to gangsterism. The centre also does not have an onsite psychologist. It uses the services of a psychologist from nearby healthcare facility.

The centre has a staff complement of an Institutional Manager, a Social Worker, a Clinical Nurse Practitioner, administration staff, 35 Child and Youth Care Workers and cleaners. All Child and Youth Care Workers are registered with the Professional Council for Social Service Practitioners. The centre provides developmental programmes, which include life skills, family preservation, promotion of rights of children, beadwork and creative arts. The therapeutic programme includes psychosocial support, anger management, family therapy and behaviour management. As part of family preservation, the centre conducts family group conferences which assist with family re-unification. The centre also provides recreational programmes as well as spiritual programmes. It further established an Adolescent Development Programme (ADP) targeting youth who have been disengaged from the centre. The programme functions as an after-care and aims to reduce recidivism.

In 2014/15 financial year 180 children were disengaged and re-unified with their families. The centre receives children from the Northern Cape. It also received children from neighbouring countries mainly from Zimbabwe, Mozambique and Swaziland who did not have identity documents. Some parents of these children were traced and reunited with their children. However, some parents could not be traced and unfortunately the children had to be disengaged from the centre and their whereabouts are not known.

**Observations and recommendations**

The delegation was concerned over the lack of cleanliness of the centre and the living conditions the children were living under, which are not child friendly. It felt that such conditions were not conducive for effective rehabilitation of a child. In such situations children may become more hostile and violent against each other, against the staff and against their communities after they been released lead to them becoming re-offenders. The department needs to strengthen its monitoring and evaluation of the centre to ensure that it operates according to the norms and standards as prescribed in the Children’s Act, particularly those relating to the safety and security of the Child and Youth Care Centres, separation of children in secure care programmes from children in other programmes and protection from abuse and neglect.

**3.6 Lerato Place of Safety**

The centre was established in 1991 and until 1994 it was servicing 60% of awaiting trial boys and girls. It was also servicing 40% of children in need of care and protection including toddlers and children living with disability. In 1992 all children in need of care and protection were relocated to a children’s home and the Lerato place of safety catered only for awaiting trial boys and girls. In 1998 the children’s home was closed. This resulted in the centre re-admitting children in need of care and protection and this category of children constitutes the majority. Among these children are boys with Foetal Alcohol Syndrome (FAS). At the time of the oversight visit, the centre was accommodating 59 children in need of care and protection and three (3) awaiting trial children.

The centre uses the services of two Social Workers, one professional nurse and 39 Child and Youth Care Centres. All Child and Youth Care Workers are registered with the Professional Council for Social Service Practitioners. They conduct therapeutic programmes, assessments during the admission process, developmental programmes and recreational programmes. The centre managed to reunify 150 children with their families. The group family conferences assist the centre in re-unifying children with their families.

It was reported that the centre was facing challenges of limited space as a result children referred to it through the Child Justice Act (awaiting trial children) and the Children’s Act (children in need of care and protection) are sharing the same space. The centre also does not have structured accredited programmes and the child and Youth Care Workers the level of qualification of Child and Youth Care Workers.

**Observations and recommendations**

The delegation was impressed by the level of cleanliness of the centre as well as its child friendly environment. It congratulated the members of the centre for organising additional initiatives that contribute towards the wellbeing of children such as organising a fund raising and donation event to assist one of the girls to attend a matric farewell. This demonstrated that passion and love for children is as important as formal qualifications of the caregiver. The delegation however noted with concern the challenge of limited space which resulted in children referred through the Child Justice Act and the Children’s Act had to share the same space. The department should assist the centre and come with measures to address this challenge.

**3.7 Alfrend Rens Isibindi Centre**

The Isibindi model in the Northern Cape was initiated in January 2004 in the Frances Baard district and it expanded to include six Isibindi projects in areas identified by the Department of Social Development. Isibindi projects were further established and at the time of the oversight visit there were 12 Isibindi projects in operation. The selection of the areas was based on a needs assessment of the number of orphaned and vulnerable children and rates of HIV infection, unemployment, food insecurity, lack of youth development programmes and levels of poverty in these areas. Since its inception, the model had serviced over 20 000 children and youth. The age category of beneficiaries range from 0-24 years. The term “children” is used to refer to all beneficiaries for the sake of simplicity, although Isibindi beneficiaries include youth aged 18 years and above.

From April 2013 to June 2015 the Isibindi model provided, through Child and Youth Care Workers (CYCWs), services to a total of 10 899 children and youth through home visits and those visiting the Safe Parks. The province has five (5) formal and seven (7) informal Safe Parks in operation. These Safe Parks can be used both by children and youth who are direct beneficiaries of the Isibindi model, that is, those who receive visits from the CYCWs as well as by other children in the community. Safe Parks are areas of land specifically set aside for the recreational or educational pursuits of children in areas where children live. Safe Parks are either formal or informal. A formal park is a fenced structured equipped play equipment which is managed by the Isibindi project. The fencing of the park provides a psychological security where children can play in a safe space. Bags of toys are kept in the community.

The core of the Isibindi model is the provision of child and youth care services to children and youth in their homes by the trained and supervised CYCWs. CYCWs connect with children and build relationships with them through the use of daily life events. They help families with basic household chores and educate them about general hygiene, gardening, health, nutrition, and household care. They also teach children basic life skills and build resilience using ordinary human interaction *as a context* *and a means* for transcending basic care to meet the emotional needs of children especially those in child headed families.

CYWCs also provide psycho-social support services and educational support such as homework supervision. They further facilitate access to social assistance programme, access to citizenship documentation, access to Antiretroviral (ARVs) treatment and ensuring adherence to treatment schedules.

The Isibindi model provides the following programmes:

1. **The Integrated Youth Development Programme (IYDP)**

Child and Youth Care Workers support children and youth as part of a broader education and development initiative. They also supervise children’s homework assignments at their homes and monitor Safe Parks. Tuition support and career guidance are key aspects of the Isibindi model for youth development. They further mentor Grades 11 and 12 students, including examination support, creating awareness around the benefits of tertiary education, support with applications to tertiary or colleges and monitoring of progress and development of youth both at school and tertiary institutions. Youth development and education is integrated within routine services.

Through the support of CYCWs and Isibindi in the province, the matric candidates of 2014 had a successful pass rate as highlighted below.

**Table 3: 2014 Matric Results**

|  |  |  |  |
| --- | --- | --- | --- |
| **Province** | **Isibindi Matric Results Received** | **Candidates – Passed** | **Official Provincial Pass Rate** |
| Eastern Cape | 193 | 123 | 65% |
| Free State | 119 | 115 | 83% |
| Gauteng | 255 | 196 | 85% |
| KwaZulu-Natal | 513 | 336 | 70% |
| Limpopo | 163 | 121 | 73% |
| Mpumalanga | 237 | 193 | 79% |
| North West | 91 | 65 | 85% |
| Northern Cape | 117 | 90 | 76% |
| Western Cape | 10 | 5 | 82% |
| Total | 1 698 | 1 244 | 76% |

1. **The Disability Programme**

Services to children with disability continue to be provided by trained CYCWs under the supervision and guidance of a disability facilitators and a consultant physiotherapist. CYCWs advocate for children with disabilities at different levels in the community, with grassroots organisations and government organisations creating awareness around the plight and rights of children with impairments. Such advocacy is empowering families to take greater responsibility in the care of these children.

1. **The Early Childhood Development (ECD) Programme**

CYCWs receive training ECD in order to provide developmental support for children between the ages of 0-6 years old. They engage with the children in an intentional way while providing direct care in their homes and in the Safe Park, aiming to integrate stimulating activities into children’s daily routines.

**Challenges**

The following challenges have been experienced in the province since the roll out of Isibindi model.

* Delays in the signing of the Service Level Agreement (SLAs) after the end of the financial period led to Child and Youth Care Workers not receiving a monthly stipend for approximately 4 months. This affected the moral of youth who are employed in the projects and had a negative impact on service delivery by these workers. They were also unable to contribute to the livelihood of their households. Due to this uncertainty, the centre experienced a high number of drop outs.
* Insufficient staff allocation (5 or 6) in the new roll out sites, resulted in targets not being met. Targeted number of communities with known high levels of youth unemployment could not be serviced. Due to the absence of Social Service Professionals and key stakeholders in other areas of the province, delays were experienced in the delivery of services and this had a negative impact on the livelihood of vulnerable families.
* Lack of infrastructure, inefficient public transportation and long distances resulted in long transport duration and high travel expenditure for families to access basic services.
* Children are left in vulnerable, unsupervised situations due to seasonal migration of adults who seek employment on farms because of the shortage of employment opportunities in poor rural communities.
* Children are dismissed from schools for issues beyond their control such as their parent’s inability to buy them school uniform and that violates their right to education.
* The uncertainty of CYCWs who have completed their training and are qualified, yet are still being paid a stipend instead of a salary with prospects of increment.
* Due to a lack of monitoring and evaluation tool CYCWs have to perform numerous administrative tasks, often duplication reporting to the same department.
* High levels of substance and alcohol abuse often cause high incidents of child abuse, neglect and domestic violence. It is also linked to high levels of school drop-out rates, Gangsterism, teenage pregnancy, FASD and dysfunctional young families.

**3.8 Strydenburg Future Leaders Organisation**

The Strydenburg Future Leaders Organisation was established in 2011 following a visit by the National Minister of Social Development, Ms Bathabile Dlamini to the district on project Mikondzo. The organisation’s strategic objectives are to ensure that orphans, vulnerable children and their families have access to basic essential services, provide support to vulnerable children and families such that their capacities to sustain themselves are strengthened, conduct community dialogues for raising awareness about abuse and neglect of vulnerable children and the strengthening of positive cultural values that foster the care and protection of children. The organisation provides Victim Empowerment Programme, programmes for school drop outs, pregnant teenagers and for people living with HIV/Aids.

In September 2014, the Department of Social Development sponsored the organisation with a 16 seated mini bus which is used to transport members to the workshops and to the organisation’s programmes. During the same year the department funded the organisation an amount of R371 187 for HIV/Aids programme, R180 600 for youth development programme and R60 000 for sustainable livelihood.

The NDA funded it with an amount of R431 876 and donated a vehicle for the establishment of food garden in Pixley Ke Seme district. The organisation donated the vehicle to the Sika Community Centre in Victoria West. The NDA also funded the organisation with an amount of R383 400 for ECD centre.

Future leaders visit communities to conduct verification of beneficiaries who have food gardens and identify those who qualify to receive starter packs for their food gardening. They visit communities as far as Carnavon. The verification report of June 2015 indicated that 52 households had food gardens and 20 households did not have, 7 beneficiaries had died, 3 households had been graduated from poverty, 6 households had relocated to other places and 6 did not have their own places. The future leaders also participate in the local war rooms on poverty.

With regard to the achievements of the organisation, it was reported that future leaders were nominated for the Premiers Awards in 2014. They also initiated a fundraising event to raise funds for some future leaders to participate in the bicycle tour to Cape Town and back. Two of the future leaders were part of the Department of Social Development social work scholarship. The centre manager and one administrator received training from the Department of Trade and Industry.

**Challenges**

The delegation was told that the organisation faced the following challenges:

* Shortage of water;
* Lack of proper fencing in some of beneficiaries’ houses;
* Some of the households are not eager to participate in the household food production project;
* Some of the beneficiaries are old and stay on their own. It is therefore difficult for them to attend to their food gardens.

To address the aforementioned challenges the organisation recommended that the department should consider shifting the food security model of individual food gardens to communal food gardens.

**Observations and recommendations**

The delegation noted that the organisation was over stretching its limited resources by visiting distant areas. It recommended that it should first prioritise servicing local communities before it expands to distant communities.

**3.9 Strydenburg Early Childhood Centre**

The centre was established in 1997 and is operating in a back yard hall of a Roman Catholic Church. It was run by a group of women who used their pension money and supported children with food and educational toys. The strategic objectives of the ECD centre are to promote active children in the community, promote healthy living of children with disabilities and cater for the physical, spiritual and mental wellbeing of children. It renders developmental services and stimulation according to the Ocean of Love stimulation to children between ages of 3-5 years.

In 2006 the centre was registered as an NPO by the Department of Social Development to accommodate 97 children but at the time of the oversight visit there were 109 children attending the centre. Two of them are children with disability. It was reported that the attendance varied between 60 and 65 children per day. The centre still operates from the old church hall which requires renovations.

The centre has a staff complement of seven (7) members. Four (4) of them are practitioners, one (1) is the supervisor, one (1) is the cleaner and one (1) is a cook. All staff members are women. The ECD practitioners were trained on NQF Level 4 paid through the NDA funds. Through their employment at the centre, these practitioners have been able to change their lives and living conditions of their families. They receive stipends on monthly basis. The centre has been helpful in assisting parents by looking after their children while they are out looking for employment.

**Challenges**

The centre raised the following areas as challenges:

* The organisation management’s structure has partial knowledge and experience to run the centre and there is a need for capacity building programmes for staff members;
* Unwillingness of parents to pay school fees and participate in fundraising initiatives;
* The centre has not been able to brand itself because it is operating in a church’s structure;
* Lack of transport to fetch children staying far from the centre;
* The community has a high rate of foetal alcohol syndrome.

**3.10 Noupoort Christian Care Centre (NCCC)**

**Address by the local Mayor**

Upon arrival at the centre the delegation was welcomed by the local Mayor. She expressed her appreciation of the oversight role of the national parliament as it creates an opportunity to strengthen the government structures operating at a local level. She explained that the community of Noupoort has high levels of poverty and unemployment due to the closure of the railway service in the area, which had created jobs for the people. Only the municipality and provincial government are now the creators of employment.

She informed the delegation that the local municipality has created good relationships with the centre. The centre implements various programmes aimed at fighting the social challenges faced by the Noupoort community, including substance abuse. The role played by the centre highlights the important role the churches play in building the moral fibre of communities. She thus appealed that the centre should not be closed but instead corrective measures should be taken to address areas that have been identified as problematic.

**Presentation by the Nourpoort Christain Care Centre**

The NCCC was established in 1992 with a goal of offering spiritually focused programmes as the basis of residents developing and maintaining a drug and substance abuse free lifestyle. Its programmes are aimed at assisting residents to establish a relationship with God, their families and communities. The methodology of the centre is based on intentional community in that people make their own decisions to join the NCCC and they have to subscribe to the centre’s values. Families of applicants and applicants enrol into the centre on an agreement that the applicant accepts to participate in the spiritual programmes of the centre. The programmes are also based on behaviour modification, family reintegration, job skills training and cognitive reconstruction. The programme structure is made up of 52 weeks that consisting of 2 weeks of orientation, 18 weeks of phase 1, 20 weeks of phase 2 and 12 weeks of phase three. It charges R35 000 programme fee a year paid either upfront or in monthly instalments. For the school fees it charges R20 000. The centre is waiting for the Department of Basic Education to visit the school to conduct the final assessment for registration.

The centre also offers a school programme which consists of 50 weeks, a leadership and reintegration programme in CIARA Middleton for residents who have successfully completed the first half of their programme in Noupoort. Other programmes offered by the centre include skills development programme, dog therapy, sport and entertainment programmes, community outreach programmes and correctional intervention programme for those who continuously break the rules.

The centre is operating on a temporary registration but it has applied to the Department of Social Development for a permanent registration under the Prevention of and Treatment for Substance Abuse Act. At the time of the oversight visit it had 150 residents. It employed 22 workers from the local community. It also employed 2 qualified social workers, counsellors and educators.

**Challenges**

The centre reported that the number of young people referred to it, especially those under 18 years, has been very low even though this age group is mostly affected by substance and drug abuse. There is a serious need to reach out to this age group. Also, the number of people referred to the centre from the province (Northern Cape) has always been low compared to other provinces. The highest percentage (38.56%) of referral comes from Gauteng.

**Observations and recommendations**

The delegation commended the centre for providing such a comprehensive service. However, it recommended that the Department of Social Development and the centre should work together to address areas that had been identified as needing adjustment and correction. It advised the centre to consider aligning its programmes with the policies and programmes of the Department of Social Development as stipulated in the Prevention of and Treatment for Substance Abuse Act.

**3.11 Noupoort Service Centre for the Aged**

The centre was established in 1985 through the contributions of members of the local community as well as donations from local businesses and farms. The centre is currently funded by the Department of Social Development and registered as an NPO to render services to older persons. Its objective is to promote active ageing among older persons by engaging them in activities in order to stimulate them mentally, physically and religiously. It also provides balanced meals to the older persons. It renders services to 112 older persons in Noupoort. It has a solid executive committee that is affiliated with Age in Action.

**Inputs from the members of the centre**

The members raised a concern that the centre is operating in a privately owned building. The premier wanted to buy the property for the centre but there had been challenges in the transfer of ownership between different owners. The members reported that the new owner constant threatened to evacuate them. The delegation was further informed that the centre experienced a lot of break-ins and computers, blankets, food and cooking equipment were stolen.

**Observations and recommendations**

The delegation observed that the centre required maintenance. The roof was leaking water into the ceiling and down to the floor. As a result the paint in the walls and in the ceiling was peeling off. Despite this, the delegation congratulated the members of the centre for their good efforts to keep the centre working despite the challenges they had encountered. It also observed that the pictures on the wall were evidence of various recreational activities and events that the centre organised and hosted. The delegation advised the centre and the local Mayor to approach the Noupoort Christian Centre and request that through its community outreach programme assists the centre in the maintenance work.

**3.12 Noupoort Disability Protective Workshop**

The workshop was started in 2000 and until 2011 it operated without any funding. The strategic objectives of the workshop are to establish an income generating project for persons with disabilities in the area, provide mobility in order for the beneficiaries to be able to move from one place to another and to generate funds for sustainability, generate funds for sustainability and provide stipends to 20 persons with disabilities working in the workshop. The organisation is sustaining itself by repairing shoes, knitting, woodwork and sewing. It wanted to expand its business into manufacturing of toilet papers and operate a dry cleaner.

It was reported that the disabled community in Noupoort is the most marginalized and poverty stricken focus group. Persons with disabilities in Noupoort are exposed to various discriminatory practices, abuse and neglect in terms of access to developmental social welfare services.

The delegation was further told that the previous building they used before they were moved to the current location had no security as a result they experienced many house break-ins and their equipment was stolen. The municipality then moved them to the current building which was an old garage of the municipality. The building is old and not disability friendly. It also has no office space. The members also told the delegation that because they do not own the building they may be evacuated any time. To resolve this challenge the local municipality submitted an application to the Department of Transport to allow the workshop to use the evacuated railway buildings but no response had been received. The delegation was also told that the workshop does not have transport to transport members from their homes to the workshop and back. Therefore accessing the workshop was a challenge because the public roads are not in good condition.

They also informed the delegation that they had not received funding for the past three months even though they submitted the business plan. The last funding they received from the Department of Social Department was R5 380.

**Observations and recommendations**

The delegation observed that the decline in the economic activities in Noupoort affected the conditions of the building and road infrastructure of the area. There is therefore limited access to buildings for the department’s facilities to own. It therefore recommended that the department in partnership with the local municipality should consider entering into long term lease agreements with building owners.

**3.13 Ethembeni (Place of Hope) Community Centre**

The centre was established in 2002 as a civil society in response to a need to provide immediate services to the homeless people in De Aar. In 2004 the centre shifted its focus from providing services for the homeless children to focus on providing services to victims of gender based violence. The organisation provides Victim Empowerment Programme (VEP) by directly rendering support services to the victims of gender based and sexual violence. The organisation also seeks to ensure that the victims have a safe shelter to stay in. The organisation also renders awareness programmes to the community through door to door programmes. It provides the following services:

* Prevention through education and awareness-raising activities in communities. The Department of Social Development provided the centre with 15 assistants to do VEP in the communities at a stipend of R1 500 on monthly basis,
* Educating people about crime and violence focusing on the signs of trauma, victims’ rights, available services and the recovery process of trauma,
* Advocating for the rights of victims of serious crimes and empowering them to stand up for themselves,
* Providing psychological services where trauma has been experienced,
* Providing professional social work services to victims of crime and violence,
* Providing court support programme wherein women are given support in court when applying for protection orders, and
* Supporting the local Thuthuzela Care Centre.

The household profiling conducted by the centre revealed that a great number of beneficiaries were single mother receiving only Child Support Grant as their source of income. There is also a greater number of child headed households and grandparents who have to take the role of primary caregivers with their Old Age Grant. There is also a great number of people coming from a low-income household where there is high prevalence of domestic violence and substance abuse.

In 2014/15 the Department of Social Development funded the centre with an amount of R483 000 for refurbishment and security fencing. It also funded the centre an amount of R97 000 for the roll out of the Court Support model. In 2015/16 the department funded the centre an amount of R85 000 for the shelter and R348 000 as subsidy for a Social Worker and two (2) development workers. The subsidy was allocated in monthly instalments of R29 000. In total, in these two years the department provided funding to amount of R1. 01 million.

**3.14 De Aar Secure Care Centre (Bosasa)**

The centre was officially established in 2011 to accommodate children in conflict with the law in line with the provisions of the Child Justice Act and the Children’s Act. The provincial Department of Social Development outsourced the running of the centre to Bosasa Youth Development Centre (Pty) Ltd to render specialised services on behalf of the department. Bosasa is a private company with a vision of providing service excellent youth development centres.

The centre accommodates 51 children comprising of 39 boys and 12 girls in conflict with the law. These children are accommodated according to the following care types: children and youth diverted from the criminal justice system into diversion programmes, children and youth awaiting trial and children and youth in a sentenced programme. Since its inception the centre has accommodated a total of 267 children in which 49 youth were sentenced to the centre and 36 youth were admitted on diversion level two. Only 15 youth were accommodated as children in need of care. The centre however does not accommodate any children under this type anymore. One hundred and ninety four (194) youth were admitted in the centre as awaiting trial for short periods.

The centre has a staff complement of a Unit Manager, Occupational Therapists, Social Workers, a Professional Nurse, Educators and Child and Youth Care Workers. The Child and Youth Care Workers were accredited and registered with the Professional Council for Social Service Practitioners in 2015. The centre provides therapeutic programmes, educational programmes, vocational programmes and community outreach programmes. Community outreach programmes focus on prevention, early intervention and aftercare. Social workers conduct follow up visits after the release days in De Aar, Britstown, Douglas and in Hanover. It was reported that the centre has not had cases of violence because of the success of the programmes it offers, which are offered within a child friendly environment. The main focus of the programmes is to instil change of attitudes of the children. The centre does not have a formal school but its education programme operates at a FET level, ranging from level 1 – level 5. The programmes are therefore not yet accredited. The educators are not qualified but Bosasa trains them in child care.

**Closing remarks by the provincial Department of Social Development**

The department reported that it works in close collaboration with the centre in the provision of youth skills development such welding, catering, computer training and coffin making. Bosasa has demonstrated that it is not only about children but also about community development. The department aims to forge the same partnership with the Noupoort Christian Care Centre.

* 1. **Mobile ECD**

The delegation received a brief presentation on the operation of the mobile ECD. It was informed that the mobile ECD services rural areas that do not have ECD centres. Residents in these areas do not know the importance of ECD before grade 1 as means to enable smooth transition of a child from crèche to grade 1. The mobile ECD is operated by two ECD practitioners servicing seven (7) areas. On the initial visit to a households the duty of the practitioner is to teach the parents about the importance of early childhood development, cognitive learning and stimulation. Thereafter, the practitioner focuses on a child. In the seven areas the mobile ECD serves, it had reached 64 children.

**4. Overall findings of the Committee**

In overall the Committee made the following findings during its oversight visit:

* The programmes of the department are provided in relatively good building structures. The province also has functioning facilities that can be used as best practices. It is the view of the Committee that these facilities should be used to assist struggling centres. These centres needed maintenance work done and renovated to accommodate the needs of the residents. They also required intervention in terms of centre management, capacity building, monitoring and evaluation, safety and security and programme implementation. The provincial department was falling short on these aspects. The NPO Funding Guidelines of March 2011 makes it the responsibility of the provincial department to facilitate sharing of lessons learnt and best practice among local NPOs, conduct regular monitoring and co-ordination of performance among NPOs and identify training courses/institutions and developing a systematic capacity building programme, tailored to the capacity needs of the local organisation.
* There were funding delays to the centres due to challenges in the submission of business plans. It was not clear why the business plans had not been submitted. Nevertheless the delays negatively impacted the service delivery at the centres. Most importantly the availability of meals. The Policy on Financial Awards to Service Providers gives the department the right to reduce, suspend or terminate financing based on an assessment of the extent to which non-compliance with the specifications of the contract occurs. Prior to either of the administrative actions taken, the department should give adequate notice of the nature and purpose of the proposed administrative action and give a reasonable opportunity to the service provider to make representations. Also, the administrative action should be preceded by consultation in an effort to enable the service provider to rectify the situation. The delegation did not get a sense that the above processes were undertaken by the provincial department before the financing of the centres was suspended.
* The public private partnership between the department and Bosasa at the De Aar Secure Care Centre provides a good practice for the department to consider establishing with the Noupoort Christian Care Centre.
* All the centres were registered and were using registered Child and Youth Care Workers, however in some centres educational programmes as well as educators were not accredited and registered.
* The facilities that the delegation visited showed that the provincial department was implementing the provisions of the Children’s Act, the Child Justice Act and the Old Age Act. However, certain provisions of the acts need to be improved as was observed in Gopalang Service Centre for the Aged, Molehe Mampe Secure Care Centre and Lerato Place of Safety.
* Despite the high rate of substance abuse in the province, the province still falls short in implementing the Prevention of and Treatment for Substance Abuse Act. It appears that interventions against substance abuse have mainly focused on awareness raising and educational programmes, such as the “Ke Moja” programme and Peer Educator Programme. The Act makes provisions for these prevention programmes. It also stipulates in Section 12 (3 and 7) that the MEC in consultation with the relevant departments develop an integrated provincial strategy for community based services that target children, youth in or out of school, people with disabilities, older persons, families and communities in both rural and urban areas. Community based services include community based treatment programmes. The Act further requires the department implement aftercare and reintegration services aimed at the successful reintegration of a service user into society, the workforce, family and community life.

The delegation however notes that the public treatment centre was in its construction phase. It is however concerned with the delays that had been encountered due to funding issues as was reported by the department. This resulted in the number of beds being reduced. The delegation also notes that the provincial department established a Provincial Substance Abuse Forum and it had taken action to address the challenge of functionality and establishment of Local Drug Action Committees in all municipalities by engaging with SALGA.

1. **Recommendations**

The Committee recommends the following:

**5.1 Intergovernmental relations**

* The Minster should ensure that the provincial department forges working relationship with Provincial House of Traditional Leaders. Traditional leaders are important stakeholders in the implementation of the department’s programmes. They are key sources of information regarding challenges and issues faced by communities that require the department’s intervention.
* The Minister should also ensure that the provincial department as well as other provincial departments strengthen its partnerships with the religious organisations that render social development services. For instance focus on issues of curriculum, programme design and implementation as well as their impact on the beneficiaries.
* The Minister should engage with the Ministers of Home Affairs and Police and develop an integrated approach to address the challenge of undocumented foreign nationals in the rural areas, especially in relation to the issue of parental responsibilities.
* The Minister should also engage with the Department of Public Enterprise explore possibilities to revitalise the operations of the railway business in Nourdpoort. Transnet operations in Nourdpoort before there were closed down were the main source of income generation and employment creation in the Nourpoort.

* The Minister should engage the Minister of Basic Education to ensure that educational programmes at facilities are accredited.

**5.2 Human resources**

* The Minister should ensure that the provincial department orientates social workers on how they can work with the traditional leaders within the parameters of cultural and traditional practices.

**5.3** **NPO funding**

* The Minister should ensure that the provincial department prioritises capacity building of the centre management committees in developing business plans to avoid delays in funding. Capacity building should also include record keeping, reporting and accountability. The issue of the issue of the business plan should be prioritized so that funds can be disbursed on time.
* The Minister should ensure that the provincial department develops a standardised format for business plans. This will enable all NPOs, both the emerging and well established NPOs, to develop business plans.

**5.4 Programme implementation**

* The Minister should ensure that the provincial Department of Social Development adopts a strategy that would ensure that functioning and well-resourced facilities assist struggling facilities in areas that need intervention.
* The Minister should ensure that the department develops and implement mobile services for the elderly and transform service centres into distribution centres.
* The Minister should ensure that the provincial department improves in its implementation of the Prevention of and Treatment for Substance Abuse Act especially in relation to treatment and aftercare services.
* The Minister should ensure that the provincial department strengthens its monitoring and evaluation over the implementation of its programmes as well as the overall running of the centres so as to ensure that these centre comply with the norms and standards.

**5.5 National Development Agency**

* Minister should ensure the National Development Agency ensures that there is a collaboration between the food security projects it funds and the facilities of the department so that these projects can supply the facilities with their produce.

1. **Conclusion**

The Committee wishes to extend its appreciation for the welcome and support it received from the provincial Portfolio Committee on Social Development and Health, the MEC and his officials as well as the residents of the centres it visited. The Chairperson of the provincial Committee, the MEC and department officials both from the national and provincial tirelessly accompanied the delegation to the site visits. It also wishes to thank the members of the national Portfolio Committee on Social Development for their attendance and contribution in the discussions. Lastly, it would like to thank its support staff for their diligent work in supporting the work of the Committee.

Report to be considered

1. The department owned treatment centre is currently under construction [↑](#footnote-ref-1)