**UNREVISED HANSARD**

**NATIONAL COUNCIL OF PROVINCES**

**TUESDAY, 30 NOVEMBER 2021**

***PROCEEDINGS OF THE NATIONAL COUNCIL OF PROVIINCES***

The Council met at 10:02.

The House Chairperson: International Relations and Members Support took the Chair and requested members to observe a moment of silence for prayers or meditation.

The House Chairperson: International Relations and Members Support announced that the hybrid sitting constituted a sitting of the National Council of Provinces.

# QUESTIONS – CLUSTER 2B: SOCIAL SERVICES (HEALTH AND SOCIAL DEVELOPMENT)

Question 202:

The DEPUTY MINISTER OF HEALTH: Hon Chair and hon members of the House, may I start by apologising on behalf of our Minister who also had this issue of the new variant

programmes. He is actually heavily engaged on hence he delegated me to continue with this task.

On Question 202 asked by the hon Gillion on the issues related to the health care system readiness, our response is that the national Department of Health has engaged with the provincial Health departments and other stakeholders in order to understand challenges experienced by the health system during the previous waves and to ensure that lessons have been learnt and that plans are in place to prevent and respond to the anticipated fourth wave. The process has focussed on a number of key areas, for example, governance and leadership, how strong we are on epidemiology and data harmonisation, clinical governance and care pathways, health facilities readiness, contact tracing and screening, risk communication and community engagements, continuity of essential services and mobilisation and optimal use of resources.

The health facilities readiness work stream places a key role in preparing health facilities to be ready for the fourth wave. Ensuring adequate oxygen supplies, respiratory devices and consumables at health facilities is a critical component of providing care to the increase number of patients who require hospitalisation during the waves. An oxygen task team

meets every week to ensure readiness of health facilities and is working with oxygen service providers to ensure that continuity plans are in place.

The Department of Health webinars are among learning platforms in the area of clinical governance. These lessons learnt from these webinars will assist, and they continue to assist, in strengthening case management in hospitals during the fourth wave and beyond.

In order to address increased movements and social gatherings associated with the upcoming event period, the risk communication and communication engagement work stream is busy making a plan how to navigate through the festive season and safer holiday campaigns. Each province is in the process of finalising a provincial resurgence plan. These plans will be consolidated into a national resurgence plan. In addition, senior technical managers have been allocated to work with provinces that experienced challenges during the second and the third wave. Thank you very much, Chairperson.

Ms M N GILLION: Thank you, House Chair. Thank you, hon Deputy Minister for answering my question. It seems like Gauteng is going to be the epicentre of the fourth wave as it was

recently in the third wave. Are there any specific measures in place to counter the increasing rate of infections in Gauteng and also stop the possible spreading of the infections to other provinces? Thank you, Deputy Minister.

The DEPUTY MINISTER OF HEALTH: Thank you, hon Chair. Thank you, hon Gillion for the follow-up question. Like in the first report in the first answer given, at the end of the third wave nothing was dismantled in terms of our readiness – human resource plans and equipments. We did not dismantle the infrastructure. We have also kept the experience and the skills that have been there because we were very much aware through the ministerial advisory committee to the Minister.

They kept on updating us that there will be a fourth wave. Another wave is possible therefore don’t dismantle whatever you have put in place.

Just to be specific with Gauteng there are 4 407 beds that are within the public hospitals that have been reserved specifically for Covid-19. That is an experience that they used. They have kept these beds even for the third wave but the Ministry only 2 300. They did not even touch all 4 000.

But for this we have kept 4 407 beds all over the province. We also have risk adjusted and demand informal strategy that we

have kept in place. We do have in that province meetings that they have with Afrox that continue to make sure that postthird wave they started having these meetings where they want to monitor the bulk and tanks of Oxygen cylinders which is very strategic in the management of Covid-19.

In all provinces we continue to monitor the personal protective equipments, PPEs, water supply, electricity backup support and medical waste disposable. The 6 309 personnel that were employed specifically for Covid-19 in Gauteng were kept though they still remain in the contract. There is a collaboration and the continuous specialists give us direction in public health and epidemiology.

Hon Chair, you would know that even though we have challenges in the country, but we have major hospitals in our country not experiencing electric problems despite here and there because of load shedding. We have placed generators that have enough diesel and are being monitored. So the same will apply in this case. Thank you very much, hon Chair.

Mr M R BARA: Thank you, House Chairperson. Good morning, Deputy Minister. We note that numbers are currently rising on a daily basis. South Africans are preparing to go on Christmas

holidays across the country during this festive season. Obviously, with the rising numbers of Covid-19 that pose a danger across the country which means the fourth wave is upon us. Many South Africans have not taken the vaccine at all. My question is, what is the detailed plan of the department to ensure that we do not see unnecessary spikes in Covid-19 numbers in the country? Mainly, what is the plan of ensuring that we do not see a massive growth in terms of Covid-19 numbers as we approach the festive season? Thank you, Chairperson.

The DEPUTY MINISTER OF HEALTH: Thank you, hon Chair and thanks for the question from hon Bara. Maybe to just start by saying we have up to 25 million vaccine doses that have been used in our country as of two days ago. I am not aware of yesterday’s figures because I did not check them. That translates to 41% of the adult population in the country that have been vaccinated. Yes, you are correct we would have wanted to have more than 41%, but we are wanting to increase these numbers to more than that. You are correct the scientists are guiding us and they are telling us that maybe these rising numbers are as a result of this new variant, omicron. You are correct that we are approaching Christmas and what is the plan of the country with regard to this process.

The first bite will be to still encourage our South Africans to go and vaccinate as we are saying. This is the advice that we are getting from the scientists that if you are vaccinated with or without a new variant coming in is like a twin brother and sister to whatever you already have. You will have formed a defence against if you are vaccinated. Therefore, it is unlikely that this new variant or any variant will have a devastating effect to individuals who are vaccinated. We also know this because people who are vaccinated, even if they get reinfection or admitted, they don’t do as badly as people who are unvaccinated. We urge South Africans to continue to vaccinate.

But we are actually saying, as the President announced two days ago, maybe one day we are going to decide whether an individual’s - Dr Dlomo’s –rights of refusal to vaccinate is bigger or better than collective rights of the people that he is worshiping with in church, people that he goes with to the malls and people that he goes with to the stadiums. Maybe we are going to consider it. Let’s discuss it as South Africans, whether we should not say it is good enough it is your individual rights to refuse to vaccinate, but please, do stay at home and meet with us when we are in the taxi, when we are in the stadia and when we are in the church because we would

want to be protected. We don’t guarantee that South Africans are not going to continue getting Covid-19 infections. But what vaccine does is to guarantee that the vaccine given to you will not make it to be a very bad dent on your body. You will be protected to some extent and you won’t go to the intensive care unit, ICU, you won’t have long prolonged health specialisation and obviously you will escape death. That is what we are really aiming to push as a country and as government. Thank you very much.

Mr T APLENI: Thanks, Chair.

The HOUSE CHAIRPERSON (Ms W Ngwenya): Okay, continue! Hon Apleni! Maybe he is struggling. Unmute, hon member! You have unmuted yourself, please.

Mr T APLENI: My apologies, Chair.

Ms M O MOKAUSE: Chair, may I take hon Apleni’s question? He

seem to be struggling. It’s Mokause!

The HOUSE CHAIRPERSON (Ms W Ngwenya): Do you have it?

Ms M O MOKAUSE: Yes!

The HOUSE CHAIRPERSON (Ms W Ngwenya): Okay, hon member, you can.

Ms M O MOKAUSE: Thank you, Chairperson. Chairperson, hospitals such as Butterworth Hospital, Tafalofefe Hospital, Madwaleni Hospital and Victoria Hospital which are in the rural ends of the Eastern Cape are and have been overwhelmed by shortage of doctors, nursing staff, equipment and bed capacity even before the pandemic. Have hospital managers in the rural Eastern Cape made assessments and projections and put plans in place to ensure sufficient staff and hospital beds capacity for the next wave? If so, can the Minister provide details in this regard. Thank you, House Chair.

The DEPUTY MINISTER OF HEALTH: Thank you very much, hon Chair. Thanks for the question of hon Apleni given by hon Mokause.

Like in my initial response, we are collating all provincial plan readiness for the resurgence. That is something that we are collating this week. They have been given a checklist of things that should be there - that should not be dismantled and the human resource, HR, strengthening. We were with the MEC of the Eastern Cape in Durban at the SA National Aids Council, Sanac, processes and she was raising the challenges that we need to top up because they have kept some staff

members who are on contract, those who were brought in because of Covid-19. Therefore, we do understand and appreciate that some of our provinces are struggling especially the rural ones. But what was there in place is actually not being dismantled. That is the challenges that we do have.

Our solace what we do have is what we are continuously getting as guide from the scientists that if we are vaccinating, this wave, the fourth wave, is probably not going to have heavy as the first two and three waves. Therefore, we will continue to monitor from our centre, but we are not running away from the needs of our hospitals out there. The facilities may be more than what we are able to support and supply. But we will continue to monitor that and support them where necessary.

Thanks.

Mr M A P DE BRUYN: Thank you, House Chair. Hon Minister, according to the report from the University of Oxford, the breakthrough infections of the new virus that were reported in South Africa are among the people wo have received vaccines.

In the light of this report do you and your department agree that the vaccinated are more susceptible to the new variant? If so, what is the way forward to contain the new variant and

the possible fourth wave? If not what is the department’s

interpretation of this report? Thank you.

The DEPUTY MINISTER OF HEALTH: Thank you, hon Chair and hon Bruyn. I have not been able to see that report, but I will go along with the advice of the scientists that gave us support yesterday. They explained and showed that, yes, this new variant has a lot of mutations that it comes with. It is a defence mechanism that is done by any organism – be it the bacteria or a virus on us - creating a new defence because it now knows that we are dealing with it in this way.

There are some parts of that virus that remain and are still susceptible to the vaccine that we give. Yes, they are also giving a story that there are certain parts of that virus that might show that virus escaping the immunity that we do have.

That is something that they are advising us. But overall they are saying if our antibodies that we have against this virus, either due to vaccination or due to having been previously infected, if the antibodies do fail, there is something in our bodies which is called T cells which is a very long lasting immunity against it. That would be another add-on to support.

Going forward we are still dealing with the Covid-19 virus. It changes colour, shape and all that. This is what we call mutations. The rationale still stands, let us vaccinate because part of that virus will be susceptible to the vaccine. Therefore, whatever you get will still be Covid-19 infection. It will not be worse as if you are not vaccinated. Therefore, scientists are saying the two to three weeks to come there will be able to see and notice how virulent and how strong is this new variant against our bodies. Nevertheless, let us vaccinate because part of this new variant is still susceptible to the vaccine. Thank you very much, Chairperson.

Question 197:

The DEPUTY MINISTER OF HEALTH: Chair, on the question asked by the hon Bara regarding the incident in Cuba, in the universities, our response is the incident happened on 7 November 2021 at the Santa Clara University, we were informed by our health attaché in that country, Dr Sanele Madela, the students were beaten by the police on campus during a birthday celebration party which was supposed to have started at 19:00 but ended up starting at 21:00 and went on and on until the early hours of the morning. It is not known, as yet, who called the police, however, the students have admitted that the police indicated that they should switch off or lower down

their music as it was too loud in those early hours of the morning, and the students are also having their residence within the hospital premises where patients are kept and were there. And (b), we have been informed that the school management, the university management had notified the provincial leadership of Villa Clara, which is the university, and a commission has been established to investigate the incident. We will await the outcomes of the investigation, and I took it upon myself yesterday to phone the health attaché, Dr Madela, and they will have a meeting this week where they, hopefully, going to get the update report with regard to the whole incident being investigated. Thank you very much, Chairperson.

Mr M R BARA: Thank you, House Chairperson and thank you, Deputy Minister, for the response, whilst the DA does not support the Cuban programme, the students remain South African citizens. What assurance will the government obtain from the Cuban government as to the safety and security of the South African students in Cuba? Thank you, House Chair.

The DEPUTY MINISTER OF HEALTH: Thank you, hon Chair and thank you, hon Bara, and your opening comments, hon Bara indicate that you do acknowledge that there are South Africans who

reside in Delft, Mitchells Plain, Nyanga, who could be beneficiaries of this programme but are not because of a decision of the DA in the Western Cape. We hope that one day that pall might be looked into. We are having this arrangement that the sovereignty of any country is different. So we are saying, if our students go to Cuba and continue to remain there and understand that they are there just to get a degree, they are visiting to get a degree and go home. They may not change the laws and everything else in that country. If that country says you shall not have a party beyond two o'clock and you probably wouldn't be able to come back and say, no, but we do have that in South Africa. You have to work within certain laws. I'm not wanting to pre-empt the report, but the police being called in there, where, as a result, of some citizens of probably that country noticing something that was an anomaly, as far as they're concerned.

We want to plead with our students to continue staying within the residences. But, if they do go, they continue to go out in groups so that they can also be protected and protect themselves even against any ... and we have heard some of our students there, not just in Cuba, here and there, having to fight with the Cubans when they go to some places of enjoyment, shebeens and also parties. So, we would want them

to continue to remember that it's another country that has got its laws and therefore the governance of that country would be respected by all of us. It can't be that, no, but in South Africa, we have parties right through the night. And if that country says, you shall not have it beyond this time, if you are within the residence of the university and are next to the hospital, we would want that to be respected. Thank you very much, hon Chair.

Ms A D MALEKA: Thank you, House Chair, and thank you, hon Deputy Minister, were there any students who suffered serious injuries because of the beating? And has it been communicated with the parents or of the affected students? Thank you.

The DEPUTY MINISTER OF HEALTH: Thank you, Hon Chair, and thank you, hon Maleka, for the question, yes, there were students who were injured but not seriously so. All of them from that party who were involved in that were taken to the hospital and they were all checked. This is now according to the report and Dr Madela happens to be a medical doctor himself, also trained in Cuba. This is the report I got from the health attaché.

They were taken in and examined and they were found to have had minor injuries, scratches here and there, the police

pushing them up against the wall, this and that. Also, the intervention was then to say after they've been examined, there was an intervention to not have them arrested because what charges were they going to lay against them at that time. The university came in and, therefore, we have since taken to their residences. And that I'm glad to report that, since this happened on Saturday, on Monday, all of them went to school and continue to be in school. Yes, the report to the parents did not come in immediately because we don't have a report here that it was Sylvia Maleka or Sibongiseni Dlomo who were involved there. However, our line of psychosocial support was done by the provinces of social workers and psychologists, has since been done where our students, well, they said, look, it's too far to come back home, you are not sending us enough of those psychologists and social workers that we need, can you create? And it was created.

So, psychosocial online support, where students are able to ventilate, speak to our social workers that are done and co- ordinated by the provinces. That has since been established. But once the full report has come through, all that we are happy about is that there were no students who suffered severe injuries and there was no student that was ever admitted to

the hospital and they were no arrests thereafter. Thank you very much, hon Chair.

Mr K M MOTSAMAI: Chairperson, Deputy Minister, what is the outcome of the investigation on the incident as it was conducted by the Department of Health? What protection has been issued to the students in Cuba for their safety and knowing that this will never happen again to them? I thank you, Chair.

The DEPUTY MINISTER OF HEALTH: Hon Chair, hon Motsamai, like I indicated, we have not since been furnished with the report of the full investigation. The full report will then, once complete, be given to the Department of International Relations and Co-operation, then they will share it with us.

Dr Madela, who is our health attaché, indicated that this week they will have a follow-up meeting.

Hopefully, they will get that report. Standing where I am, it would be difficult to say this will never happen again because it takes two to have such an incident. It takes me respecting the sovereignty of this country, and it takes that country's police to restrain themselves to that. Until we get to know exactly what was the cause, it will be difficult to say, it

will never happen again. So it may be how well do we orientate and assist, support our students when they travel to Cuba to say, you are going to study, by the way, you'd be in a foreign country, that country has got its laws. We will not be able to change those laws.

We just have to continue respecting them within the confines of our studies. You are just there to study, and please, as soon as you finish, you will come back home. So we would hope that report is going to assist us to be able for something like this to be avoided from happening in future. Thank you very much, hon Chair.

*IsiZulu*:

Mnu X NGWEZI: Mhlonishwa Sihlalo, ngiyathokoza ukuthola ithuba, ngibingelele kuKhabela nabahlonishwa bonke, Dinangwe

...

*English*:

... many South African students have been forced to study abroad, given the lack of spaces in our universities to accommodate health professionals and are left open to abuse by other countries who do not offer the same level of democratic freedom. With the impending National Health Insurance, NHI,

scheme, what measures have been put in place to accommodate all students of medical sciences in South Africa in order to ensure their safety?

*IsiZulu*:

Ngoba kuyasikhathaza njengeqembu leNkatha ukubona izinto ezenzeka kubafundi bethu emazweni angaphandle nakuba sikuqonda ukuthi ngeke sikwazi ukushintsha imithetho yakhona kodwa indlela ababuya baphathwe ngayo abantu bakithi eNingizimu Afrika kusiphatha kabuhlungu kakhulu njengeqembu leNkatha.

Khabela!

USEKELA NGQONGQOSHE WEZEMPILO: Siyabonga kuSihlalo, sibonge kumfowethu uNgwezi, asiqale ngokuthi ukuyofundisa abantwana e- Cuba kwakungeve ngoba ngempela kuwukuthi kufuneka kuqedwe imali, kwaba yisimo esabangwa ukuthi amanyuvesi alana ezweni lakithi ayengazandisile izibalo zabantwana ezibathathayo ekutheni bafundele ubudokotela nayo yonke eminye imikhakha nanokube uyasho mfowethu, uqinisile, siyayidinga i-NHI, izobadinga abantu abaningi.

Ngakhoke, manje sebeqalile bayazandisa izindawo zokuthi sithathe abantwana abaningi. Kodwa kubalulekile phela nawe mfowethu, lapho uhleli khona, ngeke ngifike kaNgwezi bese

ngiziphatha ngokuthi ngizoziphatha ngemithetho yakwaDhlomo. Kubalulekile ukuthi bafike bahloniphe abantwana bethu. Nami ngiyohlonipha ekhaya noma ungangipha inyama ephuma ngezithebe kaNgwezi ngithi uma sesiqede ukudla inyama, sithi, Ngwezi!

Sibonga ukuthi yikwakho lana.

Ngakhoke akuyona into yokuthi uma sivuleleke kangaka sinentando yeningi ezweni kusho ukuthi wonke amazwe ahambisa ngenqubo yethu. Kodwa, into ejabulisayo, ukuthi nabo laba bantwana sengathi kungaze kuhambe sibone ukuthi ngeke bakwazi ukuzofunda ngalana ekhaya, kwande umthamo wamanyuvesi. Lokho kuyalungiswa kodwa lokho phela kuyazeka, mfowethu, ukuthi inhlonipho iyenzeka ekhaya ikakhulukazi imithetho yakulelo khaya okulona, ufike uhloniphe. Uyofika phela uma usugoduka uya ekaya.

*English*:

We need to continue to respect the laws of the country where you find yourself in because you are just there to visit. You are there to study. You would probably not be able to change

... but the country is already in a mode where there are universities, medical schools, expanding the number of students that are taken in.

And while we are ... so maybe in the next few years, we'll be sending less and fewer students to Cuba and elsewhere in the world because there will have been enough support and a base for them to train within our universities provided they continue to expand. But we jealously want to guard the programme of Cuba because that programme in Cuba is superior to any other programme in the world. That is why not only in South Africa, even in the Western Cape, the DA supported it. We do have Cuban-trained doctors here to support our COVID-19 efforts because they are in Italy, Spain, Cuba was there. They are the only public health specialists in the world who are able to manage pandemics and therefore that training of the students, according to how Cuba is doing the public health approach is something that we want to support and probably want to see if we cannot bring that type of training into our country. Thank you very much, hon Chair.

Question 203:

The DEPUTY MINISTER OF HEALTH: Hon Chair, and hon members, the hon Ndongeni asked a question with regards to our National Strategic Plan on HIV, TB and Sexually Transmitted Infections. And our response to this question is quite a lengthy one - there are three paths when I am not able to finish then you will cut me. I will paraphrase about three pages. Hon Ndongeni

is asking whether there are any improvement plans in the proportion of patients that are successfully treated. I would like to say, yes there are because the treatment success rate has increased from 73,8% in 2010 to 78,8% in 2019.

The proportion of multidrug resistance TB patients who were successfully treated has increased from 40% in 2010 to 63% in 2019. This improvement has been due to the introduction of a shorter treatment regimen with all oral medications for a period of nine months in June 2018. The treatment success rate for patients with extensive drug resistance Tuberculosis has increased from 9% in 2010 to 60% in 2019. This has mainly been due to the introduction of new and more efficient medicines for the treatment of XDR TB. The TB death rate remains high - however, at about 42 per 100 000 amongst HIV negative patients and 61 per 100 000 amongst people living with HIV. There has been a downward trend in mortality. We are far from reaching our national strategic plan targets, therefore a lot still needs to be done to reduce these unnecessary deaths from a preventable and curable disease.

Improving TB notification, in 2017, a strategy to find people with undiagnosed TB in communities was developed and implemented in 2018. This was informed by the gaps identified

in the TB care cascade. This resulted in an increase in the number of TB notifications in 2018 and 2019, but this trend was disrupted by the national lockdown in 2020 and 2021. Maybe on this one I could just end up by saying that we are actually doing catch-up plans in the department because of the disruptions that occurred which really impacted negatively on some of our programmes.

In the introduction of the new rapid urine tests for TB ... [Inaudible.] ... is more accessible to communities rather than expecting patients to travel ... [Inaudible.] ... contacts of people diagnosed with TB. In 2020, a new regimen for TB preventive treatment that is taken for three months was introduced in the five districts as a pilot and it would be scaled up in 2022. There was a request to provide a number of provinces that are actually having the worst TB cases and they are: KwaZulu-Natal, Eastern Cape, Western Cape and Gauteng, which contribute about 70% of the total TB burden in the country. The top ten districts in the country with the highest number of TB patients are Ethekwini, Cape Town, Johannesburg, Nelson Mandela Metro, Ekurhuleni, O R Tambo, Buffalo City ... [Interjections.] As I conclude, we just noticed that these are districts that are mainly in the metros. There is actually a lot of TB where there is a high mobility of people and we need

to be actually very mindful of that. Thank you very much, hon Chair.

Ms N NDONGENI: Thank you House Chairperson, and thank you Deputy Minister for your comprehensive response to my question. TB quality improvement project is currently implemented in 27 of the 52 districts. Is there any plan to further expand the project to other districts? And when is the department planning to do so? Thank you, House Chairperson.

The DEPUTY MINISTER OF HEALTH: Thank you, hon Chair and hon Ndongeni. As we are coming to a close as indicating on the main question: How many districts, and which districts are really giving us a high burden of TB in the country? Those are among the 27 districts that we started with to make sure that they are put on top priority for TB quality improvement. You are right by asking if there is a plan. Yes, we want to expand but without forgetting that we continue with the 27 districts we have mentioned. There are these catch-up plans that we want to put in place which are also supporting our TB programme.

With the remaining 25 districts, we are planning that next year 2022, 13 would be added on in terms of these TB quality improvement and in the outer year 2023, we do the remaining 12

so that all of them are done. But without forgetting that the reason why we started with these 27 districts is because this is the high TB burden districts. Once that is smooth sailing, we include the rest of the other districts in the country so that we don’t lose out and find out that we are concentrating on those that are high burden and forgetting the rest of the country. So, they will be brought in as well. We want to make sure that in 2022 we have 13 districts and in 2023, another 12 districts. Thank you very much, hon Chair.

Ms M O MOKAUSE: Chairperson, it is Ms Mokause. Can I take the question on behalf of the hon Apleni?

The HOUSE CHAIRPERSON (Ms W Ngwenya): Okay, you can continue.

Ms M O MOKAUSE: Thank you House Chairperson. Deputy Minister, there remains a number of gaps in our health care system regarding Tuberculosis services in the implementation as patients are not receiving on time TB results or starting treatment on time and not finishing the treatment, they are absconding in huge numbers. And there are no adequate contact tracing and screening testing services in place, which leads to ongoing community transmission, which is the main driver of the increase incidents in the Eastern Cape.

In addition, one also finds that in a remote area such as those found in the Eastern Cape, health services are not easily accessible, and the health promotion programmes are not visible. You will appreciate, hon Deputy Minister, that the community-based caregivers are the ones in the frontline of testing and they are not permanently employed. What measures are you putting in place for such services to be accessible and when are you absorbing these community health care workers to have more benefits and be covered by the Health department? Thank you.

The DEPUTY MINISTER OF HEALTH: Some of the questions that are coming in ... I think this is a new question from the hon Mokause, but because issues of health are always important, we will answer if we can be able to. I am not sure what period the hon Mokause is referring to, but if it just a few months back, yes, we admit as a department that the COVID-19 has disrupted our services significantly where we might have been doing well, we have not done very well.

However, countrywide, we have a guide - including in the Eastern Cape. This is a guide of 1990 for TB and we also have the one for HIV. We are saying that 90% of South Africans who are found to have TB must actually be given that diagnosis,

but it depends if they are coming forward and we are able to get the results. There is a machine called a Gene Xpert which is able to assist us in terms of being able to produce results. Long time ago we will get TB results after two weeks, now we are able to get TB results within two hours. So, you could take a split specimen from a patient, ask them to wait a little bit in the hospital and by afternoon the results will be out and you will be able to start them on treatment if they have TB.

We are saying that once patients have been diagnosed with TB, 90% of them should actually be able to start treatment. We may be finding delays here and there, and the gaps may be how accessible is the places of treatment. Six months’ treatment is a long period. Some of our people are not able to come as often as we wish because of transport challenges and poverty. Again, 90% of those that are on treatment should actually be completely cured of TB - if a person taking tablets every day for six months. Sometimes there has been challenges in defaulters not necessarily because we do not have medication, but because the person just didn’t have money to come to the facility to collect medication or there is no one supervising in the taking of medication.

So, the 1990 different strategy in different level of achievement because of multiple factors that we continue to work on and address. The issue of community health care workers is on the bargaining chamber regarding their benefits and the process of employing them is at a better level. It is being discussed and I do not have details now how far those discussions are. We are actually aware that it is a process that is to be finalised someday. Thank you very much, hon Chair.

Ms H S BOSHOFF: Thank you very much, House Chair. Good morning to you, Deputy Minister. I heard you say that the increase in containment is very good and you gave percentages and yet we see numbers of people with TB and HIV/Aids rising. This is adding to the pressure created by COVID-19. An estimated

301 000 patients became ill with TB in South Africa in 2018.

This is according to the country’s first ever national TB prevalence survey. However, some people suffer undetected. Deputy Minister, there has been an outcry about the shortage of medication. What I would like to know from you is whether this is still the case and what is the department doing to ensure that these challenges are curbed. Thank you, House Chair.

The DEPUTY MINISTER OF HEALTH: Thank you very much, hon Chair and hon Boshoff. Even at the time I was leading in a particular province, when it comes to the shortage of medicine, this is what I used to say that the onus is upon that clinic or hospital in that area because we might be poor as a country but we are that poor that we cannot provide basic medication – that is medication for TB, medication for HIV when we know that a large number of people have these diseases.

There is a system in the department called stock visibility monitoring. I also have it on my iPad, where I am sitting - where I could screen and check which facility in Limpopo is running short of medication or which facility in Eastern Cape, for example, is running short of this type of tablet, etc. And if I have time, I can pick up the phone and check with the nurse or health care manager in that particular facility and ask why they are not ordering the medication that has run out because they know that the medication will not last for a week.

So, that system is allowing and giving all our health managers in all facilities to be able to monitor, so that they can actually provide medication on time to their facilities by

ordering. Whether there is a broken vehicle or a car without diesel - that is another matter. But all health care managers in our facilities in the country have a way of monitoring by just a click of the button, medication that is running short and will need to be topped up in their various facilities. So, that was done to curb patients not getting their medication on time. Thank you very much, hon Chair.

Mr M A P DE BRUYN: Thank you, hon House Chair. Hon Deputy Minister, in light of the fact that TB has been a major cause of deaths in South Africa over the past decade, and according to statistics an average of 440 000 people developed the disease yearly, why is it that 25 million could have been vaccinated in a year’s time against, but the same urgency to treat TB over decades could not have been achieved. Thank you.

The DEPUTY MINISTER OF HEALTH: Hon House Chair, if I amy ask the ho De Bruyn to talk slowly. I did not follow very well. I only heard you saying, “TB in the past decade ... ” and I did not hear the question very well, my apologies. Thank you.

Mr M A P DE BRUYN: I apologise. Deputy Minister, what I was asking is, in light of the fact that TB has been a major cause of deaths in South Africa over the past decade - and according

to statistics an average of 440 000 people developed the disease yearly, why is it that 25 million people could be vaccinated in a year’s time against COVID-19, but the same urgency to treat TB over decades could not have been achieved? Thank you.

The DEPUTY MINISTER OF HEALTH: Hon De Bruyn mean that we are not putting as much effort on TB treatment the same as we are putting on COVID-19? Is it what the question is all about?

Mr M A P DE BRUYN: Deputy Minister, yes - in a nutshell. Because as I said, all of a sudden it is possible to have

25 million people vaccinated in a year’s time against COVID- 19, but with TB that has been with us now for decades and decades, we are still struggling to get treatment to our people over the last 20 to 30 years. My question is how does that work? How is it possible that all of a sudden, with a new pandemic, you can vaccinate 25 million people in a year’s period, but you could not accomplish that treating people over decades for TB?

The DEPUTY MINISTER OF HEALTH: I would imagine if it is related to ... let me answer it this way. There is a structure called the SA National Aids Council, Sanac. The issue of HIV

in the country was elevated to the level of Presidency. You are correct, the issue of Tb and all these other illnesses is not the sole responsibility of Health. We can give our people as much medication as possible, but for as long as they are still living in a small shack, unventilated, poor sanitation, that medication would not be good enough.

So, elevating some programmes to a certain level - like we have in Sanac and also in this campaign on COVID-19, makes every other department to put their shoulder to the wheel in terms of bringing what is due because we can actually say the person who is taking TB treatment is not going to be well cured if they still continue living in a small shack. We need to get a sister department to be able to assist with expanding that shack into a decent house so that there is improvement in ventilation.

Right now, we are going to learn that part, going forward. If a community does not have good quality water, we are not likely going to get that community out of diarrheal diseases. Maybe it’s a wake-up call to all of us in the world. Diseases, if not well looked after, can actually cause a pandemic and cause the depression of the economy. Maybe we need to put much more of our focus on that because they have such an impact

that can devastate the economies of the world if people are not well looked after healthwise. It cannot be just absenting themselves from work, but they can spread the illness to other people and cause a devastation in the economy. I could probably be able to provide that what if we can elevate all disease burden to that level, maybe all of us will understand what an impact it will make if we do not pay good service to health service provision. Thank you, House Chairperson.

Question 201:

The DEPUTY MINISTER OF HEALTH: Hon Chair, the question asked by hon Ngwezi is with regards to the statistics of healthcare workers in the country who have been vaccinated. The total number of healthcare workers who are working in the public sector is 395 969. Of those, 301 289 are vaccinated. The

breakdown is just over 45 000 in the Eastern Cape, over 18 000

in the Free State, over 57 000 in Gauteng, over 65 000 in

KwaZulu-Natal, just over 34 000 in Limpopo, just over 20 000

in Mpumalanga, just over 22 000 in North West, just over 7 000 in Northern Cape and just over 28 000 in the Western Cape.

There is another 1 017 of those who are working in our offices in the national department. That was what was asked.

Therefore, the second part is that during the Sisonke, a total of 496 848 individuals were vaccinated with a one dose of Johnson & Johnson, J&J. They are not eligible to receive Sisonke booster dose of the vaccine, and they have already started getting that. I do not have a figures as yet of how many of those that we are now taking for a second booster have since been vaccinated. It started about three weeks ago to get them to be given. I think it would be important- maybe there could be a reason why we are doing that. Maybe let me stop there for now as to why we are doing it now. Thank you very much Chair and to the hon member.

Mr X NGWEZI: Thank you very much hon Chair. Hon Minister and colleagues, we have received reports from certain hospitals where some healthcare workers are reluctant or hesitant to receive these booster shots. I would like to know what arrangements have been made to provide education regarding the vaccine booster to healthcare workers, to encourage them to participate fully and spread the positivity of taking such boosters. Thank you.

The DEPUTY MINISTER OF HEALTH: Hon Chair and hon Ngwezi just for the record of these proceedings, I am Deputy Minister.

Please let us maybe remember that part.

*IsiZulu:*

Mnu X NGWEZI: Umlomo uyadala, Khabela. [Uhleko.]

The DEPUTY MINISTER OF HEALTH: Like I did indicate to the first question of hon Ngwezi, of the 395 000 of our healthcare workers 301 000 have been given the first J&J. We did not anticipate that there will be a resistance for them to get a booster. In fact, we are actually motivating and encourage them to do that. The scientists are saying to us; we do not have enough information that indicates when will this immunity against the variant or against the virus wane from your body. We are on the side of boosting them even before they fall sick.

Currently we have South Africans who are still admitted in hospitals. Those are the South Africans who are being looked after by these healthcare workers. So we rather say, the first healthcare workers - our healthcare workers were the first online to receive the vaccine. We then want to start posting them because we do not want to hear a story two, three months down the line that half of our healthcare workers have since lost the immunity against the virus and only then we start. We are topping up even before the – it’s like if you are driving a car before you run empty in your car, you just top up. You

just keep on topping up because no scientist is yet able to guide us - it’s a new disease in the world to say by this time come two years it would have completely waned off your immunity, so we are topping up.

There is already a talk that we are going to be topping up - and it came from the President’s speech - those patients who are on renal dialysis, patients that have got autoimmune disease and patients who are immunocompromised. So, every other week South Africans will be topped up even before they fall sick. We do not anticipate that there will be a huge resistance from our healthcare workers taking that, a significant number of them deep take the first dose and the motivation for giving them a top up is just as good as why we gave them the vaccine in the first place. They are the first online, they are always there looking after these - I can avoid to be closer to a COVID-19 patient, they do not have that choice. So rather, let's put them and give them the support that they do need in the event that - by the way I must indicate this, because I still have a bit of half a minute.

I did not understand this until I was told by one healthcare worker to say, when we go forward we need to support the

children of the healthcare workers. There's been a lot of mental illnesses amongst them. These children were saying: Mama are you sure you are going to go to work today, yet you told us that the person you are nursing yesterday died? What if you come back with COVID-19 to all of us? The mother will still go on and go to work leaving the children anxious to know whether their mother is coming back with COVID-19 there. So that is another ... [Inaudible] ... of South Africans, children of the healthcare workers. How much they have been affected by the COVID-19, seeing their parents going to work, nurse the nation at the expense of them remaining at home not sure whether the mother is going to come back with COVID-19 or not.

The HOUSE CHAIRPERSON (Ms W NGWENYA): Thank you Deputy Minister. The second follow up question is from hon M A S Luthuli but she is not on the platform. Hon Mokause, can you assist. She is not on the platform.

Ms M O MOKAUSE: Chairperson.

The HOUSE CHAIRPERSON (Ms W NGWENYA): Yes.

Ms M O MOKAUSE: Yes, hon Luthuli is not on the platform. May I take the question Chair?

The HOUSE CHAIRPERSON (Ms W NGWENYA): Yes, you can.

Ms M O MOKAUSE: Thank you Chair. Hon Deputy Minister, the fact that to date only 48% of the adult population has been vaccinated and that, we have witnessed a gradual decline in vaccine uptake across the country at the time where there really should have been an increase. Which steps have been taken to encourage healthcare workers to participate and take the booster dose irrespective of the myths around the booster dose Deputy Minister. Thank you.

The DEPUTY MINISTER OF HEALTH: We have not started long ago with the booster to the healthcare workers, and we are not ... In fact, there was a time whether we - should we or should you wait a bit to start and let them push these numbers of the population but then a decision was taken that, let us also while we are actually asking them to vaccinate our population let us also ask them to get the booster.

So, like I am repeating, I don't think that we will not have a significant number of our healthcare workers coming in for

their booster. A significant number of them understand and appreciate that, this is something that is absolutely necessary. Having taken the first dose a significant number of them do see in our discussion and they understand the reason for a booster, they are to the best to be protected. In fact, let me just indicate, the first wave that was the coming into our country and to a large extent the second wave, we lost a lot of healthcare workers, but after they have received their vaccinations, we have seen a significant drop of all our healthcare workers in terms of death, including teachers.

So, there has been an observation in the country even among their colleagues that, there is a merit in actually fascinating because I am nursing a patient who has COVID-19 here, but with my colleagues may they rest in peace those who passed on before the vaccine, I am better off, I am vaccinated. We are now saying let us take it forward. Let us take it even further, protect you even much more get a booster even before your body tells us that it is no more having the immunity and support.

So, we do not see this as going to be a challenge, they are coming in. We have got an increasing number 48% Out of the 100% is actually a significant figure noting that we have just

started vaccinating our healthcare professionals three weeks ago as the booster Thank you very much hon Chair.

Ms M N GILLION: Thank you House Chair and thank you Deputy Minister for that response. Deputy Minister, a large majority of our elderly population has been vaccinated. The President announced that at this stage introduction of boosters commencing with the older population will be recommended.

Doesn’t government have any idea when this will be

implemented? Thank you Deputy Minister.

The DEPUTY MINISTER OF HEALTH: Is hon Gillion asking for the booster of the other high risk or the general population? I missed that part.

The HOUSE CHAIRPERSON (Ms W NGWENYA): Hon Gillion, can you repeat?

Ms M N GILLION: The question to the hon Deputy Minister is with our own population.

The DEPUTY MINISTER OF HEALTH: Thank you very much hon Chair. It will be done in a staggered manner. Firstly, we are saying we are giving boosters now to healthcare workers because they

are high risk, they are at the cold front. They are today as we speak looking after COVID-19 patients and any other patient in the country. The second group of South Africans to be put on boosters are those of us who are on renal dialysis, those who are having autoimmune disease and those who have got a letter indicated by their doctor that they have a chronic illness and that they will need to be boosted. The elderly would probably be also on the on the group and the patients who have got certain organs removed in their bodies like patients without spleen, splenectomised patients. That would be the ones that are going to be prioritised.

I would imagine thereafter, we will then at a particular time, announce that we are beyond that and now we are boosting every South African. Again the scientists will guide us when to boost. But hon Gillion, our first request and the ... [Inaudible] ... is to get every other South African, at least getting the first shot. You won’t be boosted unless you have been vaccinated as the first part.

So, while we are actually saying there are South Africans who are ready and available for the booster, we are still encouraging and pleading with South Africans who have not received anything because the booster really is just a top up.

It is a top up to someone who already has some immunity. Our cry is for those who have zero immunity because they have not been vaccinated. Let those come forward and come out much quicker and we need to deal with that process very soon. Thank you very much hon Chair.

Mr T J BRAUTESETH: Deputy Minister, may I please start first by thanking you for taking your time to be in the House. Many Ministers appear on television and there is no sense for being in the House and talking to someone on television. Thank you for that. Deputy Minister you have given us a lot of figures relating to how many healthcare workers have been vaccinated. It is a sizeable number, a significant number. You have told us that three weeks ago you started with the booster shots.

Deputy Minister, given the fact that as you said there are high-risk employees and given the fact that we have the new variant and all the uncertainty around the virility of that variant, what commitment can you give today that, the booster shots will be administered to all health workers in South Africa over a very short period of time given the fact that, we are also anticipating fourth wave absolutely in December or January. Surely this cannot take another three months, it has

to happen now. Can you give us a commitment on that regard? Thank you Deputy Minister.

The DEPUTY MINISTER OF HEALTH: Thank you hon Chair and thank you for your kind comments in your initial input. We are already not scratching our heads for the availability of the J&J, they are in our storerooms. We are so hopeful because healthcare workers are not that you have to go and ... [Inaudible] ... them from very far, they are within our facilities. The desire of the Minister and our hope is that; we have hoped that by the end of this year, by the end of December all our 301 000 healthcare workers should have received their booster. We are encouraging them and a lot of them are very much aware.

The vaccination sites are all over and sometimes where they work. So, for them it should not be as difficult as getting my grandmother to a taxi rank and take the whole range of transport to come to a vaccination site. They will be doing it around the areas of their work. It is a workplace commitment. I am really confident that, this date that we will probably announce and we should by the end of this year that all our healthcare workers who were due for a booster have taken it.

We owe to them because without that cadre of workers, there is no way we are going to manage health system.

The challenge as it is still needs them to be there. So, we want them to be vaccinated. The vaccines are there and are very accessible by the same healthcare workers because they are working within the same environment. I am confident that, come end of December, we may get the Minister announcing that all our healthcare workers have received their booster shots. Thank you very much.

Question 198:

The DEPUTY MINISTER OF HEALTH: Hon Chair, hon Christians, as I am going to reply to this question I need to prepare members who are going to ask follow up questions that this one is specifically about Robert Mangaliso Sobukwe Hospital. It is not like a national programme in the government. So, some of the follow up questions may be difficult to deal with because I will probably need to go back to look for answers and then come back here.

Hon Christian was asking that “given the number of challenges that continues to affect the number of hospitals in the Northern Cape, what is the current surgery backlog at the

hospital and how far does it date back” And the other question subsequently. The current surgery backlog at Robert Mangaliso Sobukwe Hospital relates to urology. There are 471 patients waiting to be done in this 18-months backlog.

There are 70 Neurosurgery cases waiting and the waiting time is about two to three months. In the General Surgery, there are 492 patients waiting up to October 2021. Those patients will be waiting till then. In the Orthopaedics area, there is about 40 in Trauma and 350 in Arthroplasty, 180 on elective cases, 10 on casualty. This about two to three months’ backlog that they raised.

In the Ear-Nose and Throat, ENT, there are 750 patients that are waiting to be done. A new list was started in February 2021, which ends up with 100 patients now. These ones have since been attended to. In the Ophthalmology area, in the Cataract removal, 1 205 patients divided into 170 blind patients and surgery, partially sighted 170, patients on Vula Mobile Health Care and not yet seen the eye clinic 865. That is the number and the backlog is about four to five months.

There was also a question regarding the water supply and contamination in the hospital. The response is that the result

of the water sample taken on 3 March 2021, and reported on 23 April 2021, by the Sol Plaatje Local Municipality Environmental Health Unit from the indicated that block A, E and KLM and administrative blocks water was contaminated.

The second water sample was then done on 3 May by the same municipality accompanied by the environmental health practitioners from this municipality and personnel from the engineering workshop, to determine the source of contamination and came back non-compliant again. Over the years, birds and animals gained access to the water storage tanks through broken windows, uncovered vents and piping system. The water tank in the KLM block was also rusted and damaged. A clean-up campaign was therefore done by the environmental health unit as part of the water project conducted by the Community Service EHP. The clean-up campaign involved quite a lot, it was a very extensive one. The last water sampling conducted by the municipality on 3 September 2021, was taken at the following areas: Block A, B, and KLM. The main reservoir tank and the municipality inlet pipe was declared to be safe now for human consumption.

The last part was regarding the functionality of the laundry service. The laundry is fully functional at the Robert

Mangaliso Sobukwe Hospital. It is equipped with the two boilers of which one is operational and another one is due for repairs. A monthly service contract for laundry equipment were negotiated to assist with the maintenance of crucial laundry equipment in addition to the alternative energy sources that are being investigated to reduce the dependence on coal. As to which laundry will start to be functional after the repairs, it is something we are awaiting to get a further response on. Thank you very much, hon Chairperson.

Ms D C CHRISTIANS: Thank you House Chairperson, and thank you Deputy Minister for your response. The Robert Mangaliso Sobukwe Hospital in the Northern Cape has been plagued by major dysfunction for a number of years now. There have been reports of patients dying naked on the hospital beds without family members being notified. Patients using grocery bags as bandages for open wounds, and family members being denied access to their members even though they are not in covid wards.

Is it not time that the Minister urgently intervene by temporarily placing the hospital under administration, while investigating these serious issues of administrative misconduct?

The DEPUTY MINISTER OF HEALTH: Thank you very much, Hon Chair. Hon Christians, to be specific on this one, I would really want to take the words of hon Christians that there are challenges that she is picking up through getting reports about Robert Mangaliso Sobukwe Hospital. I would really be happy to take down the information and report back to this House regarding what we find. Because I would not be able to stand here and say, that is not happening, and that is happening. Let me be fair and say, I will have to come back and give proper written responses to this House regarding some of the issues.

I would not be surprised because the burden on our healthcare system in the country is quite huge. And that hospital is the only biggest ever we have in the Northern Cape. That hospital also depends on how much support it receives from other hospitals in other provinces. They would want to do it in- house because of this long waiting. But beyond not being able to do it, they will have to depend on Netcare Pelonomi Regional Hospital next door in the Free State or hospitals in Gauteng. And if they are also not willing or available to assist, then the backlogs will be there and the impact of the system will then be huge at that hospital. We will continue to investigate. But knowing and noticing that provinces that are

at the periphery like Northern Cape or North West are somehow so much depended on certain speciality services to the hospitals that are in the provinces that are at the centre, which is Free State and Gauteng. It is not only the Northern Cape province. Mpumalanga and Limpopo provinces are also included. They are sometimes dependable on these other big hospitals that are not within their own provinces. Thank you very much hon Chair.

Mr M A P DE BRUYN: House Chair, hon Deputy Minister, I think my question has been covered by hon Christians regarding putting the hospital under administration. But just on another note, with regards to the dysfunctionality of state hospitals, will you and your department please commit to investigate the horrible conditions at the Oranje Hospital in Bloemfontein, especially regarding laundry services and infrastructure?

The DEPUTY MINISTER OF HEALTH: Hon Chair, hon De Bruyn, when the Department of Health gets an announcement that it must do a budget cut because we are going to top slice the department on this and that, the officials would sit within the department and decide what then will be cut to accommodate that top slicing that has been announced. To a very great

extent, we lose out on the human resource, that is, filling more vacancies.

The second other part that we lose out on is maintenance and improving buildings and facilities. We then also continue to have deteriorating equipment in certain areas, which may not have left out that hospital. It is some of these issues, hon members that sometimes it is our own thinking that if we are getting budget cuts, what else do we ... Obviously, you cannot stop giving patients food in the hospital. You probably will not stop getting laundry services so that we can clean linen for the patients. You therefore err on the side of not starting projects that you were meant to start. Amongst others, is an improvement of the infrastructure, building a new clinic, improving the equipment within the hospital. Those are some of the challenges that we do face in the light of this. But again we need to be very watchful if is there no money that gets lost unnecessarily through corruption, wasteful and fruitless expenditure. That is part of what we continue watching and that is always in the radar screen of the Minister in all provinces supported by all MECs in the country. Thank you very much, hon Chair.

Ms M O MOKAUSE: Thank you House Chairperson, Deputy Minister, we acknowledge the fact that you only want to Robert Mangaliso Sobukwe Hospital which is in Kimberly, but the fact of the matter is hospitals in the Northern Cape face similar challenges including clean water supply and many other issues related to hygiene in the entire hospital environment. That includes Tshwaragano Community Hospital-Batlharos, Kuruman Hospital, Kagiso Health Centre, which services a sizeable number of rural areas in the Kuruman area.

When is the Northern Cape Department of Health planning to sort out the issue of hygiene in this particular hospital and clean drinkable water that will benefit both the healthcare workers and the patients? Thank you.

The DEPUTY MINISTER OF HEALTH: Hon Chair, hon Mokause, in my previous responsibility as the Chairperson of the Portfolio Committee of Health in the NA, we took a tour of the Northern Cape and some of the issues that you mentioned we did pick them up. These are not self-made challenges but they are imposed by some of the budget cuts issues. Therefore, I am not very familiar, - I have not been able to follow a report that was since to follow us after they were able to fix this, that and the other. It would be a matter of checking as to how far

have they sorted some of the things that you are raising. I can confirm that some of the challenges that you are raising

... Again you will notice ... I know in another province they sometimes depend on rain water. They just put tanks so that they can harvest rain. Because you still depend on the municipality within that building to supply with water and pay the municipality. Like you have heard in the whole country, challenges of municipalities supply water to that household, to that school. We too in the hospitals have had that.

Therefore, until and unless we make our own plans if we can. I can hear that hon Mokause is not complaining about those hospitals may be having poor generators or no generators. At least, we then learn that because there may be load shedding going forward, let us make all major hospitals at least those who are operating for 24-hours to have their own generators, so that they could be continuously supporting the functionality of the hospital.

Yes, we have not that done that successfully in hospitals with regards to water. But it is another area of our focus to say, can we be able to do... even if it means we are harvesting rain water. Of course, you do that in provinces like Eastern Cape, KwaZulu-Natal, Mpumalanga because there is enough rain. In the Northern Cape we don’t have as much rain there. But

even there, you could also harvest water, clean it in your own tanks in hospitals and support your hospitals in the event that your municipality has not supported you with water.

What we can do is to supply this House with a report. Some of my officials are logged in to listen to what are the outstanding issues that I am not able to complete so that we could furnish this House with the report of the outstanding issues the member is raising with regards to the Northern Cape province and the challenges that she has raised.

Mr M E NCHABELENG: House Chair, and my reception is very bad. Deputy Minister, I have had all your answers and in some way you have answered partly the question I wanted to ask. But my understanding is that if there is a surgery backlog, it may mean for the person who is waiting for the lifesaving surgery, it may mean waiting to die. While understanding the explanations in terms of what are the challenges affecting hospitals, are there ... [Inaudible.] ... to deal with this backlog, especially in North Cape where the cases are more severe?

*Sepedi:*

MODULASETULO WA NGWAKO (Ms W Ngwenya): Ga re sa go kwa.

*English*:

I hope you heard the question? You may respond, Deputy Minister.

The DEPUTY MINISTER OF HEALTH: Thank you very much, Chair, hon Nchabeleng, I did get the question to say, “will not the patient therefore wait to die if we keep on having backlogs, and how do we deal with that and is there no way that can be improved?”

This is the scenario that will take place ... [Interjections.]

...

Mr M E NCHABELENG: What’s happening?

The HOUSE CHAIRPERSON: Order! Hon member, the Deputy Minister is answering your question now.

The DEPUTY MINISTER OF HEALTH: ... Even doctors at Simangaliso Sobukwe Hospital will categorise patients to say, - Dhlomo has just got a lump on the foot. But because there is so much pressure about covid, and this, that and the other, this lump is not going too fast. It is probably just to remove it for cosmetic reasons. We may delay this lump and take it away when

things normalise. But this other surgery is so necessary and lifesaving. Let us therefore put them on top of the list. If we are unable to do that because of other challenges in our own Robert Mangaliso Sobukwe Hospital, we will then motivate to send this patient to Netcare Pelonomi Regional Hospital or Chris Hani Baragwanath Hospital.

So, it is the doctors themselves who would classify, and we call that an elective case. An elective surgery is the one that can be done as when situations normalises. Those ones can wait for a month, two or three months. But separate them from emergency operations that must be done within Robert Mangaliso Sobukwe Hospital or assisted by another hospital.

So, what we would find is that a patient may continue limping with a pain because that patient has not been prioritised to have a hip replacement because that was necessary to make this person to function again. We would rather err on the side of delaying that hip replacement, give that patient tablets to continue walking with a little bit of pains and postpone that, but then deal with another emergency. Therefore, you call that hip replacement process, an elective surgery that will be done as and when things normalises. But separate it from urgent and more cases that must be done as an emergency. That is how they

rationalise these issues in hospitals and in areas where maybe there is much pressure to deal with all cases at once. They do it using that guide and protocol. Thank you very much, Chair.

Question 204:

The DEPUTY MINISTER OF HEALTH: Hon Ntsube has asked a question with regards to whether in the light of the fact that there is a steady drop in the numbers of vaccinations across the country what are the processes in place for vaccinations. Our response, House Chair, is that the poor demand for vaccination is currently the biggest factor limiting the number of people who are vaccinated, thus resulting in slow progress in achieving population coverage targets.

In an effort to reverse the decline in the number of vaccines administered each day, the department has developed a Demand Acceleration Strategy which aims to ensure that as many people as possible are vaccinated before the arrival of the fourth wave, and now we already have it around us. The Vooma Vaccination weekends are an important component of this strategy.

The Vooma Vaccination weekends include four main activities, first, a national call to action led by our President

Ramaphosa and including other political leaders, as well as trade union, religious, traditional and other leaders.

Secondly, events and visits by national, provincial and local leadership at vaccination sites. Thirdly, ensuring that as many public and private vaccination sites as possible are open and offering vaccinations. Fourthly, recognition of good performance at provincial and district level, and of outstanding performance by healthcare and other workers.

Two Vooma Vaccination weekends have already been held to date, and a third Vooma Vaccination Week is planned for the first weekend of December 2021 – this coming weekend. The Vooma Vaccination weekends have played an important role in increasing the profile and visibility of the vaccine roll-out. During the first Vooma Vaccination weekend, which took place from 01 to 03 October, 337 251 people were vaccinated, and

during the second weekend of 12 to 14, 277 086 people were vaccinated.

Although relatively modest, the numbers are significantly higher than those routinely achieved over weekends. During the Vooma Vaccination weekends, a higher proportion of administered vaccines were first doses suggesting that the weekends were successful in reaching groups of people who are

not being reached outside of the weekend campaigns. Thank you very much, House Chair.

Mr I NTSUBE: Hon House Chair, to the hon Deputy Minister, there has been an outcry from most of South Africans, particularly the young people, with regards to what the President of the Republic has said that there will be further consultations about mandatory vaccinations. South Africans, particularly young people, are asking why is our state going for mandatory vaccinations when it has been proven that vaccine can’t stop one from being infected?

Deputy Minister, except for the task team set up to undertake broad consultation on making vaccination mandatory for specific activities and locations, what other measures is the government intending to introduce in order to increase the number of vaccinations? Thank you very much, hon House Chairperson.

The DEPUTY MINISTER OF HEALTH: Hon House Chair, thank you to hon Ntsube for the question. The task team that the President is talking about which will be led by the Deputy President in an inter-ministerial consultation platform will be an add-on to those we already have. It is actually provoked by this

vaccine hesitancy. There are certain processes that have taken place before that. There is a programme called Return to Play led by the Deputy President Mabuza, supported by Minister Mthethwa where they have visited almost five stadiums. It was FNB, Mbombela, Moses Mabida, Nelson Mandela Bay in Gqebhera and I can’t remember the name of the stadium in Kimberly. They were there with sport fans, sporting bodies and artists.

People are saying that they are starving and they want to perform and be watched when playing because it gives them a booster. They want to open up and return to play.

Therefore, you then have this message coming from the Deputy President each time he is in these areas to say let us do this because there is enough evidence that if you are vaccinated you can then sit a distance from someone, even at stadiums as we see that in Europe and other countries.

Again, the Vooma ones are going to continue as we are informing this House that this coming weekend is another Vooma Vaccination weekend. There is also a ministerial advisory committee of the psychosocial team led by Bishop Mpumlwana who is actually a key amongst the faith-based organisations to say what more can be done by the faith-based members. I wanted to say that one of the success stories we saw in Limpopo was that

of two bishops of the Zionist Christian Church, ZCC, who openly vaccinated in public, and subsequently a significant number of members of ZCC have since vaccinated. We therefore see such leaders as being the biggest influencers in the society. What they do and what they say many of their members also do.

We are also reliant on amakhosi. They met with the Deputy President and will be meeting over this weekend again. Amongst other things they say is that we can use our traditional council houses as vaccination sites. Please make use of them, and we, as traditional leaders, will be vaccinated. They were there led by Nkosikazi Mhlawuli indicating their willingness to support. So, these are all strategies and plans.

There is also another social partner who was saying if you are

60 years and above and you are vaccinating for the first time in the month of November, we shall give you a voucher that will assist you to be able to access food groceries in Shoprite, USave and another retail. Those are programmes that are already in place and this one that the President announced of a task team is an add-on to strategies that we already had in place of actually talking about this, but you are correct.

I must end by saying that it is the younger people who have not really come up in their big numbers. The 60 years and above in our country 57% of that population is vaccinated. On the 50 years and above 53% are vaccinated. So, we really call up on the young ones to come forward and take up this issue of vaccine. Those are the same ones that will be interested in visiting stadiums and the entertainment industry all over in the country. Thank you very much, hon House Chair.

Ms M O MOKAUSE: House Chairperson, to the Deputy Minister, it looks like COVID will be with us for a very long time, and fact is that education on vaccination has not been accelerated. The myths around vaccine are not thoroughly addressed. Communities receive confusing messages on social media and on their informal discussions. Have you looked at capacitating the community engagement programmes, the health promotion programmes which exist within the department in terms of communicating correct messages? And when I speak about community engagement programmes I also include the community healthcare workers which were thoroughly trained during the HIV and AIDS prevention programme. What is the role of private sector in assisting government to communicate proper messages in the communities that they exist in? thank you, House Chair.

The DEPUTY MINISTER OF HEALTH: Hon Mokause, your opening comments are correct that COVID-19 is likely to be with us for a long time and therefore how much are we doing to capacitate, mobilise and get everybody to understand this process and therefore vaccinate.

I would then answer that question, hon Mokause, in this light: Where you are either as a mother or grandmother you know that when you leave a clinic or hospital with a new born baby, that baby must get immunised or vaccinated against tuberculosis, TB. Why do we do that? Because we have come to accept in South Africa that we cannot wipe out TB because it is living alongside with us. And therefore a strategy that we do is to give every child who is coming in from a very warm and protective environment of the mother into this world a vaccine which is BCG and we give them a road to health chart to come back after four months for vaccine against measles and against polio. Why do we do that? Because measles and polio are all over us.

The same principle here is being done and that information is shared with amakhosi, traditional healers and traditional leaders to say that November 2019 none of us in the world had any knowledge of COVID-19, it started a month later.

Therefore, all of us are like babies who are experiencing this for the first time, and all of us need to be protected. The reason why we give the babies BCG is to say that when they get TB it should not be all over the place, they should not be getting military TB or TB meningitis, but they may still get TB limited somehow.

So, again here, using the same principle, sharing with amakhosi, izinduna and traditional healers and health-based leaders understand this language that once upon a time when we were babies we were vaccinated. We are now vaccinating all of us, requesting so because this is a new illness that was never there before 2019 November.

We continue to engage, request and we make this message so simple for everybody so that even my grandmother can be motivated to go vaccinate because she knows that she took me

50 years ago to go and be vaccinated when I was small. This is the new information we are giving. There is a new virus in the world, new to our bodies and our bodies do not have any defence against this disease. So, let us get vaccinated so that we can create a defence mechanism against this disease. Thank you very much, hon Chair.

Ms C LABUSCHAGNE: Hon House Chair, to the Deputy Minister, thank you very much, as you have already said and we all know that the uptake of the vaccination programme is not as remarkable as we want it, and you also mentioned in one of your answers that especially for the youth. Now, my question is do you have a plan specifically to make vaccines more accessible, although you said that there is a lot of sites, but accessible to the people in poor areas? Given the fact that a lot of our youth are unemployed and they need to spend money on transport to get to the vaccination sites, is there a plan that the department can do to make it more accessible via transport such as something that in the Western Cape we call the red dot taxi system? Thank you.

The DEPUTY MINISTER OF HEALTH: Hon Chair, to hon Labuschagne, thank you for your question. We have enough vaccines and we have taken a decision that let us take vaccines to the people rather than expect people to come to our vaccination centres. So, every day we continuously like to be engaged by people on where else they would like to see vaccination sites.

Sometimes we do have them so that when you walk through a mall you find our nurses with a station there. When you are getting closer to a traditional house, there will be a vaccination

site. The clinic next door, the crèche where you live and the church where you go. If you miss it at the mall but maybe on Sunday you’ll go to church or mosque or temple, then you will find one. We are very grateful that all these faith-based leaders have opened up.

So, we are decentralising. Sometimes we are not there all the time, but we do announce that there will be a pop-up site at this area and sometimes again if leaders are going to have gatherings for whatever reason and inform the Department of Health on time, we will come and have a pop-up site just for that day for that event that you have. So, anytime you call us, because we actually benefit as the Department of Health to see many South Africans being vaccinated. That way we know that our hospitals are going to be empty, which is what we would like to see. So, anytime you call and indicate that we have not decentralised our vaccination sites enough and need to come to you, we will listen to those advise because we want decentralise. Our slogan that is taking the vaccine to the people we want to live it. If we have not done it enough please advise us on which other areas you think we have not covered and we would really take that up and come forward and support.

Mr X NGWEZI: Hon House Chairperson, greetings to the hon Deputy Minister as corrected before. Hon Minister, the Vooma vaccination programme is a good initiative to encourage people to vaccinate whilst helping them to easily access vaccination centres. I would like to know how feasible this project is in terms of budget allocation to meet the greater reach of this programme to a wider range of our citizen?

*Isizulu:*

... ngoba siyafisa abantu bakithi Sekela Ngqongqoshe bonke bagcine bakwazi ukuthi bajove uma kungukuthi kodwa izinsizakusebenza ziyasondeleka kodwa sifisa ukwazi ukuthi ngakube inkece yanele yini yalolu hlelo la kusondezwa khona lezi nsizakusebenza. Mkhabela.

USEKELA NGQONGQOSHE WEZEMPILO: Ake ngiqale kanjena, inkece phela ngeke inganeli uma kuwukuthi kufuneka kulungiswe impilo.

*English:*

... because if we really plan to save our economy and save our country’s resources, we need to make people safe. We are saying that we are not safe until all of us are safe. Nobody is safe until all of us are safe. So, this Vooma vaccination campaign is driven by national, provincial and local leaders.

It is them who must drive and go to the communities. Yes, we have been saying that our health care workers are limited to work provided you make money available for their overtime because you are requesting them to work Saturday and Sunday up to about 4PM or later. So, that provision I learn it is there, otherwise this is driven by the inter-ministerial committee driven by the Deputy President. Calling for that is by the Deputy President, therefore there will be money and enough resources to make sure we do that.

In doing so we are actually saving quite a lot that could have gone down on our economic decline. I may not say there will be enough but there will be resources available to make sure that these campaigns are continuously driven because the benefits that come from successfully vaccinated nations are huge. I must end by saying that vaccinate but please let us not forget that the non-pharmaceutical protocols, wearing of the mask – which I am glad all members are still wearing, the social distancing, washing of hands and sanitising, still remain the key to supporting the stain of our process which is vaccination. Let us continue to do that because that is how we will actually be able to make sure our country survives this fourth wave and many other waves that may still come our way. Thank you very hon House Chair. Thank you for all the comments

that members have made. Good comments that I will take back to the Minister. We will continue looking forward to your support because we are the people that are supposed to lead and show us where you think there are bottlenecks, challenges and mistakes and we will be ready to resolve those. This time we are given a responsibility to lead in the country in terms of the health system. Thank you very much.

Question 205:

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much hon House Chair, and greetings from Madrid to all of you. Thank you to the Deputy Minister for elaborating extensively on the issues. I would now call on my dear sister, the Minister of Social Development, to respond to Questions. We are starting with Question 205, asked by hon Maleka. Hon Minister!

Ms M O MOKAUSE: Greetings from South Africa, hon Deputy Chair!

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you, hon Mokause. Hon Minister!

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much and greetings to all. Thank you for the opportunity ... [Inaudible.]... I am in quarantine. I tested positive ...

[Inaudible.] ... So, the encouragement of vaccine is very important. [Interjections.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Minister, the quality of your sound is very bad. Can we ... I think you can try again.

The MINISTER OF SOCIAL DEVELOPMENT: Hon Deputy Chair, I was thanking you for the opportunity and I was to tell you that

... [Inaudible.] I was saying that unfortunately, I have to keep my mask on because I am in quarantine. I tested positive, I am just hoping that everyone when hear ... [Inaudible.]

The DEPUTY CHAIRPERSON OF THE NCOP: Hon Minister,

unfortunately there is a feedback that is coming from your side. Before, we continue, can you possibly log out and then log in again so that we can see if it will work for us. Can you please leave the meeting and come back again? I am sorry hon members but she had to leave due to sound quality.

Advocate, can you please follow up? Will you mute the Chamber, please?

HON MEMBER: Chair, can we have a five-minute break?

The CHIEF WHIP OF THE NCOP: Are you there, Deputy Chair?

The DEPUTY CHAIRPERSON OF THE NCOP: I am here, Chief Whip.

The CHIEF WHIP OF THE NCOP: May we suggest five minutes of comfort break and for the problem to be attended to.

The DEPUTY CHAIRPERSON OF THE NCOP: Yes, please. The members – all of us – can take five minutes’ comfort break. Let us say we will be back at 11:10. My time is 11:10; yours could be 12:10.

The CHIEF WHIP OF THE NCOP: That is too many minutes of a time.

The DEPUTY CHAIRPERSON OF THE NCOP: That’s about seven

minutes. Yes!

# BUSINESS SUSPENDED AT 12:04 AND RESUMED AT 12:09.

The House Chairperson (Mr A J Nyambi): Minister! Minister Zulu!

The MINISTER OF SOCIAL DEVELOPMENT: Yes, I am here now. I am not sure if this is better.

The House Chairperson (Mr A J Nyambi): That’s perfect!

The SECRETARY OF THE NCOP (Adv M Phindela): That’s better, hon

Minister.

The DEPUTY CHAIRPERSON OF THE NCOP: We just gave the members a five-minute comfort break, hon Minister. You can immediately commence at 12:10.

The MINISTER OF SOCIAL DEVELOPMENT: Okay. Thank you very much.

The DEPUTY CHAIRPERSON OF THE NCOP: Thank you very much. May we please call the House to order. We will continue. The Minister’s sound is better now, and she came back. We will giver over to you, Minister Lindiwe Zulu, to continue to respond to Question 205, asked by hon Maleka.

The MINISTER OF SOCIAL DEVELOPMENT: Chairperson and hon members, thank you for the opportunity to respond to the questions. Let me start by re-emphasising that we are currently in the 16 Days of Activisms Against Violence on

Women and Children – and we should upscale our interventions against this scourge which continues to ravage our country.

Yes, I can confirm that the Department of Social Development’s Gender Based Violence Command Centre, GBVCC, operates a national, 24hr/7 days a week, call centre facility which is operated by qualified social workers who are responsible for receiving calls as well as case referrals to local social services. The Centre has an Emergency Line number, which is 0800 428 428, which is also supported by a ‘please call me’ facility, which is \*120\*7867#, and a Skype Line to assist the deaf community - add ‘Helpme GBV’ to your Skype Contacts - and an SMS-based line – SMS, ‘Help’ to 31531. All these are free services to the community and we encourage members of the community, especially women, to make use of this service.

Chairperson, the GBVCC has made significant progress in the delivery of services to victims and survivors of GBVF. Apart from the 24/7 services it offers, the centre also provides immediate response and psychosocial support services to victims and survivors. The centre’s approach is based on six pillars of the National Strategic Plan, that I think everybody is aware of, especially Pillar 4, which talks to response,

care, support and healing. I have added the issue of empowerment of women to response, care, support and healing.

In November 2020, I launched a government-owned and government-run bigger facility for the operations of the GBV Command Centre, which doubled the number of staff from 15 to

30 as the demand for the work of the centre was increasing rapidly. We are now able to accommodate more workforce to respond to cases of GBV across the republic.

Let me at this time also take the opportunity to thank the team at the GBVCC for the great work that they are doing. We know that the work they do can never be easy. It is strenuous because they have to receive calls from members of the community, and in particular women.

Lastly, I also want to indicate the fact that recently hosted the Minister of Solidarity and Poverty Reduction from Cote d’Ivoire, whom I took her to the centre, because the centre is very well known now. I took her to the centre to show her what we are doing as a country.

Chairperson, because members of the public know that we have trained and qualified social workers at the GBVCC – we now

receive calls ranging beyond GBVF – some of the recent incidents we have recorded include but not limited to; cases of abandoned children, indecent assault, physical violence, rape, verbal abuse stalking, to mention but a few.

Lastly, during matric examination, we received quite a number of calls from Grade 12 students who were anxious and required psychosocial support services. We have also received calls from past Grade 12 students who have failed and who were suicidal, and we managed to provide support to them in this regard.

Chair, you would then see from these services that we render that there is an urgent need for more social workers in our country to be proactive in dealing with these challenges. It is for these reasons that I always say it is not about the call centre. We might be proud to social workers but women and children belong at home. We need to address the issue of gender-based violence house-to-house, street-to-street, community-to-community, so that we can have less calls. A country would be proud to have less than being proud to have more calls to the centre. I thank you.

Ms A D MALEKA: Thank you, Deputy Chair. Hon Minister, thank you for your response to my question. Hon Minister, has there been an increase in incidents recorded during the lockdown period? How big is the percentage of incidents involving people with disabilities?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Maleka for that question. First and foremost, I do want to say that the issues of people with disabilities still remain a challenge in our country. The call that the Department of Social Development always makes is that it is beyond the Department of Social Development. All government departments - whether is national, provincial or local - have to upscale with the disability.

Yes, there was an increase in the number of persons accessing psychosocial support services in 2020 as opposed to 2019.

There are various reasons that account for this increase in number of persons accessing our GBV Command Centre, one which was the hard lockdown, since March 2020, where many people found themselves in confined spaces, threatened by joblessness, loss of jobs and the loss of lives and livelihoods.

Therefore, the centre did receive much higher numbers in comparison. We have got figures that indicate between January and December 2020. We are at the moment - the percentage, if I may say, is above. The data that we have indicates exponential increase of over 50% in calls to the centre during this period. We do have information which can be submitted in the form of tables that we receive from the call centre itself, that indicates this increase clearly.

It is also important to indicate that currently the data from the GBVCC is not disintegrated in terms of disability and other aspects. This we want to do so that we can be able to develop responsive and direct interventions to the people in a disintegrated manner.

However, I also do want to indicate that the department is working with an integrated justice system, which we call IJS, and other partners, such as Vodacom, who is our technical partner at the centre to close the gap. We do believe that that gap must be closed and technology is now enabling us to be able to do that. Thank you, Deputy Chairperson.

Ms D C CHRISTIANS: Deputy Chairperson, hon Minister,

regardless of the command centre, South Africa’s gender-based

violence statistics are equal to a country at war. Statistics show that approximately 2 700 women are murdered every year here in South Africa, and that one in every three women has been abused in their lifetime. In times of crisis, this has increased to two in every three women, especially during Covid-19 pandemic period.

The government must therefore also be honest with us and admit that not much is done to eliminate this scourge of gender- based violence. There is a great need for more education in this country. It is time to stop asking women what to do and start focusing on perpetrators. Men should speak out. Men – where are the men? Men should speak out against gender-based violence, and patriarchy should be eradicated. A conceited effort should be made.

Minister, what programme therefore does the command centre for gender-based violence have in place to educate men and address the roles men of all ages can play in preventing and reducing gender-based violence?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Christians for that question. Firstly, the command centre’s responsibility is to receive calls and to be able to respond

to the people who are in distress, and women and children in particular who are distressed. On the responsibility of education – educating our communities around issues of gender- based violence: Obviously, a lot rests on the shoulders of government and rightfully so, where government is supposed to respond by ensuring that it puts in place the correct policies and make sure that there is proper regulation, but there is also infrastructure that women can easily access if they find themselves in distress.

However, I do want to indicate that it has become very clear to us all in South Africa that the challenge of gender-based violence is something which we need to work on at a local level, to strengthen institutions of governance and the institutions of response by the women who are in distress.

Beyond responding as the centre responds – beyond responding, it is the responsibility of all of us, collectively, to do the best that we can, to make sure that the education we are talking about is something that is done in our homes, and it is something that is done in our communities.

It is for this reason that as the Department of Social Development - working together with the Department Women, Youth and People with Disability, the Department of Justice,

as well as the Department of Police and the Minister of Police

– SA Police Service in general - our task is to make sure that this education that we are talking about is education that does not only happen among us, but it is education on a local level.

So, our co-ordinated efforts with provinces, and in particular, MECs of the relevant departments that I am talking about, have effective programmes where we talk to the people about gender-based violence. The Department of Social Development, in particular, has launched a programme which is called Asikhulume. On this programme, we are hoping that we will be able to expand it so that it is and the people to the people, where people can talk among themselves to help us stop gender-based violence.

It is also our responsibility to work from a point of view of behavioural change, because part of the issue that you are correctly raising: Where are the men? What are the men doing? I am happy to indicate that as the Department of Social Development, the majority of organisations of men who have stood up and said, “Not in our name”, have gotten in touch with the Department of Social Development, and together with

the Department of Women, Youth and People with Disabilities and the police.

I can assure you that the activities that we launch are not supposed to be only for 16 Days of Activism Against the Violence towards Women and Children. These are programmes that were supposed to be available 365 days, in churches, in schools, on the street, house-to-house, community-to- community. Collectively, we can be to reduce gender-based violence, including the private sector, and universities and all.

This is a scourge that needs us all, collectively. But, of course as government, we take responsibility where we have to take responsibility. Thank you, chairperson.

Mr X NGWEZI: Thank you very much, Chairperson. I believe that this is Question 206.

The DEPUTY CHAIRPERSON OF THE NCOP: The Question is 205.

Mr X NGWEZI: Okay! Thanks very much. Hon Minister, ...

*IsiZulu:*

... Mageba wena kamongawosuthu ...

*English:*

In light of the increase of the cases on gender-based violence, during the pandemic, I would like to ask whether the government has provided enough funding for shelter and other services for gender-based violence in KwaZulu-Natal? Because, if so, ...

*IsiZulu:*

... ngoba sifuna ukwazi la ezweni leSilo ukuthi ngabe zikhona yini izinhlelo eziqondile ukunakekela labo abasuke bahlukunyeziwe? Ndabezitha.

UNGQONGQOSHE WEZOKUTHUTHUKISWA KOMPHAKATHI: Ngiyabonga kakhulu

lungu elihloniphekile uNgwezi, yebo ngiyathanda ukusho ukuthi kule viki eledlulile bengiseKZN eThekwini. Ngathola nethuba lokuyobona ezinye zalezi zindawo ezisekelwa uMnyango Wezokuthuthukiswa Komphakathi kodwa futhi ezisekelwa naye minye iMinyango. Yebo, kuyiqiniso ukuthi uhulumeni uyazama ukubaxhasa. Uxhasa lawo makhaya analabo bantu abahlukunyeziwe. Into engiyithande kakhulu kulamakhaya engivakashele kuwo ukuthi amanye awawo amakhaya angasese kanti amanye amakhaya aphethwe uhulumeni.

Okokuqala nje, ngicela ukubonga abantu abahlala lapho, babhekene nalenhlekelele yomama nabantwana abazithola bebaleka emakhaya bagijimela ukuyocasha ndawondawo. Into engiyitholile kulezindawo engizivakashele ukuthi kunabantu abanenhliziyo.

Ababheke ukuthi omama abahlala kulamakhaya ababaleki nje. Okokuqala, sebayabafundisa nokuthi kufuneka baziphilise kanjani.

Okwesibili, sebayabafundisa nokuthuthukisa amakhono ukuze bakwazi ukuthi uma bephuma kulamakhaya bephindela emuva bakwazi ukuziphilisa nabo. Ngokusho kwami, ngingathi ukweseka esibanikeza kona akwenele kahle ngokubona kwami. Kusafuneka ukuthi kube khona umsebenzi omningi esiwenzayo. Siphinde sikhumbule nanokuthi isabiwomali sethu sike sathi ukwehliswa. Nakho lokho kwehliswa kwesabiwomali kusiphethe kabi kakhulu, kodwa sizoqhubeka siloku siyilwisa leyo nto ukuthi isabiwomali sibe khona.

KwaZulu-Natali ne-Gauteng, ne-Western Cape, kancane futhi ne- Northen Cape yizo izifundazwe okutholakala ukuthi ukuhlukunyezwa komama kuningana lapho. Ngiyethemba ukuthi lungu elihloniphekile uma singathola imininingwane sikunikeze yona ukuthi iKZN inamakhaya amangaki futhi kwenzakalani kulawo makhaya. UMnyango ungakwazi ukuthi usinikeze leyomninigwane.

Ngokwami ukubona njengoba ubuza umbuzo oqondile, ukuthi kwanele na lokhu esikwenzayo. Ngokubona kwami akwanelanga yingakho siphinda sicele neminye iMinyango ukuthi iphinde isincedise. Siphinde sicele nezimboni zangasese ukuze zisincedise.

Sengivala, ngikucela ukusho ukuthi umnotho waseNingizimu Afrika uphethwe ngabantu banye kakhulu. Ngakho ke omama lezi zinto abazenzayo nabazikhiqizayo abafundiswe zona ngithole ukuthi eKZN abakwazi ukuzithengisa. Yingakho sicela ukuthi imakethe ivuleke ukuze labomama uma sekufika isikhathi sabo sokuphuma baye emakhaya bakwazi ukuba nemadlana emaphaketheni abo. Ngiyabonga.

Mr S ZANDAMELA: Deputy Chairperson, hon Minister, South Africa’s GBV problems are worsening. The extent and prevalence of the issues being compounded by the effects of Covid-19 pandemic, as lockdown measures have trapped women inside their homes with their abusers, triggering a secondary pandemic.

Which form of support does the centre provide after it has received a complaint in an event of trauma?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Zandamela. Yes, the GBV command centre is not only there just

to receive calls, but it has to make reference. Firstly, it even refers cases to the police. It also refers to the department and to the psychosocial support systems that are available in provinces.

Yes, in my view, as I indicated earlier on, is that we need more social workers. In my view, hon member, the issue of social workers is something that we should take very seriously so that we can rather focus on prevention, prevention and prevention rather than dealing with issues and cases because the disaster has happened already.

The call centre does have a system of making proper referrals. As I have indicated, by the way, many of the callers can be counselled through the centre itself, but if the counselling is not enough, the centre has a capacity and capability of making referrals, depending on where exactly the person who is asking for assistance is situated.

We are, as a matter of fact, looking at improving the system, including the fact that people who call the centre, so that if there is a need for immediate action by the police or by any other social worker, we must be able to trace where the call is coming from. I am aware of course, hon members, that there

is a challenge when it comes to the issue of tracing where the call come from. When all said and done, it is important for us that as we receive the call, there must be immediate action that does not delay. We are trying to improve the system from that point of view.

Our psychosocial assistance is mainly based at provincial level. That is why we have a Department of Social Development at a provincial and at a local level. We are trying as a department to make sure that our monitoring and evaluation, and an impact thereof must be done by the national level. The national level of government must be able capable of doing that. to do that as its responsibility.

However, it is provinces that need to strengthen their systems and in order to make ensure that people are assisted – not only at the call, but assistance throughout the period, because there has got to be healing, there has got to be support, but there is also going to be empowerment of women and children affected. Thank you very much.

Question 199:

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, may I indicate upfront that I was sitting throughout in the

responses of the Deputy Minister of Health and the system kept going up and down, sometimes I lost you and sometimes it got muted without me muting. So, I wish to apologise upfront if so it so happens that I found myself in the same situation. With regard to the question from hon Christians the answer is that the Northern Cape renders services in 52 local offices and 153 service points. For areas not covered by the local offices and service points the Integrated Community Registration Outreach Programme, Icrop is used as a response to increase SA Social Security Agency, Sassa service within the five districts.

Although Sassa has an extensive footprint in the Northern Cape, also appreciating and understanding the vastness of the province through which services are provided, there are two new offices under construction which are part of our expansion plan. These are in the John Taolo Gaetsewe District Municipality and the local office in Tsineng will be completed in February 2022 while the Batlharo local offices will be completed in March 2022. These additional footprints will extend the Sassa footprint in this area which is rapidly developing. Both these offices will prevent citizens from having to travel to Kuruman town for services.

I also do want to say that as we continue to look for better ways to servicing our people, I have from the very beginning together with the Deputy Minister indicated that we want Sassa and the department, in its collective, to upscale the support that we give to our people and try the best we can to bring the services closer to our people. We know that this is costly but we need to bring dignity to our people to avoid the long endless queues that our people have to be on for a very long time.

Lastly, the experience we had during this period of Covid-19 has clearly indicated to us that it is possible to use technology to solve some of the challenges that we face. It has also been proven that it is possible that our people to get using technology so that it becomes easy for them to access the services of Sassa. I thank you, Deputy Chairperson.

Ms D C CHRISTIANS: Deputy Chairperson, thank you for your response Minister. Minister, South Africa is currently still battling the consequences of the Covid-19 and it seems that things are set to become worse. Many people, young and old, do not have an income and the past few months we really see people standing in queues for hours for the Social Relief of Distress Grant of R350. A high percentage of our youth are

unemployed and continue to have no income and that is also said to increase. What is the latest update Minister, on the Basic Income Grant as a way of alleviating poverty in South Africa? Additionally, will the R350 Social Relief of Distress be extended post March in 2022 in light of the Covid-19 cases which could signal a fourth wave and a possible lockdown?

Thank you very much, Deputy Chairperson.

THE MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Christians for that number and I must upfront be able thank some of the members of the NCOP as well as the members of the NA who stood up to support the department from the very beginning when we started the discussions about the Basic Income Grant. Let me also indicate to the hon member that we are continuing with our quest towards ensuring that ultimately this is actually adopted. At the same time, we are very conscious of the financial challenges and the impact thereof of the fiscus. As a Department of Social Development we are saying it would be better for our government and the people to support those that are finding themselves at the lowest end of development but also unemployed – those that they are not finding jobs even if they want to find jobs.

The discussions around the Basic Income Grant are still on, we have not abandoned them and have no intentions of doing so either. In fact, we do have greater support amongst government itself because there is a full appreciation and understanding that when too many people go hungry and have got absolutely nothing, it is not in the good of our country, neither it is in the interest of peace, security and stability in our own country.

At the same time, we are conscious of the fact that the best way we can also work towards ensuring that lives of people are taken care of is about growing the economy of South Africa.

So, while we are talking about the Basic Income Grant, we are not excluding ourselves from the overall discussion about the economic development of the country and about the economic empowerment of women. It is about the opportunities that need to be presented to our people. Working together as the department and the government in ensuring that we grow the economy of the country so that South Africans can be able to go out there either to get the jobs or start their own businesses. We also support the co-operatives and small, medium and micro-sized enterprises, SMMEs so that South Africans can be able to work for themselves.

With regard to the R350, you are aware hon Deputy Chairperson and hon members that it was extended until March 2022. I do want to indicate again that as the Department of Social Development we are not waiting until the time comes to an end. We are in engagements to see if it is possible for it, considering the fiscus and the challenges. We also need to consider the fact that Covid-19 is here with us and is not abating and recently we saw the figures. So, we continue to present to our own government and everywhere where we need to make sure that the R350 continues depending also on the financial basket that government has. We have made those submissions as the Department of Social Development. I thank you, Deputy Chairperson.

Mr S F DU TOIT: Deputy Chairperson, hon Minister, I want to know with regards to expanding Sassa’s services and the focus seemingly being towards the handing out of the R350 grant, what steps are your department currently taking to rather teach people to fish than handing out fish? Thank you Deputy Chairperson and hon Minister.

THE MINISTER OF SOCIAL DEVELOPMENT: Hon Du Toit, as I have

indicated earlier in answering the question, we are not just a department that is looking at consumption. Let us start with

the fact that most of what Sassa does is beyond the R350, it is about paying other social grants which are responding to our people, that is, the Old Age Grant, the Child Support Grant, Disability Grant including those that cannot cater for themselves. So that broad statement is that we are not going to reduce the support that needs to be given to our people who qualify to get those social grants.

As you are aware, the payment of social grants is almost at approximately 18 million people. However, having said that, I indicated earlier on that as the Department of Social Development, in particular with the National Development Agency, our own agency, are looking at supporting NPOs and NGOs on the ground whose sole responsibility is to empower our people in skills development but also to empower our people to be able to things for themselves.

What we would like to say, Deputy Chairperson, is that the issue of teaching people how to fish is not just something that can be done by the department alone. Overall, government our responsibility is to create the environment for our people to either get jobs and get jobs which are unfortunately are not growing at the moment or contribute towards ensuring that the economy grows. Just also to indicate that within the

people that are receiving the R350, many of them are spending their money on basics, that is, bread, mealie meal and all the basic stuff. So that money goes back again to the economy and it is for this reason that the department was saying that money must also circulate within the rural areas and within the township economy.

But also there are a few men and women who decided to save that R350 and start some business one way or the other. The number might be very low but it will grow because as the department we also encourage our people to start looking at growing their R350 that they are getting and a few citizens have shown that it is possible for them to grow the money. I thank you, Deputy Chairperson.

Ms M O MOKAUSE: Deputy Chairperson, rural communities in the Northern Cape face a number of challenges in accessing social welfare services that include the furthest point of the John Taolo Gaetsewe District Municipality communities such as the Heuningvlei and Madibeng areas. These communities rely solely on social grants for a living as a result they queue from as early as four o’clock in the morning at ATMs around Kuruman town. These recipients experience increased travel costs and

the distances are too long in reaching the nearest points which are mainly situated in the centre of Kuruman.

What initiatives are there to assist these recipients without having to travel such long distances to access the little that government is providing for them?

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Mokause. Yes, I fully agree with you and that is why I said in the previous answer that Sassa, both at national and provincial levels has to keep looking at better solutions than having our people queuing for long. I must also indicate that, you will recall, some of the services we were providing which were cars, trucks and buses that used to go and pick up had to be reduced because of the cost. It does not necessarily mean that we are not doing that at all. The challenge also is the fact that the security of these cars whenever they go out with so much they fall prey to those they attacked them on the way.

What I can say Chairperson is that, as I indicated earlier, it is important for us to look at better solutions in bringing the services closer to the people. I did indicate earlier on that the people who normally get services in Kuruman, we are building the new offices and or centres which are supposed to

operate by next year. But what is much more important for us as a department is that we are trying to have the one-stop centres where people can be able to go and receive the services of the department overall, Social Development, National Development Agency and Sassa much closer to the people. The best is actually to ensure - and I know that members will say look at what is happening with the post offices now closing down. We are serious discussions now with the Minister Ntshavheni. In fact, we are thinking that some of the post offices that have been closed down we can be able to use them and revamp. Post offices have got the biggest blueprint in the entire country.

We apologised obviously to those people who still have to wake up at four o’clock in the morning and in many instances they have to borrow the money in order for them to get to the places where they had to get the money. In future, our focus is how do we improve the system and bring the services closer to the people. In our view, there is nothing even wrong in ensuring our people when they have to receive money, that money can be accessed through your shops that are closer to the communities but of course that also has its own challenges of security.

But when all is said and done is that we have to and we are looking for better solutions to make sure that we reduce the number of times that our people have to travel and bring it closer to the people. The majority of our people are actually accessing their money through the ATMs. Right now it is quite a huge number of them and some of them are accessing the money through the retails because then they do not have to be travelling those distances. When all is said and done, we also have to make sure that we bring these services closer to the people where they live because even to go to the retail centres they still need to get into a taxi and get there.

Thank you Deputy Chairperson.

Mr I NTSUBE: Deputy Chairperson, I succumb because I think the hon Minister has succinctly answered my question. Just to register a point to the Minister, Deputy Chairperson, is that the youth of our country are calling your departments and the government at large to declare the state of emergency on poverty and unemployment. Thank you very much, Deputy Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, I do want to thank hon Ntsube especially the issue of the unemployment for young people because it has really reached

intolerable propositions. Again, as I was answering the question, our focus as the Department of Social, we are contributing towards the discussions and the debate. If you look at the breakdown in terms of the figures on who is applying in the R350 grant, in the majority is the young people. We even broke it down to appreciating that if it is young people, is it young people who finished matric, university and what figure of the unemployment. We are hoping that recent snap research that was done we can able to give it to the other departments whose sole responsibility is the creation of jobs. The focus has to be on young people because they are the future. In fact, they are today and the future. I do appreciate and agree with you that we need to focus on young people. I thank you.

Question 206:

THE MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Chair and hon Nchabeleng for the question. Chairperson let me start by indicating that the ECD stimulus relief is part of the economic reconstruction recovery plan which we intend that is geared at providing its measures as the result of the pandemic and again I’m hoping that the young people of South Africa are aware of what the ERRP is and the different sectors which are being supported by the government.

It is also part of the presidential economic stimulus package designed to respond to the rise of unemployment cause by Covid-19. Therefore, an amount of R496 million was allocated to the ECD sector as unemployment support to compensate a

108 833 early childhood development related workers who lost income as a result of Covid-19, 2% of the funds was for administration. even the informal nature of the sector and the fact that the department did not have a full database on the ECD workforce, work base system had to be developed for the central application verification purpose to ensure that the rightfully qualifying recipients receive the support.

I have also been ensuring that with the provinces, because it’s the provinces that have to make sure that they pay the qualifying ECDs and yes indeed the stimulus fund is part if the presidential stimulus package, although not yet completed has recently been able to accumulate its intended purpose.

To date, 64094 have been approved and processed to the provinces with almost 42739 have already been paid within a value of R179 million. The provinces continue to make the payments on a daily basis for all participants of this programme. However, it is important to highlight that through

verification there has to be conducted to ensure that public funds are paid to the right people.

Chairperson, I must indicate that even during the campaign period for local government elections, I visited quite a number of our provinces and even had a meeting with some of the ECD practitioners and many of whom complained that they have not received the money. I have put this on the agenda with all the MECs of the provinces to ensure that we get a report whenever there are meetings in provinces because it’s the provinces that need to pay but.

Chairperson, I also want to indicate that the challenges of unregistered ECD is a big problem for us and it should be a problem for everybody because we cannot have people who have ECD when they are not properly registered. There’s no monitoring of exactly what is happening at the ECD and when we know that there’s an early childhood development centre should be properly registered and we know what is happening with the children at ECD centres.

We do have a special programme called bangasali because we are encouraging ECD centres to go and register their ECDs because we cannot be paying people who do not have proper banking

accounts, people who do not keep their books in order and yet demand that they get the money. Once you put your systems in place, we even go to a point of helping the ECDs put their systems in place. It’s not that we jump them because they are not registered, there are systems to assist them in making sure that they are properly registered. Thank you Chairperson.

Mr M E NCHABELENG: Thanks a lot Deputy chair. Let me take this opportunity to appreciate the Minister for always being there whenever we want to meet with her and at the same time [No sound.] having performed very well. Minister, I heard your response to my question but what I want to know is, when are you going to finalize this early childhood development payment of this stimulus relief fund for ECD?

THE MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Nchabeleng. I also thank you graciously for your comments. As it is now I tested positive and I was like oh my goodness I have these questions to answer but I’m feeling a little bit better. So I needed to present myself here and it’s the end of the year so members want to go home to their constituencies having gotten the answers.

Yes, let me emphasize that our intention is to ensure that all qualified ECD services are paid as soon as possible as we recognize the importance of this support. It is important to note that payment is done by provinces and I indicated earlier on that I’ve been sitting on MECS necks as well as the administration. I have also been pushing the acting DG to work closely with the heads of social development at the forums to ensure that these payments are being made. We have to ensure that payments are made before the end of the financial year because we know that when monies are not being paid Treasury puts pressure on us that money has to be taken back.

So, we have made the announcement that ECD operators have until 15 December as a final call to update and correct their information. Those that have corrected their information will receive their money and if it is in the interest of the provinces that the resources go to the right person.

We are quite worried about 682700 ECD programmes that failed bank verification.

It cannot be when in South Africa when dealing with the banks is no longer such a complicated thing, from the application point of view, I’m not talking about other issues of the

banks. Banks also need proper documentation and proper registration in order for them to open an account.

It was of disturbance to us as a department to realise that so many ECDs operating with not even proper banking facility.

It’s a problem because it means both parents and caregivers and guardians must make sure that they take their children to ECD centres, they take them to properly registered ECD centres. Thank you very much Chairperson.

Mr A ARNOLDS: The early childhood development sector has been hard hit by the Covid-19 pandemic due to prolonged closures with some having been closed down and others losing their jobs as a result. Yet, for many months thousands of ECD centres KwaZulu-Natal and across the country were left in the dark by the department as to whether or not the applications for the ECD stimulus relief fund will be successful or not.

Mister it’s about assistance and communication and you mentioned that ECD centres have until 15 December to rectify their information but also form your department’s side, what are you doing to communicate the message effectively and assist those ECDs with the relevant information? Thank you.

THE MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon member for that question. Yes, I fully agree and communication is a two-way process, communication cannot be a one-way process. However, because we are the ones who are rendering the services, it is important for us to ensure that we reach as many ECDs as possible.

We have a database which was assisted by the fact that we started a bangasali programme, the bangasali programme was not started because of Covid-19 or so, it is the department’s programme where we have also partnered with the Mandela Foundation to assist us in reaching out to the ECDs and ensure that they respond as quickly as possible.

Again hon members, I indicated that when it comes to the communication, most of the work is done at a provincial level. But of course we also have to take responsibility as a department. We use all forms of platforms that we have within the department, including our website, opportunities through the GCIS, Government Communications Information Systems, which is the government department communication where we have the interviews and get the opportunity to speak through radio interviews to adjust talking to the ECDs and enabling them to understand and appreciate that when things are being requested

on theire side, they need to also take responsibility and speed up.

Chairperson, that is why we didn’t only just say, let them apply and if they are unable to do that we don’t help them. We also do help them. In fact, I think this exercise has also given us a better opportunity of working closely with the local government. That is why we also insist that the district development model is going to be able to assist us in our monitoring and evaluation both in national, provincial and locally.

Chairperson, what I would request is that if members are aware and the hon member in particular is aware of some ECDs that we might have not reached, it will be important for them to send the details to us so that we can then be able to reach those that we have not been able reach. We have done our best through our provinces to ensure that the MECs and the departments of Social Development are aware of who has not been reached. I thank you.

Mr X NGWEZI: Hon Chairperson and hon Minister, I would like to know whether the department provides relevant details on the rollout of the early childhood development employment stimulus

relief fund across provinces in light of the allegations that only 25% of the funds have been spent out by the September 2021 and if that is the case, what are the relevant details?

THE MINISTER OF SOCIAL DEVELOPMENT: thank you very much hon Ngwezi. Yes, the department won’t be able to provide that information because recall that even earlier when I was giving the statistics I was being very specific about the number of workers who have been able to receive the stimulus package.

We can be able to submit that information in full because it will just be a question of giving what we already but also requesting the Departments of Social Development at provincial level including the MECs to submit the information so that we can hand over that information to your or all the hon members as requested. I thank you.

Mr I M SILEKU: Good afternoon Deputy Chair. Hon Minister thank you very much for the information on terms of statistics of who has actually benefited out of this entire programme or this package. Minister can you just inform the House as to how many have not received funding and re there any ECD centres that had to shut their doors permanently because of lack of

income, if so how many and will they be assisted in the future to enable them to open their doors again? Thank you very much.

THE MINISTER OF SOCIAL DEVELOPMENT: Thank you very much hon Chairperson and hon Sileku. Yes, there are ECDs that fell into a very difficult situation because of Covid-19. However, I am unable to give specific figures and again it needs to be a question of me getting the specific figure but even then, we can only be able to give the figures of those ECDs which we have indicated that are registered ECDs which we monitor as the Department of Social Development.

And yes for those that have not been paid they will have to be paid. And yes those who ended up having to close down, one takes it that there was a reason why they opened in the first place and of utmost importance to us as the Department of Social Development and I think also to the Department of Basic Education and the process of ensuring that the ECDs are handed over the department of basic education is ongoing and is quite far. We are hoping that by next year that process will have been completed from an administrative point of view.

And as the Department of Social Development, we would like to support those ECDs that ended up closing down because of

Covid-19. We would like to support the parents and caregivers whose children end up not being able to go to the ECD centres because of Covid-19.

Hon members, the reason why recently when President Cyril Ramaphosa made the announcement that he may with regards to where South Africa is in terms of Covid-19, the continuation of life and livelihood does not only include the businesses, it also includes the issues of schools and children being able to go to school and ensuring that life continue but obviously taking serious consideration as he indicated regarding the issue of vaccine.

We would like to have as many ECDs as possible open. We would like to support as many ECDs as we possibly can because we cannot afford to have children who are unable to go to ECDs. Not long ago, I was in an area where my grandparents and my family come from and it was painful to see some of the children in the homestead playing around and me being told that Minister you are here, these children have got no crèche to go to and not because the creche is closed because of Covid-19 but as a matter of fact there are not enough early childhood development centres in the rural areas.

Chairperson, I took that at heart because no place in South Africa whether it’s in Gazathe in the deepest rural of KZN is there not to have ECD centres. I could see that many of those children are very bright, many of those children deserve to be in early childhood development.

We will do everything we can to ensure that any childhood development is accessed by all ECD children who are supposed to go to early childhood development. Thank you Chair.

Question 194:

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, Deputy Chairperson as well as hon Arnolds for the Western Cape for asking this question. Chairperson, we must be concerned about the number of gangs in our country especially those that include our youth. Our youth must be assisted, helped and supported by all of us about the dangers of being part and parcel of gangs. They must be assisted, appreciated and made to understand how this ruins their future and their lives. In fact, as a Department of Social Development, we have to work with our communities and other sister departments, the Department of Police, Education, and all other relevant departments including the Department of Justice.

What I think is the biggest problem and a greater challenge to us with the issues of gangsterism is the fact that sometimes it ends up being glorified by young people. In many instances, futures are destroyed after a decision by some young person being influenced by others. To me, as a Minister of Social Development, it points out to some structural challenges that we continue to have with regard to where our people live, how they live and the environment under which our people live; the conducive environment under which our people both old and young live where this issue of encouragement of gangsterism can be eliminated completely.

In August 2012, the Portfolio Committee on Police requested the Civilian Secretariat for Police to draft the National Interdepartmental Antigang Strategy to address the issues of gangs and gangsterism in our country. We work together with them. The justice crime prevention and security cluster, JCPC, in March 2013, tasked the National Intelligence Co-ordinating Committee, NICOC, to set up a task team on gangsterism and my department was part and parcel of that.

It is against this background that my department developed the Social Development’s Antigangsterism Strategy for children and youth at risk and in conflict with the law. As part of this

strategy, we have been able to train and capacitate a number of probation officers and officials in child and youth secure care centres including popularizing it with the sector. We prioritized this centres as they house awaiting trial and sentenced children but also because we have seen heightened incidents of bullying and gangsterism in these centres.

Chairperson, myself and the Deputy Minister have visited many of these centres and I do believe that there is still a lot of work that needs to be done including the skills development.

It is about giving young people hope. When young people can’t see hope and when the nation can’t see hope, the issue of children getting out of the way and joining gangsterism is even better.

Working with Provincial Departments of Social Development, stakeholders and sectors, we implemented a number of social behavioral change programmes which myself, the Deputy Minister and MECs championed, this includes but not limited to “You Only Live Once”, YOLO, targeting young people between ages 15 and 24 and encouraging them to make the right choices in life by providing them with options to improve their own lives. The other programme is called Chommy. It targets young children between ages 10 and 14, also aimed at young people aspiring to

have good role models in life. The other one is Ke Moja and Everyday Heroes, which addresses the challenges of substance abuse.

One of the biggest challenges we have is that of substance abuse ... as you are aware, as a Department of Social Development, we need to connect and work closely with other departments to make sure that we deal with this scourge of substance abuse. One of the weaknesses I have practically seen when visiting places ... we have these good centres which we keep children and again when they leave these centres they are almost confronted with the same challenges they had before being admitted in the centres. It is for this reason as a Department of Social Development that we want to co-ordinate, act together and create a conducive environment so that when they leave the centres they don’t fall back into what took them to the centres in the first place. Thank you, Deputy Chairperson.

Mr A ARNOLDS: Thank you, Deputy Chairperson, the impact of gang-related activities and the burden it places on our health, law enforcement, corrections and education system is significant. By preventing the youth from joining gangs in the first place, we need to significantly improve their chance for

a safe and productive life. Faced with the current economic realities, prevention is the best way to stop the cascading impact of gangs on our kids, families, neighborhoods and society at large. Minister, do you agree that the government’s lack of a comprehensive integrated approach is contributing to gang activities? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon member for that question, yes, at the center of the work that we have to do is prevention. Prevention has to be a responsibility of all the three spheres of government, first and foremost, co-ordinating properly with the already existing comprehensive plan that we have. It is one thing to have a very good comprehensive plan that can be applauded by everyone else in the counter but it is another when it comes to ensuring that there is that implementation. It is for this reason that also government itself recognizes the weaknesses within the system hence the call for a proper co-ordinated co- operation at the three spheres of government but mainly the agreement at national, provincial and local level and the launch of the District Development Model, DDM, which will enable us at a national and provincial government to put more resources both human and otherwise in ensuring that the local structures were the most immediate need is – that’s where we

need to go. It is this very government of the ANC that recognized the weaknesses - as you are indicating the weaknesses, hon member – and we accept and agree that these weaknesses do contribute to a lesser impact of our work if we are not properly co-ordinated. It is for this reason that we believe that working in silos will never assist and have a greater impact which can be visible to the local people.

Therefore, the safe and productive lives begin with the creation of a conducive environment from the time that the child is born. That’s why we have a programme that we talk about - from cradle to grave – we must make sure as a Department of Social Development that our social services cater from the beginning to the end.

Most importantly, I personally believe as a Minister of Social Development that if we are not co-ordinated, we will never be able to have an impact. Our programmes will never be able to make an impact.

I think it is important for us to also appreciate the importance of supporting families. Again, our department is one of those departments whose responsibility is to ensure that we have safer families and productive families. Again, we cannot do that alone, we have to work with other departments.

It is also important for parents to take responsibility and begin to ask for assistance way long before the danger arises because if parents also do watch out the behavior of the children when they are at home, they would be able to pick that up.

Our quest as the Department of Social Development is to have more social workers in schools and not just one social worker in a school especially in the schools where we know that there’s more trouble. We need more social workers because it is a burden on one social worker to be in a place where we know that there are greater challenges. The Western Cape should be one of those places. We push for the all the different departments at provincial governments to respond to these challenges of gangsterism but also ensuring the creation of a conducive environment for these children by government overall. I thank you, Deputy Chair.

Mr M A P DE BRUYN: Hon Chair, I will be handling the question on behalf of hon du Toit as she is currently in another meeting. Hon Minister, referring to the initiatives like Child and Youth Care Centres as well as Youth Cafes that were established in 2017, are all of these youth centres still

operational? With millions of rands spent on these initiatives, would you say that it was a success? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, the success can only be seen through ensuring that we have less children who have to end up in these centres. The success is when children can remain in their communities. The success is when – as I go back to the conducive environment – families and communities to thrive. The success is for me as a Minister of Social Development is having less of these children being found in these centres.

Also to that question, I do not think that some of the centres are operating optimally and that they give value for the money that is being spent by the Department of Social Development.

That is why, we, as a department and in particular myself has said that we need a stronger monitoring and evaluation system which can give us comfort both at national and provincial level that the money that’s being poured into these centres has value. It is still a long way - if I may be very frank – before we can say that all the centres are operating optimally. I have visited some of the centres. I found the children to be in poor state. I have demanded of the department that we improve our monitoring and evaluation.

Monitoring and evaluation can also be assisted when some of the parents who do visit these children ... and again it’s a question – some children are visited by parents because the environment is created for them to visit some of these centres, some parents do no visit the children for a very long time. This is a problem that can be resolved by all of us working together. At the end of it all, it’s also about the department having proper systems in place of ensuring that there is monitoring and evaluation.

My view is that at the provincial level, there has to be vigorous visits to these centres to make sure that there is value for money. The Department of Social Development spends a lot of money on nonprofit organizations, NPOs, that we are supporting. We can give the exact figures to the member about who are we supporting in each province and how much is being spent on each because those figures are there. I have demanded from the department that I need reports on the amount we are spending which is almost R82 billion per year on NPOs so that we can see the value of that money through the impact. The impact is the results of how many children in the centre are leaving having fully recovered or how many of the children in the centres a getting out of the centre and going back to

normal life. Normal life is the best way for any child or any person and not being stuck in centres. Thank you.

Mr T J BRAUTESETH: Thank you very much, hon Deputy Chair, Minister, thank you so much and I certainly hope that you recover fully from your current COVID-19 infection. Minister, if the fraudsters in this matter are known, then they are clearly in breach of the trust relationship with their employers. Other than recovery of the fans, have disciplinary charges been laid? Have they been suspended? Have criminal charges been laid against these employees? Thank you, Minister.

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, I need the hon Brauteseth to just indicate whether the question is in relation to the youth care centres that we are talking about. If he could please indulge me with an explanation because he is talking about fraud and whether people have been charged. I just missed that point.

Mr T J BRAUTESETH: Deputy Chairperson, I was asking the question in relation to Question 190. Perhaps there has been a confusion on the question. Can you help us there?

The DEPUTY CHAIRPERSON OF THE NCOP: Can the table assist with Question 194 because the questions that is currently being responded to is Question 194?

Mr T J BRAUTESETH: My apologies, Deputy Chair, I think I was incorrectly placed for a follow up on Question 194, I am actually making a follow up to Question 190. I will come back to that shortly. Thank you.

*IsiXhosa:*

Nksz N NDONGENI: Enkosi maGeba uphile, ufuthe ukuze iphume le nto unayo. Nanku umbuzo endinawo:

*English*:

Thanks for your response to the question, hon Minister. Is the monitoring of the implementation of the antigang strategy in secure care centres yielding any results? Thank you, Chairperson.

The MINISTER OF SOCIAL DEVELOPMENT: Thank you very much, hon Ndongeni, in my view, I don’t think we are doing enough yet. It is about creating systems that will enable one to ... maybe sometimes even with a touch of a button. One of the reasons why I am saying that we need to use technology to respond to

the challenges that we have within our governance institutions is to make sure that the monitoring and evaluation does not take very long. I cannot honestly say here that I am happy with the monitoring and evaluation. I think that we can still do much more. I think the provinces in particular can do much more.

One of the things that I think is very important is about enabling even the people who are in these centres to have a box or where they can even put their complaints so that they can be easily follow up. What I know for now is that since I started as a Minister of Social Development and the Deputy Minister Bogopane-Zulu, we have not yet received drastic information that points to drastic situation and bad situations. I can say that the people who are managing these centres ... and I must thank them because it is never easy to manage this kind of centres especially sometimes when you get budget cuts, etc. In my view, I think that we still have to do much more in creating a system of monitoring and evaluation.

It is also not about creating the system of monitoring and evaluation but also being able to respond because responding is about ensuring that we have adequate staff in those places; adequate equipment – I have been to some of these centres and I have seen that from issues which might be taken for granted

like the washing, the dry cleaning and the food that is being distributed or that is being fed to these children, and ensuring that people who are working in the institution are also very accountable. I think there is still room for improvement as far as I am concerned. Thank you, Deputy Chair.

Question 200:

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chair, hon Christians, in response to Activism for no Violence, ANV, as a department, we remain concerned about child protection issues and more so, issues related to child labour and we strongly condemn any practice. Particularly during this 16 Days of Activism for no Violence against Women and Children, it is important to note that child labour matters are dealt with within the context of child protection.

I think, again, one might also make reference to the fact that, according to the Basic Conditions of Employment Act, it is a criminal offence to employ a child younger than 15 years old. We also have the Children’s Act, which we can refer to that states that children need to be protected from different parts of neglect or harm. We are also signatory to the UN Convention on the Rights of the Child.

Again, it is one thing to have these documents and us being signatory to all the international conventions around the protection of children, but it is another to ensure that children are protected right in the homes, in the streets, in schools and everywhere where children are.

Therefore, it is very important to present, through education and awareness raising what child labour and its different forms are. As part of the education and awareness raising, the department implements a 365-day child protection programme of action that empower children and caregivers on the care, safety and protection of children. Different media platforms such as social media, work-based seminars, webinars, online TV and radios are being used to reach all children, parents and communities, even in the remotest areas in our country.

The department works with other key stakeholders, which include other departments such as the Department of Basic Education, Labour and Employment, SAPS, and Justice and Constitutional Development. The department is a member of the Implementation Committee that the Department of Labour chairs, for the purposes of identification of cases, reporting of child labour cases as co-ordinated responses.

The co-ordinated response includes ensuring the safety and wellbeing of the child, if the child is at risk. One of the measures by the Department of Social Development, DSD, is the removal and placement of the child in alternative care where parental or caregiver support is inadequate to care and protect the child. Provision of counselling and psychosocial support is also ensured. Furthermore, working with SAPS and the Department of Justice, perpetrators are also prosecuted.

The department further developed guidelines for prevention of and response to child exploitation. And in this regard, training is being conducted with key departments, focusing on their roles and responsibilities, including the identification and reporting on child labour practices.

From the onset of the Covid-19 pandemic, the department, working together with key stakeholders in the children sector developed the Covid-19 Child Care and Protection and Responses Plan. All government departments report to the National Childcare and Protection Forum, NCCPF, on a quarterly basis on progress made to implement the plan.

Again, I do want to indicate that myself and the Deputy Minister visited many childcare centres, including the ones

where children are kept closer within the community. That is one of the programmes that I really appreciate a lot, because the children are kept within homes that are within communities. I personally believe that seclusion and keeping these centres too far away is one of the issues we need to deal with as a department, but in society, in general.

Children have to always be within communities. I thank you.

Ms D C CHRISTIANS: Deputy Chairperson, hon Minister, amongst the various groups affected by the global pandemic, as you have also rightfully mentioned, children remain one of the worst hit across the globe. The pandemic has triggered a massive increase in cases of abuse and violation faced by children in South Africa, but also across the world. Children in the age group 18-19 years who dropped out when the schools closed due to the pandemic show high probability of not returning to school. Now, the Minister also rightfully mentioned that it takes a community. Does the Department of Social Services have additional commitments within communities in order to discourage child labour in South Africa and get our children back into school? If so, what are these programmes within communities and what have been the successes and challenges to date? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Hon Deputy Chair, hon Christians, I think, one of the reasons that it is the responsibility of the provincial governments to ensure that encouragement is made through our centres ... By the way, it can even be through our feeding scheme centres across the length and breadth of the country. It is the information that has to be communicated within those centres where children have to go, but it is also the communication that we need to do as a department at provincial and local levels.

I am sorry that I might sound like a scratched record when you talk about the issue of ensuring that the support services. I believe that it must be strengthened at local level, so that the national department can focus on policy issues, on developing the right strategy, but also on the monitoring and evaluation of these processes.

Yes, we would like it and we make the call. In fact, may I indicate that during the local government campaign when many of us went out, I spent a bit of time targeting the Northern Cape because I felt that sometimes the Northern Cape does not get our attention that much. I spent so much time there. What I appreciated was the work that is being done by the province

and also liaising with the local government structures to focus on the school dropouts.

One of the things that was quite painful for me - I think the department needs to focus on this - is the number of children out there and the number of young mothers who have children at an early age in the Northern Cape, which also causes the dropout. It is about working very closely with NPOs and the NGOs who are focusing on this kind of work. They are being supported by the Department of Social Development, not only from the material point of view but also from a financial point of view. It is important that we also bring the schools on board.

The weakness that I have found here is that the children go to school and during school everything is well, but the minute they leave the school, they are almost on their own. We need to create more facilities where the children can go to after school while their parents are at work. I also realized that, in the Northern Cape, most of our people who live in the different communities, about 95%, depend entirely on social grant.

This is where I think we need to be creative and I have said to the department and Sassa that we must use the data and information that we have about these children, some of whom are going to school and paid for by the Department of Social Development or are going to nonfee paying schools. Let us use the data that we have and begin to use the data in such a way that we know almost each and every individual’s time. What are they doing when they come out of school? What are they doing when they come home?

In fact, I was saying what is the point in us coming to a community and helping the community? What is the point in us giving children books to read and support when they come to the centres, but we don’t know what happens when the children go back home?

We have all the fancy things on the walls, teaching the children what needs to be done and as soon as they get out of the school, their home does not reflect the same thing that the school reflects. When they get home, there is nothing on the wall that reflects the same thing the children got at school.

This is journey we all need to travel and we must make sure that children are taken care of, not only at school but also at home. Parents can buy some of these things or parents can even get some of the things that are motivational for the children. Parents can even draw some of these things and put them on the wall because they drop their children at school and they can see what is happening at school. They can also be creative to ensure that the children are motivated even when they are at home. Thank you.

Ms A D MALEKA: Hon Deputy Chair, hon Minister, what is the composition of the National Child Care Protection Forum and how does the composition assist in prevention of and response to child exploitation?

The MINISTER OF SOCIAL DEVELOPMENT: Hon Chair, hon member, the National Child Care and Protection Forum, NCCPF, comprises of national government departments, provincial departments of social development and national NGOs, institutions of higher learning, the Centre for Child Law. I must really say that the Centre for Child Law, and Uniserve, in particular, are working very closely with us to ensure that there is effectiveness in as far as this structure is concerned.

This structure has been established in terms of the Children’s Act 38 of 2005. The composition of the NCCPF ensures that there is a uniform and co-ordinated approach in the prevention of and response to child exploitation, sharing of best practices while creating a platform for innovation that contributes towards the development of an evidence-based programme.

In my view, we need to keep on improving this structure, focusing particularly on evidence-based research that needs to be done. And I must, at this point, thank both the Centre for Child Law and Uniserve for being available and supporting us. Uniserve, in particular, supports us a lot, as a Department of Social Development with doing research because without research we cannot develop evidence-based programmes.

Again, it is good to have these structures and it is good for these structures to be innovation and creative in the new way of resolving problems. However, when all is said and done, it is about making sure that the national NGOs are properly co- ordinated and they should be assisted to be focused and it should not be about NGOs quarrelling over resources, and about us spending more money on the salaries and other things of the

NGOs instead of having really practical impactful programmes on the ground.

It is not that I am complaining about NGOs and I must not be misunderstood. We really appreciate having NGOs because most of the time they are closer to where the people live and the NGOs are also very relevant because they know the felt needs of the people we are talking about. Thank you.

Ms M O MOKAUSE: Hon Deputy Chair, hon Minister, the lockdown has deepened children’s vulnerability in our society, as they have been subjected to the worst form of child labour during the pandemic, including commercial sex exploitation and are found begging in the streets and sometimes this begging is even influenced by their parents. Where is your partnership with the Department of Police in this regard? With social programmes proving to be inefficient in addressing the scope of child labour,

The MINISTER OF SOCIAL DEVELOPMENT: I have lost the member.

Ms M O MOKAUSE: Minister, child labour, during this pandemic has included sexual exploitation and forced begging. In some instances, parents are standing with them, influencing them to

do such. Where is your partnership with the Department of Police, in this regard? With social programmes proving to be inefficient in addressing the scope of child labour, which measures have been put in place to ensure that social programmes are available and reach the intended beneficiaries? If I may cite and example, currently, the office in Kuruman has one social worker that deals with drug and alcohol abuse. What about such important programmes of child labour? Do we have to rely on a province of the Northern Cape to deploy people within the district to come and deal with such problems or when are you planning to employ more social workers, even more people in this kind of a programmae to deal with the situation? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, hon member, let me start with the issue of social workers. As a Department of Social Development, I want to make the statement that yes, we have trained a number of social workers and we have employed some of the social workers as far as it is possible, but I have indicated earlier on when I was answering another question that my personal believe is that we need more and more social workers. We need social workers closer to the community. We need social workers so that we can direct and say, the people of that particular street do have a social

worker who works together with the different community organisations that exist in those communities.

I agree that it is something that is not adequate. The work that we need to do, particularly with regard to the protection of children who are vulnerable, is to ensure that children who actually are behind closed doors and high walls and who cannot be accessed and who cannot be seen do end up in schools, ECD centres, in universities and in a number of places. It is for this reason, that I say that we have not done adequately. The work that we have done is not enough.

As a Department of Social Development, we cannot deal with the issue alone without the support. We do work closely with the police. We work closely with the Department of Justice. We try by all means to stop working in silo, as I have indicated earlier. We do our best, but that best according to me is not yet adequate.

Again, I go back to the answer of saying, until such time that South African children at every corner are safe without being abused in their families or anywhere, until we have systems in place that can track, trace and assist, there is still work that we must do. Thank you.

Question 207:

THE MINISTER OF SOCIAL DEVELOPMENT: Deputy Chairperson, in response, SA Social Security Agency, SASSA, has, to date, received just under 15 million applications for the social relief of distress grant; all of these through electronic self-help channels.

I do want to take the opportunity to really congratulate the people of South Africa, those that needed to apply and they applied and they had the patience; sometimes they put the wrong information and then it rejects them, and they go back again to start from scratch. This can be very frustrating, but as I indicated, COVID-19 pushed us into the situation we are in and there’s lessons learnt for the future.

The fact that we can be able to do this, use technology to address the challenges of our people, and not undermine and think that our people would not always be able to use this technology.

Well, this technology also is advancing very fast and therefore, it is important for us, both as government and as the Department of Social Development, to connect to other

department that can be able to assist our people to learn more, understand more, appreciate more how to use technology.

Of the 15 million applications which I spoke to about earlier, approximately 9,5 million have been approved and paid.

The payments for the first four months of the reinstatement of this grant is above 90% for each month. And again here, members, where necessary, we can be able to give you the data, the information, who, where, in as far as the numbers that we are churning out here that we have assisted.

SASSA has taken note of the complaints and has implemented a number of measures to improve communication with the beneficiaries of the R350. This includes short message service, SMS, notification advising them when they should collect the funds; ordering the queues by using the last three digits of the Identity Document, ID, and I know that this one was a problem of when do people get the information about the last three digits of the ID and when do they go, and I know that SASSA had tried to improve that because the system wasn’t working very well because they were putting the three digits, for instance, on the wall of post office and all, but I think now they have improved the system; ensuring an even spread of

clients throughout the week, which also assisted the post office with cash management.

I know, Chairperson, that with regard to the issue of the post office that a number of post offices ended being closed due to the challenges that are faced by the post office.

We continue to have conversation with the department to make sure that post offices do not run out of cash. Especially because we know ... I know what it is when some of the people borrow money and they go to the post office and then they don’t get the money.

That’s why we are looking for other alternatives and I think I answered this question much earlier on. We are looking for other alternatives where people can have access to the money closer to where they live.

The introduction of the virtual card, which enables clients their funds from either Pick n Pay or Boxer stores, and of course, again, the question that we’ve been talking about here is how do we make sure that it’s beyond Pick n Pay and Boxer, but people are able to access this money closer to where they live, including what Minister Ntshavheni is working hard on

right now, looking for solutions where people can be able to buy products even within the sphaza shops where they live. And I think this is also another opportune moment for us to make sure that sphaza shops are registered, South Africans also must really stand up to owning these sphaza shops and making sure that the same things that other people who own sphaza shops are making the sphaza shops work. We are encouraging our local people to take charge of this business because it is possible.

Work is underway to sign up more retailers as well as some locally-based sphaza shops to expand this network, which will take pressure off the post offices.

Multifaceted communications and marketing strategy which includes the following, which are provided in all official languages: Heightening social media response; constant engagement through community media platforms, mainly through the 13 most prominent community radio stations; community activation at strategic high-volume areas such as taxi ranks, malls and others; constant updates to staff; mobilizing national and regional communication teams, which all give life to the one message and many voices.

In addition to the above strategy, the customer contact centre has been strengthened through a contract to bring in additional call centre agents to respond to the calls,

walk-ins and emails.

We do have a call centre, Chair, and I know many at times some members would say ‘hey, but the call centre people wait long to be responded to’, it is because the call centre was quite small and we are looking at the expansion, thereof. Thank you, Chairperson.

Ms M N GILLION: Hon Minster, let me thank you for your response. I think the sum up my follow up question already answered.

If we look into the high level of people who apply for these grants, I just need to ask one question, Minister: Are there any intentions to develop other self-help channels and are there additional access channels being considered? Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: Hon Gillion, SASSA has, to

date, received just under 15 million applications for the social relief of distress as I indicated earlier.

SASSA is in the process of developing a mobile application, App, to enable citizens who are, well, we can say, technically savvy, but I think that South Africans have proved that with the right gadgets they can be able to use these gadgets to get responses to the questions and track progress with the applications.

It is expected that this will be in place by January 2022. This is in addition to the website which is the primary system for management of social relief of distress grant at this stage.

And apart from this mobile App, SASSA is considering other alternative channels for all grant payments which are

cost-effective, convenient and quick.

As I indicated earlier, Chairperson, that COVID-19 has been a disaster for us all but at the same time COVID-19 has also propelled us into doing things that we never thought we were going to be able to do before.

And therefore, if we don’t take advantage of this window which is also about the improvement of different Apps and different systems, not only from a South African perspective, and of

course, as a Minister of Social development I’m much more interested in ensuring that the systems that we use in South Africa must be home grown systems because I can tell you that if we look into comparisons, as to what is happening in other parts of the world and the growth of technology and all, we are not very far behind as South Africa; I’m just talk from a point of view of developing technological systems that can be able to assist us; and we are looking for home grown solutions. And these may include payments through mobile phones, e-voucher or similar electronic payments.

Already, there is a tender in place of being prepared for this to determine the options available and the costs associated with these electronic payment systems.

Once we can increase on electronic payment systems, but of course without losing sight of the fact that there is still a bit of a gap between the technology and our people in the rural areas. There is that gap, and that gap, we can be assisted as the Department of Social Development by other relevant departments, for instance, of Science and Technology, working together with them; the Department of Small and Medium Enterprises, working together with them; in ensuring that we

develop systems that are not going to frustrate our people but develop systems that are going to make it much more easy.

At the centre of what we do now, and myself as the Minister of Social Development and the Deputy Minister, Bogopane-Zulu, is about bringing back dignity to our people, ensuring that there’s less and less of the queues that we see all the time, ensuring that services are brought much closer to our people.

And technology is a big excitement for me and I’m sure that the majority of South Africans would be excited also to access the services that we give to them, easily using technology. I thank you, Chairperson.

Mr M A P DE BRUYN: Hon Minister, are there any plans on the table to address the issue of the lack of ablution facilities at the post offices for grant recipients in long queues and they relief themselves in public about the fear of losing their spot in the queue?

This issue is experienced throughout the country and especially in Potchefstroom, JB Marks Municipality in the North West province. Thank you.

The MINISTER OF SOCIAL DEVELOPMENT: ... \*[Minister’s mic was

muted in the beginning] ...

... that the problem in Potchefstroom in particular. I think I will have to speak to the MEC for Social Development in the North West to make sure that there is a follow up.

Again, Chairperson, yes, there has been challenges and I remember very well the experience that I had, in particular in the Western Cape, where too many people were going to one place, in Bellville, in particular, and finding that the ablution facilities were not adequate. I immediately, at that time, Chairperson, being there physically myself and seeing for myself, I made the demand and the call on SASSA to make sure that the ablution facilities are improved.

I’ve also made the call again to SASSA to say that not only should there be just only ablution facilities, there has to be chairs that are being brought where our people can be able to sit and wait, and where possible, even a shade because some of them stand there for a very long time.

But I think what is exciting now, Chairperson, is that more and more of our people are beginning to go and access their

social grants beyond just the post office, there’s less people

who are going to the post office.

We engaged also with the retail sector to say to them the money is coming to you by the way, so, when the money is coming to Boxer or Pick n Pay and all, the profit goes to them. And, therefore, we are making the demand to say to them, give our people the best treatment, treat them well because they are bringing the money to you. You also have to take responsibilities and make sure that there are also marshals who stand out there in the queues to make sure that people do not stand in queues for long without having to sit down, but also people keep to the social distancing and we must also make sure people wear their masks at all times.

Many of the people who go to these centres, unfortunately for us, are the elderly, because the money comes to them but when all is set and done they are buying food and food products for their people at home.

So, the call has been made by the department as well as SASSA in particular. And I wish to thank the CEO of SASSA here because we really have criss-crossed the country despite all

the challenges of COVID-19, we’ve criss-crossed the country to go to these centres and see for ourselves.

Lastly, Chairperson and hon members, we also had volunteers who were temporarily employed by the National Development Agency to make sure that young people who are also at home get an opportunity as volunteers to go out there and be of assistance.

We are hoping that we can extend this programme because when you have volunteers and they have the necessary gadgets, they have the calls that they can make to wherever they are supposed to call, to SASSA or the post office and all, we are then able to respond and respond immediately to this.

But the less we have of our people who have to go and stand in queues, the better for the future, in my view. Thank you, Chairperson.

*IsiXhosa*:

Mnu M R BARA: Ingaba uyandiva ngoku Sihlalo?

*English*:

The DEPUTY CHAIRPERSON OF THE NCOP: You are clear now.

Mr M R BARA: Minister, my follow up is just to get a sense where we are in terms of the disbursement of funds.

In May this year it was reported that the SA Post Office is in the process of permanently closing 130 branches across the country including many rural branches.

Should more post office branches be closed, how will this impact the social relief and stress grant? And has another service provider been identified to administer the disbursement of funds? Thank you, Deputy Chair.

The MINISTER OF SOCIAL DEVELOPMENT: Upfront, Chair, I must indicate that it is very unfortunate that we are in this state of affairs when it comes to accessibility of grants by the grant beneficiaries and recipients due to the closure of some of the post offices.

But I do want to indicate that the post office itself indicated to us that it will look for alternative of assisting in those areas. And they did indicate that it’s not the main offices where there’s quite a lot of traffic where they were closing the offices.

But obviously, I do want to say that for us as the department and SASSA, and considering the fact that the footprint of the post office is quite huge and the accessibility of the post office closer to our community is also big.

But it is for this reason again, Chairperson, that we are saying we need to find alternative ways for our people to access the grants, whichever grant it is.

It’s important for us as the Department of Social Development to ensure that the funds that are supposed to be disbursed are disbursed to the right people.

We receive the funds and then we pass on the funds to SASSA, in particular, and of course, SASSA has the different platforms that it uses for the payment of these social grants.

We will continue to engage with the post office but we are also of the view that where we realise that we are going to end up actually spending more money than is necessary, it’s important for government to take the right decisions at the right time, but those decisions must not be decisions, obviously, that inconvenience the grant recipients. Thank you, Chairperson.

Mr A ARNOLDS: Minister, in light of the numerous challenges faced by the post office in paying out social relief distress grants such as long queues on pay day, outlets running out of cash, which means recipients have to make multiple trips to the post office which resulted in more costs incurred.

By when can we expect faster intervention to relief the post office from getting long queues where people to take ... whether there is immediate access for the social relief distress grants payments? Thanks.

The MINISTER OF SOCIAL DEVELOPMENT: Chairperson, I think that as I indicated upfront, we must be able to agree and accept the fact that the current challenges that have been faced by the post office really need myself and Minister Ntshavheni to really make some serious decision without any further delay. And I must indicate that the Minister has indicated ... we have indicated that we have to look for better solutions.

Minister, herself, has been engaging ... and the fact that there’s also the Post Bank, which possibly can have a greater responsibility when it comes to the payment of these social grants.

I cannot put an answer that is convincing at this point in time. Safe to say to members, really, honestly, we are looking for the best way including ... if we need to bite the bullet, we need to bite the bullet and make decisions that are going to serve the people ultimately. The Minister and myself have to do that.

SASSA on the other hand has signed, a long time ago, a Social Network Analysis, SNA, with the post office and we are insisting that we cannot have a good SNA signed off but when it comes to our people suffering, going to the post office, borrowing money and finding no money at the post office.

We’ve made the conclusion ourselves that we cannot go on like this anymore, but of course, we have to work together with the post office and the Post Bank and any other, including the Reserve Bank, Treasury, we need to put our heads together to finally find a solution to this because at the end of the day we can’t afford our people to be suffering in the manner in which they are suffering.

But in conclusion also, I do want to thank the people for having looked for other alternatives and make sure they easily

access their money as I indicated earlier on through the banks and through the retail. Thank you, Chairperson.

The DEPUTY HOUSE CHAIRPERSON OF THE NCOP: Thank you very much, hon Minister. Let me, first of all, commend you for the fact that I know you are really championing the issue of the basic income grant, it is something that is very close to your heart.

But also for the fact that you have been, according to your responses, we can hear that you have been struggling hard to make sure that there is improvement in the delivery of services, particularly from SASSA to the vulnerable of our communities.

Lastly, let me wish you a speedy recovery. And also appreciate the fact that in spite of ... I know sometimes covid can make you feel so out of the weather but in spite of that, that you really prioritise the fact that you have to respond to the questions here; we appreciate it as the NCOP.

And I also want to wish you well for the festive season and I really, really hope I will see that smile very soon again. All the best.

With that all said and done, hon members, the House stands adjourned. Thank you.

Thank you to delegates and everyone that is present at the meeting. We thank you very much. Thank you.

The Council adjourned at 14:17.