**2. REPORT OF THE SELECT COMMITTEE ON SOCIAL SERVICES ON AN OVERSIGHT VISIT TO THE MBOMBELA, BUSHBUCKRIDGE AND NKOMAZI LOCAL MUNICIPALITIES IN THE MPUMALANGA PROVINCE 27-31 MARCH 2017**

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# INTRODUCTION

The Select Committee on Social Services (hereinafter, the Committee) conducted an oversight visit to the Mpumalanga province. The oversight visit took place during the week of 27 – 31 March 2017. The decision to conduct oversight visits at these areas followed a decision taken during the National Council of Province’s (NCOP) Strategic Planning session held on 1-2 September 2014 and Annual Planning Session held on 28 February-1 March 2017.

In Mpumalanga, the Committee visited the Mbombela, Bushbuckridge and Nkomazi Local Municipalities. The purpose of the visit was to conduct oversight on all sectors within the mandate of the Committee (Health, Home Affairs, Human Settlements, Social Development, and Water and Sanitation). This was visited by visiting specific projects and programmes implemented by the various Departments.

The Committee thus conducted oversight on Health services offered at Rob Ferreira Hospital and Tekwane South Clinic. The Home Affairs office in Mbombela was visited regarding the issuing of identification documents, processes followed and all matters relating to documentation. A Thusong Services Centre which offers the South African Social Security Agency (SASSA) services and processes identity documents was also visited. In terms of Human Settlements the Committee focused on the Tekwane Housing project. In terms of Water and Sanitation the Committee focused on bulk water supply and the development of the Hoxane Water Treatment scheme. Lastly, the Swartfontein Treatment Centre and Ndzalama Early Childhood Development Centre were visited as areas relating to Social Development.

This report provides an overview of the areas the oversight focused on - highlights the findings from the sites that were visited, and reported challenges. Based on these, recommendations and issues for follow-up have been identified and made.

# STRATEGIC FOCUS OF OVERSIGHT VISIT

In line with the National Development Plan (NDP), Medium Term Strategic Framework (MTSF), priorities of the Fifth term of Parliament, and the mandate of the Committee, the oversight undertaken in Mpumalanga focused on five key portfolios: Health, Home Affairs, Water and Sanitation, Human Settlements and Social Developments.

The NDP which serves as a premise to the Committee’s plan and programme of implementation, highlights the importance of reaching a minimum standard of living for all South Africans by 2030. A key mechanism of realising this is through a holistic multi-pronged approach. In the NDP the elements of a decent standard of living are listed in no chronological order as:

* Nutrition
* ***Healthcare***
* ***Housing, water and sanitation****,**and electricity*
* Clean environment
* **Education and skills**
* ***Safety and security***
* Employment
* Recreation and leisure
* Transport

The Committee’s oversight visit is in line with the highlighted pillars of the NDP (and as indicated previously the priorities of the Fifth term of Parliament and the mandate of the Committee).

1.
2.

## Health

*A long and healthy life for all South Africans* is Outcome/Priority 2 in the MTSF and NDP. Some of the targets geared at improving the health of the South African population include:

* Raising life expectancy to at least 70 years.
* Ensuring that the generation of under-20 year olds is largely free from HIV.
* Significantly reduce the burden of disease.
* Achieving an infant mortality rate of less than 20 deaths per 1 000 live births, and an under-5 mortality rate of less than 30 per 1 000.
* Construction of 213 clinics and community health centres, 43 hospitals; and refurbishment of over 870 health facilities in 11 national health insurance (NHI) pilot districts.
* Doubling of the number of people on ARTs from the present 2.4 million to a projected 5.1 million.
* Intensifying TB screening and treatment programmes for vulnerable groups, including 150 000 inmates of correctional services facilities, 500 000 mineworkers and an estimated 600 000 people living in mining communities.
* Vaccination of all girls in Grade 4 against the human papilloma virus, to significantly reduce their risk of acquiring cervical cancer in future.

For the purposes of this aspect of the oversight visit, the Committee visited the Rob *Ferreira Hospital* and *Tekwane South Clinic*. Initially the Committee was to visit Kwamhlutshwa Clinic. However this was subsequently changed (to Tekwane South Clinic) after the Committee was made aware of community service delivery dynamics around the location of the facility. The focus of the oversight visits were on the availability of medicines, emergency medical services, infrastructure, human resources and Ideal Clinics will be assessed.

## Home Affairs

The NDP notes the need for people living in South Africa to feel safe and enjoy a community life free of fear, which has a direct impact on the need for effective internal control of immigration detention centres in the country. Likewise, Outcome 6 of the MTSF (also) highlights the requirement that the identity of all persons in South Africa be known and secured, which would not be possible without effective border management and immigration control.

For the purposes of this aspect of the oversight visit, the Committee visited *Mbombela Regional Office and Mbangwane Thusong Service Centre. The* focus was on the management of the facilities and the types of services offered (to community members).

## Human Settlements

Human settlements as defined in the NDP and other strategic policy documents, refers to a provision of not only houses but elements that will ensure people live in a community with all the basic amenities. A lot of infrastructure comes into play in relation to provision of human settlements. These include but are not limited to planning, building and provision of water and electricity. This also has its complexities because planning takes place at the local level; building of houses is a provincial level responsibility; and provision of water, sanitation and electricity is split between the departments responsible for bulk services and reticulation. Due to this the Committee met with all the respective role-players and stakeholders.

For the purposes of this aspect of the oversight visit, the Committee focused on the large-scale integrated development that links Mbombela with White River. That is, *Tekwane North and South human settlements* developments.

## Water and Sanitation

According to the NDP water is a strategic resource for critical socio-economic development. Further it is acknowledged that South Africa is a water scarce country hence greater attention should be paid to water management and use. Moreover, it is acknowledged that water supply and sanitation services are vital for community health, development, cohesion and continued economic activity.[[1]](#footnote-1) It is within this context that the Committee focused on this sector during its oversight.

For the purposes of this aspect of the oversight visit, the Committee visited the *Hoxane Water Treatment Scheme*.This project is aimed at supplying water to 15 additional villages in the Bushbuckridge Local Municipality. Initially, it was projected that it would be completed by December 2016.

## Social Development

To implement the commitment in the NDP to realise *a comprehensive, responsive and sustainable social protection system,* the MTSF contains actions intended to:

* Improve efficiency in the delivery of social protection services;
* Address the exclusions by identifying and reaching those who are entitled to the existing benefits of social protection;
* Reduce the administrative bottlenecks that prevent people from accessing benefits; and
* Develop an enabling environment and create conditions for social partners such as the NGO sector to contribute to social protection.

The key targets that the MTSF seeks to achieve include[[2]](#footnote-2):

* Ensuring that by 2024, an essential age- and developmentally stage-appropriate package of quality early childhood development (ECD) services is available and accessible to all young children and their caregivers.
* Universal access (at least 95% of eligible people) to social assistance benefits by 2019, notably the child support grant, disability grant and old age pension.

For the purposes of this aspect of the oversight visit, the Committee visited the *Swartfontein Treatment Centre, Mbangwane Thusong Service Centre* and *Hoxane ECD centre*. The focus was on the following:

* Management of the facilities.
* Overview of the services offered and assessment of the long term after care.
* Timeous Payment of social grants, types of beneficiaries and operations of the Centre.
1.

# FINDINGS, CHALLENGES & RECOMMENDATIONS: SITES VISITED

The Committee received briefings from the role-players and stakeholders in the form of PowerPoint presentations prior to undertaking site visits. The briefings were followed by discussions where the Members of Parliament (MPs) asked questions to explore and probe on issues raised (during the presentations), and during the site visits.

Information presented in this report therefore comes from the information collected from presentations, discussions and observations.

1.

## Rob Ferreira Hospital

### *Findings*

The Committee was taken to view the Rob Ferreira Hospital and found that it is a tertiary hospital with 302 beds and 404 unusable beds. The hospital was on the revitalization programme from 2003 – 2014. The hospital renders most services however, it refers patients to Steve Biko Academic Hospital and Kalafong Hospital (both located in Pretoria) which are both approximately 320 kilometres away.

### *Challenges*

The main challenges reported are:

* There is a lack of security and in-house laundry.
* The length of stay of mentally ill patients and orthopaedic patients is too long. That is, instead of a 3 day stay, they stay longer and thus hospital beds are insufficient.
* There is no psychiatric hospital in Mpumalanga and there is a shortage of psychiatric beds.
* There is a scarcity of Specialists such as Anaesthesiologist or Anaesthetist, Neurosurgeon, and doctors for the intensive care unit (ICU).
* There is poor waste secretion. There is poor communication between staff and patients.
* Negative staff attitude remain a challenge.
* Waiting periods of patients in the casualty ward are long.
* The filing system is not electronic. Further, patient files get lost (or missing).

In addition to these the Committee noted that the “help desk” is not user-friendly, and an electronic filing system is required.

### *Recommendations and Issues for follow-up*

* The hospital management should motivate for an installation of security cameras as part of its long term planning.
* Training in patient care should be offered to help address negative staff attitudes.
* Patient satisfaction surveys should be conducted at least quarterly. In addition, there should be monitoring of findings and implementation of interventions.
* Training staff on waste management should be prioritised.
* Waiting periods should be minimised by means of a functional help desk and queue marshalling.
* In line with the “ideal clinic” norms, the national Department should look into the level in which criteria is met (and not met).

## Mbombela Regional Home Affairs Office

The Regional office operates from Monday to Friday (07:30–16:00) and on Saturdays (08:00-13:00). The services offered mainly include issuing enabling documents to citizens and qualifying persons. The office also offers Immigration Services which entail tracing and charging transgressors.

### *Findings*

The regional office is in the process of replacing floor tiles, of which the completion date is estimated to be 04 April 2017. The regional office and ports of entry relationship only extends to handing over detected document fraud, and arrest of illegal persons for deportation as well as inspections on farms, businesses and roadblocks. Corruption is addressed in morning meetings. The office is still using a paper-based application system. However it is transitioning to a modernized system.

### *Challenges*

* The office is still using paper-based systems.
* Corruption occurs at the ports of entry.
* There is no live capture facilities for the mobile units.
* There is no shelter outside the office against the harsh summer and winter elements.

### *Recommendations and Issues for follow-up*

The Committee recommended that the computer and printer be procured as soon as possible. Further, the Committee recommended that corruption be addressed and stricter penalties be applied. The Department should erect shelter especially for the disabled and elderly.

## Swartfontein Treatment Centre

The treatment centre was built during the 1920s by soldiers returning from the Anglo Boer War. Skills were taught such as bricklaying, plastering, painting and carpentry. Due to war trauma many soldiers developed drinking problems which resulted in the government establishing the Treatment Centre. Currently the Centre is the only public treatment facility in the province. It caters to provinces without treatment centres. For example, the North West. The Centre assists females as well as males for a duration of 16 weeks depending on treatment needs. Referrals are made to Themba Hospital if needed (which is where detoxification of users occurs).

### *Findings*

The Committee was informed that the Centre was officially opened in July 2016. Services offered include: vocational services, recreational services, occupational therapy, spiritual services, medical services and social services.

### *Challenges*

* The Centre is being renovated in order to accommodate more users. Due to this admissions are taking a bit longer. Further, before users can be admitted to the Centre they have to undergo detoxification.
* A comprehensive aftercare programme is necessary in order to assist with lifelong sobriety. The Centre does not offer users an aftercare programme.
* Vocational skills and training are necessary for the users.
* At the time of the visit Social Workers in the province were embarking on a strike action.

### *Recommendation and Issue for follow-up*

The Committee recommended that the Department try and find creative ways to assist the Centre in terms of staff requirements as well as vocational training and long-term aftercare.

##  Hoxane Water Treatment Scheme

The project is the extension of the capacity of the plant from five treatment modules to eight treatment modules (6, 7 and 8). Each comprises of 9 mega litres per day. (Ml/d). The aim is to increase the quantity of potable water produced from 45 Ml/day to 72 Ml/day to enable it to become a regional node and supply purified water to Nsikazi North areas.

Phases 1 and 2 of the project entailed the following:

* Providing additional pumping capacity at the raw water pump station.
* Pumping water from the Sabie River to the Hoxane water treatment scheme.
* Providing three modules (9 Ml/day each) of flocculation, sedimentation and rapid gravity sand filtration.
* Providing additional capacity at the high lift pump station.
* Providing sludge handling facilities.

### *Findings*

The Hoxane Water Treatment Works is situated on the northern bank of the Sabie River. It extracts water from the Sabie River. The construction of the plant started on 09 March 2015 and its completion date is now set for 14 June 2017. At the time of the visit (March), the projects overall progress stood at 90 percent.

The project costs are listed in the table below.

|  |  |
| --- | --- |
| **PROJECT PHASES** | **PROJECT COSTS** |
| Phase 1 | R 27,460,000.00 |
| Phase 2 | R 80,887,000.00 |
| Phase 3  | R 120,155,000.00 |
| Total Project Cost | R 228,502,000.00 |

These amounts are inclusive of the value added tax (VAT) and other fees.

Phases 1 and 2 are completed. They were funded under the Municipal Infrastructure Grant (MIG). Phase 3 is under construction and is being funded through the Regional Bulk Infrastructure Grant (RBIG).

### *Challenges*

The key challenges identified are as follows:

* Ownership of the scheme is not yet finalized.
* Future operations and maintenance cost.
* Phase 3 of Hoxane to be fully operational and requires Northern Nsikazi to be fully completed.
* Confirmation of co-funding by the City of Mbombela Local Municipality for Northern Nsikazi amounting to R101m is still outstanding.

### *Recommendations and Issues for follow-up*

The Committee recommended that Rand Water should be approached immediately and take ownership of the project. The Bushbuckridge Local Municipality must engage with the role players of this project as the water scheme will service them as well.

## Ndzalama Early Childhood Development Centre

The preschool was opened in March 2017. It was funded by the National Development Agency (NDA). Two crèches were combined to form the ECD Centre.

### *Findings*

The Centre has 148 registered children of which DSD funds 100. According to the Department of Social Development the rest of the children will be funded (48) in, 2017/18. The ECD has sufficient staff (and a principal) and a Board. The Centre has a Social Worker and an Auxiliary Social Worker and a cleaner and general worker.

### *Challenges*

* The preschool kitchen is too small and the storeroom has limited space.
* Currently there are seven ECD Centres that are being revamped by the NDA, because of a high need for ECDs in the province. In Mpumalanga there are 199 ECDs that are non-functioning, which constitutes a great challenge for pre schooling in the province.
* The Centre was built to accommodate 100 children but now accommodates 148 children.

### *Recommendations and Issues for follow-up*

The Committee recommended that DSD follow up on the 48 kids that are not funded for. That small maintenance issues be addressed as soon as they appear and that record management be prioritised. Since the Centre recently opened the DSD should make sure that it functions properly and offers a good and safe environment for children to develop. Training should be provided to staff and Board members to strengthen the work done at the Centre.

## Mbangwane Thusong Service Centre: SASSA & Home Affairs

The Thusong Service Centre recruits departments, NGOs and private companies to occupy space, all under one roof -on the same premises. This offers the community access to services close to home, especially in rural areas. Services offered include computer classes, women’s sewing group, and printing facilities. The Centre houses the following Departments and Agencies: Home Affairs, SASSA, Finance, Labour, Co-operative Governance and Traditional Affairs (Cogta), Small Enterprise Development Agency (SEDA) and the Government Communication Information System (GCIS).

### *Findings*

Cogta collects statistics on a monthly basis. The Department of Labour operates on Wednesdays, SEDA operates on a Tuesday. The Department of Finance runs an internet café and SASSA is there full time. The Local Inter-Sectoral Committee consists of 5 Ward Councillors. Their role is to identify the needs of the community.

SASSA assists with grant applications as well as running an outreach programme targeting the needs of the community. The SASSA staff compliment comprises 1 team leader, and 5 officials. The SASSA office operates from 07:30 to 16:00. SASSA approximately completes 10 applications daily.

The Home Affairs office at the Mbangwane Thusong Service Centre collects manual applications for identity documents and birth registration documents. Its operating hours are from Tuesday to Thursday (09:00 – 15:00).

### *Challenges*

Challenges at the Centre include the following:

* Funding for managing the Centre.
* Water shortages.
* Maintenance issues. For example, the garage door needs to be replaced, the bathrooms are dilapidated.
* The signing of service level agreements and memorandums of agreements with the Departments and Centre Manager have not taken place.
* The Department of Public Works has not installed computers as requested by the centre.
* The SASSA office has challenges, namely with the low number of applications from the community as well as having computer system failures.
* The Home Affairs office is in need of a computer and a printer.

### *Recommendations and Issues for follow-up*

* The Committee recommended that DSD monitor and interact with the community in getting them to use the services offered.
* The Department of Public Works should proceed with the signing and implementation of the service level agreements.
* Formulate a strategy should be formulated in addressing the community to access services.
* Printers and computer equipment should be procured in order to assist the various departments with their work.

## Tekwane South Clinic

The Tekwane Clinic was officially opened in November 2013. It services approximately 9540 patients in and around the area, of which 1297 are children under five years of age. The majority of the patients are females. The Clinic is said to comply with the ideal clinic standards however, it does not comply to the National Core Standards as yet.

The Clinic operates 7 days a week for eight hours a day, however the clinic has issues with security thus operating for longer hours is a problem.

### *Findings*

The Clinic offers the following services: - motor accident victims, assault, poisoning, acute illness. The Clinic also services chronic conditions. It has a “baby clinic”, provides sexual reproductive health, counselling on termination of pregnancies, HIV screening and counselling, TB, cervical cancer screening and STI care. A medical doctor visits the Clinic once a week, whereas a Psychiatrist and Oral Health Specialist visit twice a month. There is Physiotherapist, Dietician and Speech Therapist available at the facility once a month. A social worker has been appointed and will start in April 2017. Home based care givers are also attached to the Clinic.

### *Challenges*

Challenges at the Clinic include (negative) staff attitude, incomplete adult and paediatric resuscitation trolleys. Waiting times are long, approximately 2h30. Further it was reported that there are no Magill forceps (medical instruments), certain medications were out of stock and there were staff shortages.

### *Recommendations and Issues for follow-up*

The Committee recommended that Department of Health assist with staff training and recruiting to alleviate waiting times and adjust staff attitudes. Equipment should be budgeted for and then procured.

## Tekwane South and North Housing projects

The Tekwane North and South housing projects are adjacent developments. They are situated 22 kilometres outside Mbombela and approximately 6 kilometres from the Moyeni Mall. Upon completion of the developments the settlements will house 8000 households combined. Bulk infrastructure has been completed. Currently 500 top structures are being completed at Tekwane North. At Tekwane South 250 top structures will be constructed. It was reported that 727 sites are completed.

This development is expected to include a vast housing project that will have 828 middle income and 352 low cost houses, residential apartments, student accommodation and a parliamentary village.

### *Findings*

At Tekwane North the progress thus far is that 299 units have been completed. The budget is R30 900 000. At Tekwane South 2000 housing opportunities exist of which 250 will comprise low cost housing. About 500 rental social housing and 222 will be bond based.

Due to protest action, the Municipality and ward councillor were unavailable, therefore the Committee would have to revisit the site when an opportunity arises.

### *Challenges*

It was reported to the Committee that theft and vandalism on site, insufficient bulk water services and unavailability of electricity infrastructure remain challenges in the area.

### *Recommendations and Issues for follow-up*

The Committee recommended that Department of Human Settlements carefully monitor the projects under construction until completion. Further, the Committee recommended that beneficiaries entitled to housing units be allocated houses.

Due to protest action, the Municipality and ward councillor were unavailable, therefore the Committee would have to revisit the site when an opportunity arises.

# CONCLUSION

The Committee undertook oversight on the Department of Health, Human Settlements, Water and Sanitation, Social Development and Home Affairs.

The sites were visited with various stakeholders and role-players, provincial and national Departmental officials. This proved to be a fruitful exercise as it enabled the stakeholders and role-players to see and understand progress made in relation to the projects.

The Committee deliberated and concluded that in the main, the following are crucial in strengthening the projects visited:

* The importance of taking into account policy implications during the planning phase of projects.
* The need for strengthened inter-governmental relations and thus better coordinated collaboration.
* The importance of ensuring that the list of beneficiaries who are meant to occupy the BNGs is captured appropriately, and allocations are done according to the housing register’ and in line with policy.
* Comprehensive monitoring and reporting of progress.

Following this undertaking, the Select Committee on Social Services will (continue to) undertake oversight on the identified projects.

***Report to be considered***

1. National Planning Commission (2012). [↑](#footnote-ref-1)
2. MTSF 2014-2019. [↑](#footnote-ref-2)