



# PARLIAMENT

OF THE REPUBLIC OF SOUTH AFRICA

## Select Committee on Petitions and Executive Undertakings

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Julius, Mr J W W (DA)  
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Michalakakis, Mr G (DA)  
Mohapi, Mr M J (ANC)  
Mokwele, Ms T (EEF)  
Nzimande, Mr L P M (ANC)  
Wana, Ms T (ANC)  
Ximbi, D L (ANC)

Correspondence and Inquiries to:

Secretary: Nkanyiso Mkhize  
Select Committee on Petitions  
and Executive Undertakings  
P O Box 15  
Parliament of the Republic of  
South Africa  
Cape Town  
8000

Tel: + 27 21 403 8086  
Cell: +27 061 438 7303

Email:  
[nmkhize@parliament.gov.za](mailto:nmkhize@parliament.gov.za)

## DRAFT AGENDA (SUBJECT TO CHANGE)

Venue: Committee Room G26, Ground Floor, National  
Assembly Building

Date: Wednesday, 06 May 2015

Time: 08:30-10:00

Time	Agenda
08:30	Opening and Welcome
	Apologies
	Adoption of the agenda
	<ol style="list-style-type: none"> <li>1. Hearing of COLD Petition (Petition calling for the amendment of the Compensation for Occupational Injuries and Diseases Act)</li> <li>2. Hearing of Fuzane Petition (Petition on alleged assaults on her child whilst in Groote Schoor Hospital, Western Cape).</li> <li>3. Other Committee Business</li> </ol>



# **COIDA PETITION**

**(PETITIONER: MR WILSON DUDMZELA)**





**3 April 2015**

## **SELECT COMMITTEE ON PETITIONS AND EXECUTIVE UNDERTAKINGS: CONTENT OF THE COIDA PETITION**

### **1. Content of the Petition**

The Petition was tabled in the ATC on the 29 October 2014 and was subsequently referred to the Select Committee on Petitions and Executive Undertakings (hereinafter referred to as the 'Committee').

The focus of the Petition centers around the amendment to the Compensation for Occupational Injuries and Diseases Act (No. 130 of 1993) (hereinafter referred to as 'COIDA'). The purpose of the COIDA is to provide a space for employees who are injured on duty to claim compensation from the Compensation Fund. Whilst it is the role of the Office of the Compensation Commission to administer funds and approve employees' claims.

The petition was sent on behalf to the Disabled People South Africa (DPSA) whilst appointing Mr. Wilson Dudmzela to coordinate the process. The DPSA serves the purpose of, among other things maximizing sustainable development of DPSA and the broader disability rights movement. The Petitioners have submitted this petition to the National Council of Provinces with a view to amend COIDA after experiencing many difficulties in understanding COIDA, accessing their benefits, as well as their engagement with the Rand Mutual Insurance Fund Limited (hereinafter referred to as RMA). The RMA role of the RMA is to administrator for occupational injuries and diseases as well as for non-work related health and insurance benefits for the mining and other related industry sectors

During 2005 the Petitioners, as well as coordinator of the process, Mr. Wilson Dudmzela held a meeting in order to discuss the issues raised as disabled ex-miners. The grievances are noted in the report attached to the petition which was prepared by Mr. Dudmzela.

During the discussions at this meeting the Petitioners had raised a number of areas of concern which are listed below:

- 1.1 Claims of disability and medical aid cover
- 1.2 The formula utilised for processing claims pertaining to payments of compensation
- 1.3 Representation of disabled ex-miners in partaking in review structures such as the RMA Board and the Compensation Board
- 1.4 Development of alternative income generating projects with a view to employ disabled ex-miners.
- 1.5 Increments on income of current beneficiaries on the payment of their pension per month which include:



- Housing
- Sanitation and water
- Rehabilitation and accessibility at home localities
- Understanding the COIDA, the role of mining houses, the role of the RMA, the role of Compensation Commission, TEBA Limited (a company is committed to the eradication of rising unemployment and poverty amongst ex-mineworkers. This is done through projects, like borehole upgrades and establishment of food gardens, which benefit the communities involved).
- The need to include family members in the cover, and the extension of medical cover to include any ailments associated with the injury and the current state of disability.
- Access to Health Professionals.

The Report attached to the Petition which was prepared by Mr. Dudmzela recommended that subsequent to this meeting, the DPSA establish focal groups in each province in order to facilitate consultative meetings on matters pertaining to their claims for benefits. One of the pertinent issues raised was the lack of understanding on COIDA. Hence, in 2010 the Office of the Compensation Commission sponsored a workshop for disabled ex-miners in order to familiarise the petitioners on the COIDA. During the workshop a number of issues were raised by the petitioners.

Following the workshop in December 2010 the RMA addressed a letter to the attention of Mr. Wilson Dudmzela (Petitioner) and the CEO of DPSA, Mr. Mike Toni. The letter is dated 13 October 2010 and is attached to the petition. The letter indicates the RMA's response to the issues raised by petitioners.

Issues raised by petitioners and response by RMA:

- Medical Aid Benefits
  - RMA stipulated that with regard to the petitioners accessing medical aid providers of their choice; legislation stipulates a process requires to be followed. The ex-miners would require the service provider to submit a medical report.
  - RMA indicated to DPSA that medical cover is available of two years, however this also requires the process as mentioned above.
  - With regard to the RMA not covering the beneficiaries; RMA responded that COIDA legislates that beneficiaries are not included.
- Communication
  - In this regard ex-miners were of the opinion that the communication between the RMA and themselves is insufficient. The RMA responded that they have Medical Case Auditors located in each province which serves to educate and liaise with ex-miners. The RMA also noted that the DPSA should fulfil the same function in terms of educating ex-miners.



- Representation
  - The ex-miners requested that they be allowed to be appointed to the RMA Board in order to ensure that their grievances are noted. The RMA responded that the DPSA could work with labour representatives in order to air their grievances.
- 13<sup>th</sup> Cheque
  - The RMA advised that the 13<sup>th</sup> Cheque is a discretionary entitlement which is granted by the RMA management and Board.
- Bridging the gap between the pension and the purchasing power
  - The DPSA is of the view that the RMA increase the pension in order to align pension to current purchasing power in order that pensioners are able to sustain themselves within the changing economic climate.  
The RMA responded that the RMA Board approves the above average pension increases, furthermore that pensioners who commute their pensions places themselves in a position where the value of their pension is reduced.
- Capital Issues
  - DPSA enquired how much capital the RMA receives after investing the premium that is paid by the employer and what is done with the remainder of the amount after they have paid pensioners.  
RMA responded that they have an obligation to pay monthly pensions. Management as well as the RMA Board have to ensure accountability in terms of the Long Term Insurance Act, the Short Term Insurance Act and the Financial Services Board requirements.
- Commutation
  - DPSA requested that the commutation be treated as a loan thereafter the commuted amount is paid off and the pensioner is allowed to revert to the initial pension amount. RMA responded that commutation cannot be treated as a loan as the RMA does not have a license to operate as a banking service provider.
- Pension Issues
  - DPSA requested the RMA to furnish them with information as to why there are pensioners who are still receiving pension amounts of R1000,00 (one thousand rand) when the RMA had issued communication via letters that no pensioner would receive an amount of more less R1000,00 (one thousand rand)  
RMA responded that pensioners with a disability between 31% and 41% receive a pension calculated on the minimum COIDA pension based on the actual percentage.



- DPSA put the question to the RMA regarding the cover for beneficiaries if they pass away after a certain period of time due to the injury or if it is proven that the death of the pensioner is the direct result of the injury  
RMA responded that COIDA only pays reduced benefits if there is a direct link between the injury and the death which was sustained whilst on duty
  - DPSA enquired from the RMA what they do in order to empower pensioners in terms of Social Development, Skills Development and BBBEE and recruiting disabled ex-miners  
RMA responded that they have funded a Livelihood Support Programme in Swaziland and in the Eastern Cape for ex-miners.
- The Development of a partnership between DPSA and RMA
    - RMA responded that they would support a closer relationship with the DPSA in this regard.
  - Health cover related to the main injury
    - RMA indicated that there are procedural requirements which would have to be met in order to be covered for access to health cover.

## **2. Relief sought**

The DPSA (disabled ex-miners) seek the following relief:

2.1. That COIDA be amended as it is inadequate to cover the relief of disabled ex-miners. In this regard the petitioners are of the view that policies and practices contained within the COIDA have had a detrimental effect on the petitioners.

2.2 That there is more open and transparent engagement between the Department of Labour, the Office of the Compensation Commission, and the RMA since the rights and privileges of disabled ex-miners are overlooked.

2.3 The licensing of the RMA should also be addressed. This issue has raised major concern for the plight of disabled ex-miners.

2.4 The conditions under which the petitioners are living are appalling which have led to their poor health.

## **3. Reasons for the relief sought**

The petition seeks the above stated relief as DPSA is of the view that COIDA encroaches on the rights of disabled ex-miners in terms of their right to claim pension and other related benefits which they are entitled to. Furthermore the RMA which is appointed to administer occupational injuries and diseases as well as for non-work related health and insurance benefits for the mining industry have responded to issues raised by the petitioners, however further engagement in this regard should be sought.





#### **4. Recommendations to the Committee**

It is recommended that the Committee consider this petition since the petition urges an amendment to COIDA.

#### **5. Stakeholders**

The Petitioners (under the auspices of the DPSA)

CEO of DPSA Mr. Mike Toni

Coordinator of process Mr. Mr. Wilson Dudmzela

The Department of Labour

Office of the Compensation Commission

The Rand Mutual Assurance Company Limited (based in Johannesburg)



ATT. LEWIS NZIMANDE

AGENDA R.M.A AND DISABLED EXMINERS

1. OPENING/WELCOME
2. APOLOGY
3. INTRODUCTION
4. CRENDENTIALS
5. MAIN ITEMS
  - 5.1 ISSUES ARISING FROM CLAIMS INCLUDING SEVEN SUBMITTED CASES AND DISABILITY BENEFITS.
  - 5.2 REVIEWS ON DISABILITY COMPENSATION AND MEDICAL SUPPORT.
  - 5.3 CLOSING THE GAP BETWEEN THOSE GETTING LESS ENTRANCE IN MINING INDUSTRY AND THE FORMULA FOR PAYMENT CLAIMS.  
*METHOD FOR ARCHIEVING SOMETHING.*
  - 5.4 PARTICIPATION FOR D.X. MINERS IN DECISION AND REVIEW STRUCTURES INCLUDING EMPOWERMENT. L
  - 5.5 EMPLOYMENT EQUITY AND PROJECTS.
  - 5.6 INCREMENTS INCOME OF CURRENT BENEFICIARIES:
    - i. INCLUDING HOUSING SUBSIDES.
    - ii. SANITATION AND WATER.
  - 5.7 WAY FORWARD AND CLOSURE

CoIDA =

DPSA OFFICE 3 CHURCH LANE  
PINETOWN 3610 14 OCTOBER 2014

NATIONAL PARLIAMENT  
NCOP  
CAPETOWN

Petition against Department of Labor, Commission on compensation and Rand Mutual Assurance:

I hereby on behalf of myself Mr Wilson Dumzela and several other colleagues/individuals

Whose names are under supplied, Petition to the National council of Provinces to intervene between us and the above mentioned and related persons or entities.

Myself and several others listed below are disabled ex-miners who were injured working in mines. This petition seeks to sort relief and resolution on matters reflected on this letter and subsequent attachments.

**\*Legislative matters:**

The major legislation in question is COIDA which is inadequate and ineffective in attending to the needs of disabled ex-miners time immemorial.

The department does not consult us despite several attempts and does not allow self representation and participation on any processes of review nor implementation of the act.

\*Terms and conditions for the agreements and contracts between DOL, Commission on compensation, Rand Mutual assurance and mining bourses are covered in a Vail of secrecy which disregard benefits, privileges and rights of disabled ex-miners which extremely affects their well being as citizens of this country.

**\*License condition for RMA:**

These are also put before you as a course for major problems.

\*Policies and practices emanating from COIDA are adversarial and negative defeating for all intends and purposes the aims and objectives of COIDA.

\*The condition under which all disabled ex-miners live are appalling and devastating resulting in developing of pressure sores, bed sores and death caused by poor Health and social livelihood.

It will be a very exciting moment to the whole family of disabled ex-miner to receive a positive response.

KIND REGARDS

SIGNATURE W B Dumzela CO-ORDINATOR:

DPSA OFFICE 3 CHURCH LANE  
PINETOWN 3610 14 OCTOBER 2014

NATIONAL PARLIAMENT  
NCOP  
CAPETOWN

As promised above here are some of the disabled ex-miners Names and contact details:

NAMES & SURNAME

CELL NUMBER:

0725312083

- Wilson Babheke Dumzela
- Simphiwe Dlembula
- Xolela Dingi
- Juba BUTHELEZI
- THANDEKILE NTSHOYANA
- BUNZEMENI MAHENI
- SIBANGANI NGEMA
- KEPOPILWE SESOPO
- TSHANGASE VERWOET
- MATHUNJWA
- NGEKHO MASUDU
- THANDEKILE TSHOYANA
- FUNDAKWEZAKE BIYELA
- ELVIS NGQOLONGO
- SSAMUEL MAQUNDENI
- HAGILE
- GOBA SAMSON
- MHLUPHEKI
- SANDI NGEVANA
- Jikijela mzikayise
- Zibuyi makeleni
- MBONENI ZWELEBHUNGA
- VICTOR PALI

## RAND MUTUAL EX-MINERS VISIT TO THE COMPENSATION FUND

A group of disabled ex-miners requested a meeting with the Commissioner on the last week of September, and another group came on the 12 October 2009. The issues expressed by both groups are the same and will thus be discussed as a unit.

The employees expressed the lack of information concerning the following:

- Compensation

- The miners stated that, most injured miners did not understand how their compensation was calculated and thus where not sure, why some where offered a lump sum for compensation and others where given pension. This was of particular concern as those that got a lump sum where left destitute when the monies have been spent. That the compensation was based on the salaries that they received when they got injured was also seen unfair as their salaries where never adjusted, thus leaving the compensation calculated to be based on a very low salary scale.

- Medical benefits

The medical benefits covered only the injury sustained and not the person as a whole. The complications due to the injury on duty where covered, but death due to other causes was not covered and this leads to their dependents losing out on pension payouts. The process was explained to the miners, that the Fund was guided by the COID Act, though there is a need to have a holistic approach to management of health this may come at government level.

There was an expresses concern on why their dependents are not offered medical aid, when they are sick, they are able to seek medical aid but their dependents are not able to. This was also explained that, the Act covers injured employees only.

- Supplementary Benefits

It was stated that, these benefits, for example, a request to do repairs on their homes, exist, but the ex-miners have not been informed about them and thus many fail to access these benefits. They are of the opinion that, this information must be disseminated to all.

- Social Projects

The miners express their concern that Rand Mutual started these projects, for the benefit of the disabled ex miners, but this group was never consulted for their inputs and they are not given an opportunity to offer their ideas on management of these projects.



## **The Rand Mutual Assurance Company Limited**

Reg. No. 1899/000876/06

Edura, 41 Fox Street, Johannesburg 2001  
Box 61413, Marshalltown, 2107 Telephone: (011) 497-6600  
Telefax: (011) 492-1253 Help Desk: 086 010 2532  
e-mail: enquiries@randmutual.co.za Docex DX 169, Johannesburg

### **MINUTES OF THE MEETING HELD BETWEEN THE RAND MUTUAL ASSURANCE CO LTD AND DISABLED EX-MINERS AT THE RMA OFFICES EDURA BUILDING, 41 FOX STREET, JOHANNESBURG 12 OCTOBER 2009**

#### **PRESENT:**

MR JOHANNES GOBA  
MR WILSON DUMZELA  
MR LOUIS NZIMANDE  
MR JOSEPH MZONDEKI

RMA PENSIONER  
RMA PENSIONER  
MCP D.P.S.A.  
MCP D.P.S.A.

MR PHILLIP STOOP  
MR JAY SINGH  
DR DEODAT KRITZINGER  
MR ERNEST HADZHI  
DR. BUSISIWE MASHABA  
MS PULENG LEOLO

MANAGER : CLAIMS & PENSIONS (CHAIRMAN)  
CHIEF EXECUTIVE OFFICER  
MANAGER: MEDICAL SERVICES  
BRANCH NETWORK MANAGER  
MEDICAL DOCTOR  
PENSIONS ADMINISTRATOR

#### **WELCOME**

The meeting convened at 10h15 with all of the above being present.

Mr. Stoop welcomed the guests to the RMA Head Office in Johannesburg.

#### **APOLOGIES**

Apologies were given on behalf of EXCO members who were not available to attend due to prior commitments;

MR TONY CARTER  
MR MADODA MBATHA  
MR EUGENE LEFHUGU

GENERAL MANAGER: OPERATIONS  
MANAGER: HUMAN RESOURCES & TRAINING  
CHIEF FINANCIAL OFFICER

#### **Directors:**

#### **Alternate Directors:**

Prof. T.V. Maphai (Chairperson), Dr B.J. Chicksen (Deputy Chairperson), Dr J.C. Andrews, M.F. Baleni, J.P.L. Bezuidenhout, M.S. Bomela, E.H. Lefhugu, R. Naidoo, M. Pillay, N. Ravele, B. Singh (Chief Executive Officer), A.P. van der Merwe, A.J. van Vuuren, P.J.W. Buys, S. Jagwanth, T.J.P. Kruger, Dr M.A.C. La Grange, M.P. Lynam, Dr M. Mentz, A. Leishele, H.M. Perry

The disabled ex-miners who where in some of form of employment at the Kloof mine, where unhappy with their place of accommodation, stating that, it was uncomfortable and request that could Rand Mutual look into it.

#### Conclusion

The discussions indicated that the disabled miners need to be given more information on COIDA and RMA and how these organizations operated, in terms of what the benefits are for the injured employees.

It also brought to light the need to consult with them in issues involving them as they felt that that they where excluded and that exclusion, disadvantaged them even in projects that where suppose to help them.

The Commissioner assured them that, these issues will be addressed with Rand Mutual and further discussions will be held.





- **Burden of Care:** At the time of injury (accident) most employees were not married. After the accidents they are unemployed and in need of a lot of support and care. These needs are not taken into consideration with regards to future benefits.
- **Current Living Conditions:** From what it was when they worked and lived on the mine to the bad living conditions now in the rural areas (home).
  - No fresh running water or sanitation facilities: This presents a problem to some paraplegics who suffer from pressure sores.
  - When living in town they do not experience problems with pressure sores as there is sanitation and clean water available.
- **TEBA/RMA Toilet Project:** Toilets were provided to paraplegics without discussing the needs / requirements with the pensioners themselves. These toilets require a lot of work in removing the bags. Concept was not ideal in many instances. No proper consultations with pensioners were carried out at the time. JG himself did not accept this type of toilet. WD mentioned that his toilet does not have a 'monkey chain' making it difficult for him to move around. *The main problem in this area was the lack of communication and consultation with the pensioner as to their needs.*
- **Transportation:** It was reported that paraplegics had to spend long hours of travelling, doing round trips to pick up other pensioners before they go for check-ups. Unnecessary long distances have to be travelled and they are extremely unpleasant and uncomfortable. These trips should be made more comfortable for the pensioners.
- **Board representation:** It was noted by LM that the Board of RMA has no representation (Board member) for ex-mineworkers who understands their plights and concerns. The question was raised as to who handles the nomination process of the RMA Directors.

#### **MR. MZONDEKI: IN SUMMARY**

1. Lack of understanding of how RMA works
2. Inadequate cover (exclusions of families)
3. Only certain of his needs are covered from a medical perspective.
4. Old salaries used in calculating benefits and not taking inflation into consideration after new political dispensation
5. Poor support after injury on duty accidents
6. Living conditions in certain areas
7. Poor consultation: Toilet project done without proper consultation
8. Raises question of transport as a result of pressure sores

The abovementioned issues and concerns were addressed by all the RMA members present and are



summarised as follows:

Report back by Mr Jay Singh (JS).

- On the question of ex-mineworkers representation on the Board of RMA :
  - JS advised the meeting of the composition of the Board (Employer and Union presentation as well as Independent directors for the various portfolios) in terms of legislative requirements and Corporate governance.
- JS confirmed that there is a lot of areas where RMA can improve and do things better.
  - The concern with regard transportation of pensioners for medical reviews will be addressed immediately.
- JS expressed his willingness to meet with the Executive Members of DPSA. It was important for everybody to ensure that COIDA is fully understood. Regular follow up meetings should also be considered.
- JS advised that RMA will work together with the current party to address issues with the Compensation Commissioner, engage the Department (Minister) of Labour and assured the meeting of RMA's co-operation and commitment.

Report back by Mr Phillip Stoop (PS).

- PS confirmed that RMA calculates and pays all claims and pension benefits strictly in terms of COIDA. RMA is obliged to conduct all business in accordance with our provisional settlement powers and licence agreement.
- PS advised the meeting that all claims are reported to the Compensation Commissioner's Office, regular meetings are held, and that CC has full access to RMA systems.

Report by Dr. Deodat Kritzinger (DK)

Dr. Kritzinger agreed that there was a lack of understanding on various issues regarding COIDA.

In terms of legislation RMA currently can not change the benefit structure. This must be addressed by Labour and the Government as the COIDA Act needs to be changed.

In our effort to assist pensioners RMA has rolled out a Pensioner Medical Plan (PMP) to try and see if we can address the needs of each paraplegic.

Pensioner Medical Care in the Eastern Cape is handled by Sr. Jojo Mandisa.

Report by Mr Ernest Hadzhi (EH)



- RMA does realize the problems that the pensioners had experienced e.g. Toilet project and advised that the RMA initiative to providing the PMP is to try and alleviate difficulties that pensioners are going through. We would appreciate that more light is shed on the transport problem.
- Mr. Hadzhi advised that RMA currently have a Social Fund that operates outside of the COIDA benefit.
- (J. Singh): Program to teach ex-mine workers certain skills – currently there are 193 pensioners in the Eastern Cape region who are involved with this program – work in conjunction with TEBA Ltd. The need to provide extra skills do not form part of COIDA.

Report by Dr Busisiwe Mashaba (BM)

Issue around pressure sores is a concern and must be addressed urgently.

The meeting agreed that there is a need for workshops to be held to :

- Provide training to members to understand COIDA and the applicable benefit structures and benefit entitlements
- Provide training to medical service providers.
- Engage in discussion with all parties concerned to address shortcomings in the current COID Act and proposals to legislative changes.
- Identify areas for skills development programmes.

The DPSA is to report back to their constituency and come up with a proposal (dates and venues) for workshops/training sessions to be held during 2010.

## Report on Disabled Ex-miners

Prepared by Mr W.B Dumela.

### BACKGROUND.

On being aware of DPSA 'role as an organisation that promotes and protect rights of Disabled people, Disabled Ex-miners came together in 2005 in Umtata to discuss their plight and problems with their benefits through Rand Mutual Assurance and Compensation Commission. Their problems include:

1. Claims on Disability compensation and medical cover.
2. Formula for processing claims in view of closing the gap amongst the beneficiaries on the payments from the compensation.
3. Representation and participation of disabled ex-miners in decision making and review structures namely: RMA board and Compensation Commission board.
4. Development initiatives ,income generating projects , sustainable lively hood and un employment
5. Increments on income of current beneficiaries on pension per month including:
  - Housing
  - Sanitation and water
  - Rehabilitation and general accessibility at home localities.
  - Understanding of Coida, role of mining houses, RMA, Compensation Commission office, TEBA Limited and TEBA development.
  - Need for inclusion of family members on the cover and the extension of the medical cover to include ailments associated with the injury and the current state of disability.
  - Access to professionals namely: Doctors, Social workers, therapists and transportation.
6. The series of meeting s held by disabled ex-miners in various areas of South Africa raised similar concerns. Subsequent to the consultative meetings which agreed on the way forward that a relationship with DPSA must be strengthens by joining its membership, focal group be establish and various committees be nominated in provinces. MR W.B Dumzela initial coordinator of these series of meeting of disabled ex-miners was mandated to continue to coordinate on behalf of the focal group.

DPSA to identify and prepare a list of accessible venues and suggest numbers of Disabled participants.

#### **SUBSEQUENT ACTIVITIES**

1. On the 16 November 2009 the coordinator, Mr Dumzela visited a group of disabled ex miners from Umtata for feedback.
2. On the 26 November 2009 the coordinator, Mr Dumzela visited a group of disabled ex miners from Kloof mine for feedback.
3. In December planning meeting was held in PMB by Mr Dumzela and Mr Nzimande in preparation for 2010 activities
4. Planning meeting was Held by Mr Dumzela, Mr Nzimande, Dudu Mokoena to prepare documents and make follow-up with the OCC and RMA to draft a progress report on this project.
5. To make follow-up with ADV Masutha on his availability to help the group with the drafting of a legal document.
6. To work on the framework for the terms of reference of the composed disabled ex-miners focus group

#### **OUTCOME OF THE RMA MEETING**

The outcome of the RMA meeting was the function of the launch of chicken, sowing and Agricultural projects for the OR Tambo District.

#### **CONCLUSION**

It is of important to highlight that this extensive work has been undertaken voluntarily for a number of years up to date. There is therefore a great need of resources if this work of transformation of the OCC through review of Coida licence condition of RMA and FIMA, policy and procedures of the benefit structure of the compensation and representation on Decision making structures. This work will go a long way in assisting workers who gets disabled at work places to attain their dignity, to obtain their rights and have sustainable livelihood.

The role of DPAS is a national assembly of Disabled people becomes critical in as far as mobilisation awareness raising, empowerment and leading the transformation course in this compensation field.

Going forward it is clear that the road adhered is challenging and requires a great deal of resources extensive and intensive engagement with relevant interested parties RMA , FEMA, OCC. DPSA, TEBA development, TEBA bank unions and indeed Disabled people themselves.

DPSA is to report back to their constituency and come up with a proposal (dates and venues) for workshops/training sessions to be held during 2010.

#### **MEETING WITH THE OCC**

In the meeting with the Office Compensation Commission (OCC) the following people were in attendance.

Dr Vuyiswa Mabudushe representing Commissioner Nkondo, who is a director in Medical and Rehabilitation services, Johannes Goba, Louis Nzimande and Wilson Dumzela.

#### **MATTERS OF DISCUSSION**

Similar matter were raised as in the first meeting with RMA (see the outline above)

It was resolved that the meeting with the commissioner must be scheduled soon with a commissioner which will discuss :the possibility of revisiting the licensing terms and conditions possible training on COIDA by the commission

Self representation of disabled ex miners on policy decision making structures

#### **FOLLOW UP MEETING WITH OCC**

The follow up meeting with OCC was held on the 26 November 2009 attended by

Mr Nkondo – Commissioner

Zekhaya Bastile – Legal adviser in Commissioners office

Dr Vuyiswa Mabudushe –Director

Louis Nzimande

Wilson Dumzela

#### **MATTERS OF DISCUSSION**

Relationship between Commission RMA (Licence Condition)

Disability Compensation (Scope of Coverage exclusion of families)

Medical Compensation (Exclusion & coverage)

Representation of Disabled beneficiaries.

Formula and criteria for Qualification

#### **RESOLUTIONS TAKEN**

The OCC will sponsor a workshop on coida in 2010 February for the Disabled ex-miners.

Dr Vuyiswa Mabudushe should circulate documentation namely minute and the report.

Mr Zekhaya Bastile to look into circulating the MOU and the document on the terms and conditions of the licenses with Rand Mutual assurance to assist the disabled ex-miners group to be able to engage with RMA.

Commissioner Nkondo to liaise with the minister for his availability to be part of the workshop.

Mr Nkondo to connect Mr Dumzela with FIMA, RMA counterpart in a construction industry for joint workshop preparation.

Coordinator: R.....

Admin Assistant R.....

Admin Costs R.....

Vehicles R.....

Communication Costs R.....

Accomodation, Catering and transportation R.....

### **ACTIVITIES UNDERTAKEN**

For organising meeting we were helped by Mr Nzimande (National Chaperon of DPSA and Member of Parliament) providing counsel guidance facilitating meetings with relevant people and attend in technical support to the group. The meetings held continually emphasis the need to have a legal document that will formalise the focus group, a draft constitution was drafted which needs to be completed. Two critical meetings were held in 2009 namely: Rand Mutual Assurance Company in Johannesburg, Office Compensation Commission (OCC) in Pretoria. The meeting with Rand Mutual Assurance was attended by:

Mr Johannes Goba - RMA PENSIONER

Mr Wilson Dumzela - RMA PENSIONER

Mr Louis Nzimande - MCP DPSA

Mr Joseph Mzondeki - MCP DPSA

Mr Phillip Stoop – Manager CLAIMS & PENSIONS (CHAIRMAN)

Mr Jay Soingh - CHIEF EXECUTIVE OFFICER

Dr Deodat Kritzinger – MANAGER: MEDICAL SERVICES

Mr Ernest Hadzhi – BRANCH NETWORK MANAGER

Dr Busisiwe Mashaba – MEDICAL DOCTOR

Ms Puleng Leolo – PENSIONS ADMINISTRATOR

### **MATTERS OF DISCUSSION**

Medical cover

Extension of Cover to the family

Monthly pension currently received

Formulas of calculating benefits

1994 – Political Point directed at the CEO

Burden of Care

Current Living Conditions

TEBA/RMA Toilet Project

Transportation

Board representation

Social Projects

### **RESOLUTIONS TAKEN**

The meeting agreed that there is a need for workshop to be held to :

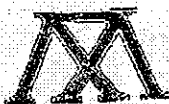
Provide training to members to understand COIDA and the applicable benefit structures and benefit entitlements

Provide training to medical service providers

Engage in discussion with all parties concerned to address shortcomings in the current COID Act and proposals to legislative changes

Identify areas for skills development programmes



**The Rand Mutual Assurance Company Limited**

Reg No. 1899/080876/06

Edura, 41 Fox Street, Johannesburg 2001  
Box 61413, Marshalltown, 2107 Telephone: (011) 497-6600  
Telefax: (011) 634-1850 Help Desk: 086 010 2532  
e-mail: enquiries@randmutual.co.za

**F A C S I M I L E   T R A N S M I S S I O N**

DATE:	17 December 2010
TO FAX NUMBER:	039 727 2964
ATTENTION:	Mr Thulani Ziqubu
COMPANY:	TEBA Limited (Kokstad Offices)
FROM:	Johana Chiwara on behalf of Mr Mbatha
SUBJECT:	<b>Letter to DPSA</b>

**MESSAGE**

May you please give the letter to Mr Wilson Dumzela.

**Directors:**

Alternate Directors:  
Company Secretary:

Prof T M Maphai (Chairman), A J van Vuuren (Deputy Chairman), Dr J C Adendorp, M F Bassa, J P L Bezuidenhout,  
M S Boneta, Dr B J Chiksen, E H Luthugu, R Ndlovu, M P May, N Ravula, H J Schalekamp, B Singh (Chief Executive Officer),  
P J W Bays, S Jagwarth, T J P Kruger, Dr M A C Le Grange, M P Lynen, Dr M Mertz, A Leishele, M M Perry,  
K Kemp

1/1



## **The Rand Mutual Assurance Company Limited**

Reg No. 1899/000876/06

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Telefax: (011) 834-1850 Help Desk: 086 010 2532  
e-mail: enquiries@randmutual.co.za

13 December 2010

Mr Mike Toni  
CEO  
Disabled People South Africa (DPSA)  
P O Box 3467  
Cape Town  
8000

Dear Mr Toni

### **DPSA WORKSHOP ON THE 5-6 OCTOBER 2010**

Our previous discussions re: the above refers.

As you know, a number of issues were raised by delegates who attended the above workshop, and below please find RMA's response (in italics) to each of the issues raised.

#### **1. Medical Aid for the disabled ex-miners**

- 1.1. The DPSA has requested that RMA provide them with the Medical Aid Cards so that they can access the medical providers of their choice as stipulated by the Act.

*As explained at the meeting ex-injured employees can access medical service providers of their choice but there is a process to follow. The service provider needs to submit a medical report indicating the clinical status and clearly stipulate the planned treatment. RMA will then have to review and in some cases refer to the office of the Compensation Fund for approval. This is in terms of legislation and license conditions.*

- 1.2. The RMA medical cover is not extended to cover the pensioner's injury that incurred after 24 months.

*The medical aid cover is available after the 2 year period but must be motivated based on the above explanation.*

- 1.3. The RMA medical cover is not extended to their beneficiaries.

*The medical cover under COIDA is legislated and cannot include beneficiaries. It was explained that this aspects should be discussed with the employer prior to separation and suspension of employer- employee relationship.*

#### **Directors:**

#### **Alternate Directors:**

#### **Company Secretary:**

Prof. TV Maphol (Chairman), AJ van Vuuren (Deputy Chairman), Dr JC Andrews, MF Bakani, JPL Bezuidenhout, MS Bonela, Dr BJ Chetson, EH Luthengo, R Naidoo, M Pillay, H Ravele, HJ Schalekamp, B Singh (Chief Executive Officer), PJW Burs, S Jagwanth, TJP Kruger, Dr MAC Le Grange, MP Lynam, Dr M Menz, A Letshele, HM Perry, K Kemp

Irish



## 2. Communication

- 2.1. There is no communication from RMA to the pensioners and their families on medical treatment plans and general issues.

*RMA has 9 Medical Case Auditors in the field (in the regions in which pensioners reside), to follow up and educate injured pensioners (and employees) on entitlements in terms of benefits. It is also the function of DPSA to advise and educate and not create expectations. No treatment is enforced on beneficiaries and these are done in consultation with the pensioner. A pensioner has the right not to participate in the Pensioner Medical Plan and RMA will respect his/her choice. The Pensioners Medical Plan, in itself, is above the requirements set by COID.*

## 3. Representation

- 3.1. Require the representation on the RMA board to directly address the pensioner's issues.

*It was explained that the DPSA could work with labour representatives on the Board, to address any areas of concern.*

## 4. 13<sup>th</sup> Cheque (Bonus)

- 4.1. Clarity required on the issue of the "13<sup>th</sup> Cheque".

*The 13<sup>th</sup> cheque is at the discretion of RMA management and the Board and it is not an entitlement. Historical payments made were over and above the COID requirements. RMA supports that communication around this issue be reviewed and improved.*

## 5. Bridging the gap between the pension and the purchasing power

- 5.1. RMA should increase their pension and align it to the current purchasing power, e.g. the mine worker used to earn R3000 in the early 70s before he got injured and now as a pensioner, following the injury he gets R1 300. Had he not been injured, he probably would be receiving a salary of around R7000. RMA should be considerate in that regard and consider the economic constraint.

*The Board of RMA generally approves above average pension increases. However, pensioners who commute their pension reduce the value of their pension. A number of pensioners currently receiving amounts in the region of R1300 have commuted their pensions.*

## 6. Capital Issues

- 6.1. How much capital does RMA receive after investing the premium that is paid by the employers and what do they do with the rest of amount after they have paid the pensioners.



*RMA has a legal obligation to pay monthly pensions and Management and the Board have a responsibility to ensure that this is done in accordance with corporate governance, and in terms of the Long Term Insurance Act, The Short-Term Insurance Act and the Financial Services Board Requirements.*

## **7. Commutation**

- 7.1. Request that commutation be treated as a loan whereby after a period of time the commuted amount is paid off and the pensioner reverts back to the initial pension amount prior to the commutation application.

*The commutation cannot be treated as a loan because it is a reduction in a pension, and furthermore RMA is not licensed to provide banking services. RMA is not registered as a financial services provider.*

- 7.2. A pensioner applied for the commutation to build the house and the application was successful (his pension was reduced). The house was built up to window height and the contractor disappeared. RMA to clarify why was the house not completed.

*RMA is not involved in deciding which contractor to use. It is the pensioner's responsibility to ensure that he appoints a contractor who will perform in terms of the contract he entered into.*

## **8. Pension Issues**

- 8.1. RMA is requested to investigate why there are pensioners who still earn below R 1000 when the letters were circulated by RMA to the pensioners stipulating that there will be no pensioners who earn less than R1000.

*As a rule, it was stipulated that everyone would receive R1000, except in cases when a portion of the pension was commuted. Pensioners with a disability between 31% and 41% receive a pension calculated on the minimum COIDA pension based on the actual percentage PD.*

- 8.2. Will COIDA cover the beneficiaries of the pensioner if the pensioner passes away after a certain period of time (following the injury) or if it is proven that the death is as a result of the injury or is related to the injury. COIDA only pays reduced benefits if there is direct link between the cause of death and the injury sustained whilst on duty.

- 8.3. What does RMA do outside COIDA to empower the pensioners in terms of Social Development, Skills Development, and BBBEE and as far as recruiting the disabled ex-miners are concern.

*RMA has funded Livelihood support Programmes in Swaziland and the Eastern Cape for ex-miners.*



- 1.4. The pensioners are not involved on the decisions that are taken regarding the Pensioner Medical Plan (PMP).

*The PMP is designed to optimize general health and promote wellness. RMA is prepared to share and involve DPSA in the planning and execution of PMP.*

- 1.5. The health care facilities that are provided by RMA are situated next to the mines which create the transport problems for the pensioners as most of them stay far from the mines.

*RMA identified service providers and centres of excellence where treatment for specific conditions is rendered according to best practice standards. This is not necessarily a mine health facility. This is monitored by Medical Case Auditors (MCA's) to ensure that the treatment meets the requirements. Pensioners are involved with this decision through discussion with the MCA's.*

- 1.6. RMA to review the Constant Attendance Allowance (CAA) in such a way that it is not suspended when they are hospitalized for more than 30 days as the money is used to pay for their care giver.

*The CAA is an allowance to pay for a care giver. In case of long term hospitalization due to pressure sores that allowance should be suspended as the pensioner is now cared for at the hospital. The CAA is an incentive for quality care and not to be continued if poor care result in complications.*

- 1.7. The right to access the health providers of their choice should not be limited by the fact that someone is reducing the cost, e.g. Sister Judith Kay from Carletonville refuses for them to access the Netcare Hospital as it is the private health care and refer them to Western Deep-Level Station where they do not receive adequate medical attention.

*Agreed that the most important factor is quality of service but that it should also be cost effective and appropriate. If quality is inferior, then RMA must investigate and address the problem. The pensioners should try to get treatment at facilities close by so that MCA's can perform visits and monitor the level of care. Cost is a factor and needs to be managed.*

- 1.8. The related injuries are not taken into consideration by RMA policies e.g. suppose a wheel chair user (injured as a result of a mine injury) tries to cross the road and gets hit by a car, will RMA be responsible for the medical cost arising out of this injury?

*Benefits for medical treatment are legislated and reviewed against that background. RMA is not a medical scheme. Beneficiaries are entitled to appeal against the decision of RMA and the Compensation Commissioner on ongoing medical care.*

- 1.9. The attitude of the medical staff in addressing their problems.

*RMA has a helpdesk and a policy to address inferior customer service and will assist beneficiaries to investigate and correct poor customer service.*



**9. The development of a partnership agreement between DP&SA and RMA.**

*DP&SA has to indicate to RMA how many beneficiaries of RMA do they represent and the geographical location. Also to communicate the structures with whom RMA can be engaged. We support a closer working relationship.*

**10. Health cover related to the main injury.**

*There is cover for injury related conditions but it is not a blank approval and need to follow procedure for access.*

I trust that our response above covers all the concerns your members had, arising out of the workshop.

In conclusion, we wish to point out that the workshop did not achieve the objective that it was originally intended for, in that we had hoped to have explained COID to the workshop to the extent that you and your executive would have been able to lobby parliament for changes to the legislation. We also hoped that delegates will be in a position to explain the benefits and constraints to fellow pensioners when they returned to their respective regions.

Yours Sincerely,

Johana Chiwara

FOR

**MADODA MBATHA**  
**GENERAL MANAGER: HUMAN RESOURCES AND TRAINING**

# **FUZANE PETITION**

**(PETITIONER: MS NOBANTU FUZANE)**







**3 April 2015**

## **SELECT COMMITTEE ON PETITIONS AND EXECUTIVE UNDERTAKINGS: CONTENT OF THE FUZANE PETITION**

### **1. Content of the Petition**

The Petition was tabled in the ATC on the 20 November 2014, and was subsequently referred to the Select Committee on Petitions and Executive Undertakings (hereinafter referred to as the 'Committee').

The petition emanates from the Western Cape and the petitioner is one Ms. Nobantu Fuzane. The petitioner brings the petition on behalf of her daughter, Tamara Fuzane, who was admitted to Groote Schuur Hospital (Hospital) on the 27<sup>th</sup> July 2011 for replacing a double chant (drain pipe). The operation was accordingly carried out and Tamara's drain pipe was replaced. Upon visiting her daughter the day after her operation, the petitioner expected to see her daughter in the Hospital's ICU Ward. However, after failing to locate her daughter the petitioner was informed that her daughter had been transferred to an ordinary ward (i.e. not in ICU). The petitioner then requested a report on her daughter's medical status and she was refused assistance from the doctor who was treating her daughter. The petitioner was further informed to take her daughter home as there was 'nothing the hospital could do for her'. Added to this, the petitioner was forced to clothe her daughter in bedding which the nursing sister provided. The petitioner further states the hospital failed to inform the petitioner that her daughter would be discharged.

The petitioner decided to take the matter to the media and an article on her daughter's plight was published in the City Vision of Khayelitsha on 25<sup>th</sup> August 2011. Following the article, the petitioner received a telephone call from the Hospital's Management requesting that the petitioner meet with it in order to discuss her daughters discharge and the ill-treatment she alleged her daughter received at the hands of the Hospital. The Hospital's Management agreed that the petitioners' daughter be re-admitted to Groote Schuur Hospital and upon her admission the petitioners' daughter would then be referred to Conradie Care Centre in order to foster her rehabilitation.

Three months later, Tamara was discharged from Conradie Care Centre whilst the Care Centre made an appointment for her daughter to go to the Hospital for a check-up towards the middle of November 2011. The petitioner took Tamara to Groote Schuur Hospital for her check-up and the doctor assigned to treat her daughter informed the petitioner that her daughter would be discharged stating that Tamara be referred to Khayelitsha Day Hospital. However, no referral letter was issued by the doctor. Since the petitioner had no letter of referral from Hospital, her access to Khayelitsha Day Hospital became problematic.



## **2. Relief sought**

The petitioner seeks the following relief:

- a) The Committee intervene in the alleged gross ill-treatment the petitioner had suffered on the part of the officials at Groote Schuur Hospital for failing to adequately inform the petitioner of her daughters' medical situation.
- b) The Committee intervene in terms of the alleged ill-treatment experienced by the petitioners' daughter under the care of Groote Schuur Hospital and Khayelitsha Hospital.

## **3. Reasons for the relief sought**

The petitioner is of the view that due to her not being informed of the status of her daughters' health even though she on occasion requested same, her right to information was denied.

In addition to this, the petitioner is of the opinion that she had experienced alleged gross negligence and ill-treatment by both hospitals to which her daughter had been referred.

## **4. Recommendations to the Committee**

The Committee is urged to intervene regarding the alleged gross ill-treatment the petitioner experienced whilst her daughter was under the medical care of Groote Schuur and Khayelitsha Hospital.

## **5. Relevant stakeholders**

*Petitioner: Ms. Nobantu Fuzane*

*Groote Schuur Hospital: Doctor assigned to treat daughter and additional support staff involved in ill-treatment (for example Sister Peterson)*

*Khayelitsha Hospital*

*Groote Schuur Management: Ms. Belinda Jacobs*

*Department of Health*

## COMPLAINT AGAINST KDH, KHAYELITSHA.

I am Nobuntu Gladys Fuzane. I am 61 years old. My address is P 880, Site B, Tekana Crescent, Khayelitsha, 7784.

On 04-02-2014 my child was sick then I called the ambulance. They took her to KDH Khayelitsha new Hospital. They kept her at Trauma for two days. On the 06<sup>th</sup> of February 2014, they referred my child to Groote Schuur Hospital. On the 07<sup>th</sup> of February 2014 my daughter were referred back to Khayelitsha Hospital. Khayelitsha did admit her in ward 2. She was there for two weeks.

On the 13<sup>th</sup> of February they phoned me to come and fetch her because they have discharged her. When I got there I took off my daughters hospital clothes that she had on. I then saw that she have been beaten badly. I called the Sister in charge and asked her who had beaten my child? She said she don't know. She called all the staff and asked, but nobody knew anything. I then called the doctor and he said that it is pressure. I asked what kind of pressure?

We took my child to the police station where they took photos of her and then took her to a private doctor. The doctor said that her hip is broken. My child cannot walk. She is always in bed now and she is on the nappy. I am very sad that the hospital had beaten my child.

On 03-03-2014 I went to parliament to lay a complaint against the hospital but a was not helped. I also went to Province and again no help. I opened a case on 18-02-2014. The case number is 507-02-2014. On the 27<sup>th</sup> October 2014 the prosecutor called me. He promised to refer the case to the high court. On the 16<sup>th</sup> October 2014 the prosecutor called me again and informed me that she closed the case. I asked her why and she informed me that there is evidence but no suspect. The prosecutor said that I must go to a lawyer to sue the hospital, but I don't have money as I work as a cleaner. I was so sad. I need help because my daughter is very bad.

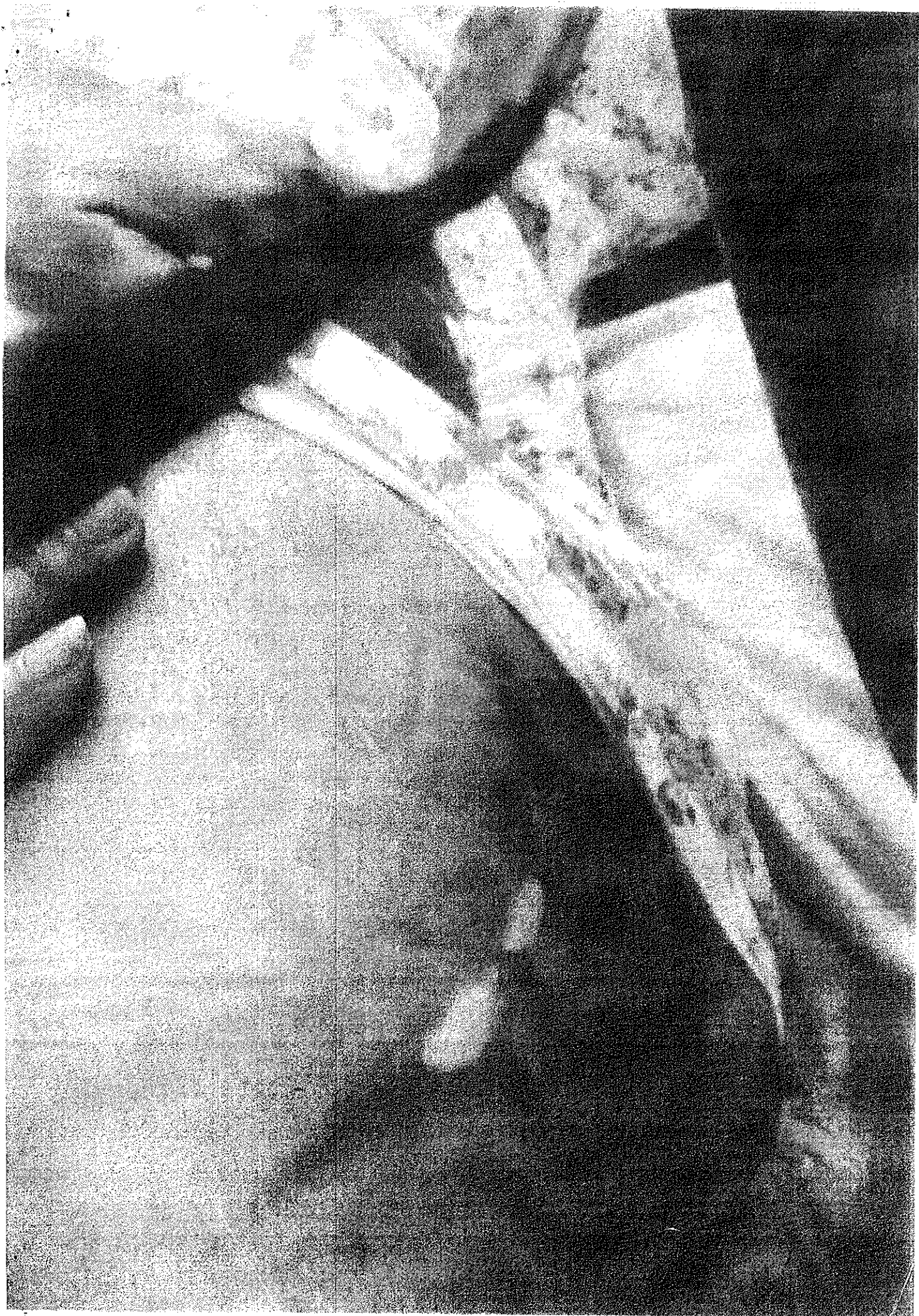
NG FUZANE

Signature : NG. Fuzane

0828128994







P 880  
21 Tekane Crescent  
Site B  
Khayelitsha  
7784

Medical superintendent  
Khayelitsha hospital  
Khayelitsha  
7784

Complaint of assaults on patient Ms Tamara Fuzane

1. My daughter Tamara Fuzane was admitted at Khayelitsha Hospital on the 2014-02-04 she had no injuries of assault in her body, she is staying with me only.
2. On Friday 2014-02-07, Tamara Fuzane was returned back to Khayelitsha from Groote Schuur Hospital, I went to visit her and she had no injuries.
3. On 2014-02-13 at 15:00, I went to visit her and I was told she is discharged so I must take her home I started to dress her as I took the night dress off, I noticed the marks on her right arm and back and on the hip as well.
4. I immediately called the nurse on duty to show her we both saw the injuries and the nurse called the staff and asked them no one knew how injuries got to her.
5. I took my daughter Tamara to a private doctor on 2014-02-14 for further examination Dr Mawisa told me that the marks were from assault.
6. I desire investigation on this case my child has been through a lot I cannot tolerate what has happened

Yours sincerely

N.G. FUZANE

Mrs N.G. Fuzane



REPUBLIC OF SOUTH AFRICA

SOUTH AFRICAN POLICE SERVICE	
J88 (81/805259)	
14 FEB 2014	
KAYELITSHA	
AMAPOLISA OMZANTSHI AFRICA	

**REPORT BY AUTHORISED MEDICAL PRACTITIONER ON THE  
COMPLETION OF A MEDICO-LEGAL EXAMINATION**

*To be completed in legible handwriting and signed on every page*

**A. DEMOGRAPHIC INFORMATION**

1. Police station:	2. CAS No.:	3. Investigating officer: Name and number:	4. Time □ □ □ □ □ □ □ □ □ □ Day Month Year
--------------------	-------------	--	--

5. Name (Capacity) e.g. Nurse, Doctor, etc

6. Registered qualifications:

**DR. P. S. MAWISA**

B.Sc., M.B.Ch.B. Pr No: 1551566

7. Phone number:

1 NGCONDE AVE POSTAL ADDRESS

SITE B

P.O. BOX 30

8. Fax number:

KHAYELITSHA

NONKQUBELA 7793

9. Place of examination:

TEL: 021 361 6255

FAX: 086 546 5381

10. Physical practice address or stamp:

**DR. P. S. MAWISA**

B.Sc., M.B.Ch.B. Pr No: 1551566

1 NGCONDE AVE POSTAL ADDRESS

SITE B

P.O. BOX 30

KHAYELITSHA

NONKQUBELA 7793

TEL: 021 361 6255

FAX: 086 546 5381

11. Full names of person examined:

**TAMARA FUZANE**

12. Gender:

M ☐F ☒

13. Date of birth/apparent age:

**10.06.1982**

**B. GENERAL HISTORY**

1. Relevant medical history and medication:

**SEIZURES ON EPILIM.**

**C. GENERAL EXAMINATION**

1. Condition of clothing:

**CLEAN**

2. Height (cm):

**165**

3. Mass:

**98 kg**

4. General body build:

**Overweight**

5. Clinical findings: In every case the nature, position and extent of the abrasion, wound or other injury must be described and noted together with its probable date and manner of causation. The position of all injuries and wounds must also be noted on the sketches.

**Multiple  
Linear abrasions and contusions  
cross crossing the (R) upper arm**

**Shoulder****Hip**

**Broken  
completely  
developing ulcer**

6. Mental health and emotional status:

**Satisfactory.**

7. Clinical evidence of drugs or alcohol:

**NIL**

8. CONCLUSIONS

**Soft tissue injury**

Signature (Capacity e.g. Nurse)

## D. HISTORY IN CASE OF ALLEGED SEXUAL OFFENCE

J88

2

1. Age of menarche <input type="checkbox"/> <input type="checkbox"/>	2. Number of pregnancies <input type="checkbox"/> <input type="checkbox"/>	3. Number of deliveries <input type="checkbox"/> <input type="checkbox"/>	4. Duration of pregnancy (if applicable) <input type="checkbox"/> <input type="checkbox"/> weeks
5. Contraception (indicate with X): Yes <input type="checkbox"/> No <input type="checkbox"/>		7. First date of last menstruation:	
6. Method and last date of application/ingestion:		8. Duration of period	
9. Duration of cycle		10. Date and time of last intercourse with consent:	
11. Number of consensual sexual partners during last 7 days:		12. Condoms: Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Since the alleged offence took place, has the person (indicate with X) bathed <input type="checkbox"/> washed <input type="checkbox"/> douched <input type="checkbox"/> showered <input type="checkbox"/> urinated <input type="checkbox"/> changed clothing <input type="checkbox"/>			

## E. GYNAECOLOGICAL EXAMINATION (State clinical findings)

1. Breast development: Tanner stage 1-5 <input type="checkbox"/>	2. Pubic hair: Tanner stage 1-5 <input type="checkbox"/>	3. Mons pubis:
4. Clitoris	5. Frenulum of clitoris:	
6. Urethral orifice:	7. Para-urethral folds:	
8. Labia majora:	9. Labia minora:	
10. Posterior fourchette: scarring: tears: bleeding: increased friability:		
11. Fossa navicularis:		
12. Hymen: configuration:	13. Opening diameter (mm): Transverse <input type="checkbox"/> <input type="checkbox"/> Vertical <input type="checkbox"/> <input type="checkbox"/>	
14. Swelling:	15. Bumps:	
16. Fresh tears (position):	17. Synechiae:	
18. Vagina: Number of fingers admitted:	19. Bleeding:	
bleeding:	tears:	
discharge:		
20. Cervix:	erosion:	
bleeding:	discharge:	
	other:	
21. Perineum:		

## F. SAMPLES TAKEN FOR INVESTIGATION

1. Forensic specimens taken: Urine sample for pregnancy test: Positive <input type="checkbox"/> Negative <input type="checkbox"/>	Seal number of Evidence Collection Kit:
2. Specimens handed to: Name: Signature: Rank and Force number:	

### 3. CONCLUSIONS

Signature (Capacity e.g. Nurse)



POLICE STATION: ..... CAS NO.: ..... / ..... / ..... INVESTIGATING OFFICER .....

\*\*\*CERTIFICATE IN TERMS OF SECTION 212(4) AND 213(3) OF ACT 51 OF 1977 (AS AMENDED)

I, Rimua S. MANISA ..... (\* Full names and Surname)  
hereby certify as follows:

I am in the service of the State / provincial administration / in the service of or attached to the South African Institute for Medical Research / a university in the Republic (\*Delete which is not applicable) in my capacity as a \*District Surgeon / Registered Medical Practitioner / Doctor / Nurse / Other (Please specify) .....  
(\* Delete which is not applicable)

On the 14th day of February year 2014 at 12 H. 00 (\*Time of examination)  
and at Khayaletshu Medical Centre ..... (\*State place where examination took place).  
I examined TAMARA FURANE ..... (\*State full names of person examined).

I recorded my findings and observations on the preceding pages 1 to 4 of this J88 form.

The facts recorded on pages 1 to 4 of the J88 form were established by an examination requiring skill in anatomy.

The contents of this J88 form is true to the best of my knowledge and belief and I am making this statement knowing that, if it were tendered in evidence, I would be liable to prosecution if I willfully stated in it anything I knew to be false or which I do not believe to be true.

DATED AT Khayaletshu ..... (\*PLACE) ON THE 14th DAY OF February year 2014 AT 12 H 00 (\*TIME).

SIGNATURE OF DECLARANT

Rimua S. MANISA  
PRINT NAME AND SURNAME

\*\*\* (NB: Section 212(4)(a)(i) to (v); of Act 51 of 1977:

" Whenever any fact established by any examination or process requiring any skill-  
... in ,anatomy...a (n) affidavit made ... shall, upon its mere production ... be prima facie proof of such  
fact: Provided that the person who may make such affidavit may, in any case in which skill is required  
in ..., anatomy ..., issue a certificate in lieu of such affidavit..." )

**G. ANAL EXAMINATION (State clinical findings)****3****SKIN SURROUNDING THE ORIFICE**

1. Hygiene

4. Abrasions:

7. Redness/erythema:

2. Pigmentation:

5. Scars:

8. Bruising/haematoma:

3. Fissures/cracks:

6. Swelling/thickening:

9. Tags:

**ORIFICE**

10. Tears/fissures:

13. Reflex dilatation:

16. Twitchiness/winking:

11. Swelling/thickening of rim (tyre sign):

14. Shortening/eversion of anal canal:

17. Discharge:

12. Funneling:

15. Cupping:

**DIGITAL EXAMINATION**

18. Presence of hard faeces in rectum:

20. Thickening of anal verge:

19. Laxity (pressure on anal orifice):

21. Tone (sphincter grip):

**22. CONCLUSIONS****H. MALE GENITALIA**1. Genital development: Tanner stage 1-5 ☐6. Pubic hair: Tanner stage 1-5: ☐

11. Prepuce and frenulum:

2. Glans:

7. Shaft:

12. Scrotum:

3. Testes:

8. Epididymus:

13. Vas deferens:

4. Ulceration:

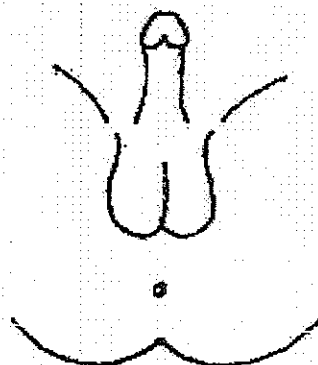
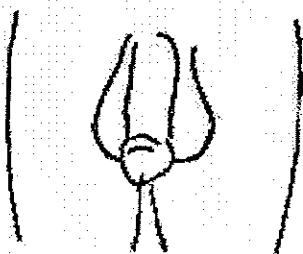
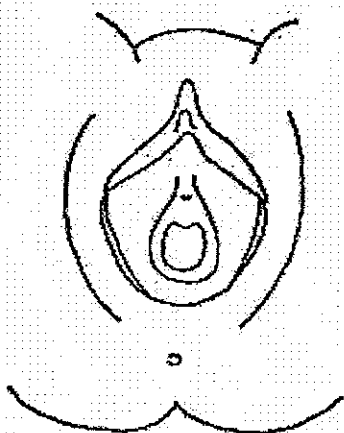
9. Penile discharge:

14. Smegma:

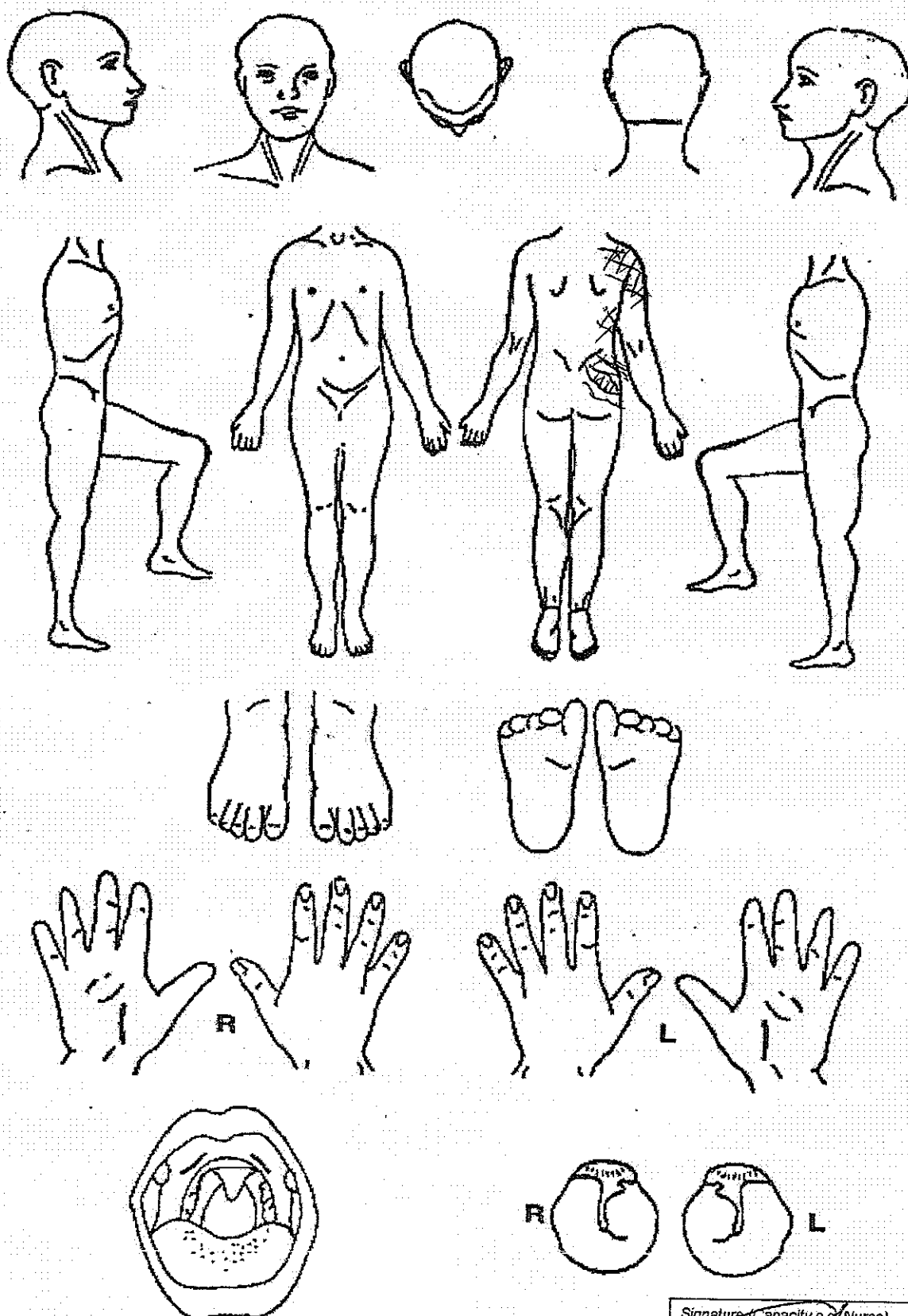
5. Presence of faeces:

10. Circumcision:

15. Urethral orifice:

**16. CONCLUSIONS****SCHEMATIC DRAWING OF FINDINGS**

Signature (Capacity e.g. Nurse)



Signature (Capacity e.g. Nurse)

