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*Ikamva eliqaqambileyo!*

## ISEBE LEZEMPILO DEPARTMENT OF HEALTH DEPARTEMENT VAN GESONDHEID

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EASTERN CAPE DEPARTMENT OF HEALTH

PRIMARY HEALTH CARE PROGRAMMES

OCCUPATIONAL HEALTH AND SAFETY

SUBJECT: REPORT TO ADHOC COMMITTEE ON MATTERS RELATED TO EX-MINEWORKERS UNION

DATE: 29 FEBRUARY 2008

### BRIEF BACKGROUND

Compensation of black miners prior 1994 was done in a fragmented way. These miners were compensated through former TBVC states and the then self-governing territories. Subsequent to the 1994 political dispensation, all the above-mentioned territories ceased to exist and this led to the collapse of the payment of compensation pensions to miners in some of these areas. Monies earmarked for this purpose reverted back to the compensation commissioner for Occupational Diseases.

Payment records that were recovered from the Eastern Cape were in bits and pieces and not accurate in terms of pension benefits already awarded to these miners. Given the inaccurate records and the estimated 18 000 beneficiaries, approval was sought and granted by the Minister of Health (National) to compensate an amount of R2 700-00 across the board to all beneficiaries that were positively identified.

### The Mineworker's Union

In August 2002, the Honourable Premier of the Eastern Cape, Rev. M. A. Stofile was approached by a group of ex-mine workers claiming that a sum of R54 million as outstanding payments dating back to before 1994 was still with government.

In response to this request, the Honourable Premier established a Task Team in August 2002 to facilitate cooperation between various agencies of government both provincial and national in order to find solution to the problem.

### Composition of the Task Team

Office of the Premier, National and Provincial Departments of Health, Compensation Commission for Occupational Diseases, Chamber of Mines, Department of Labour, Ex-mineworker's Representatives, House of Traditional Leaders, National Union of Mine Workers.

The Task Team indeed established that the said amount exists and is located within the National Department of Health-CCOD- for only those ex-mineworkers who contracted lung diseases and were beneficiaries before 1994

### Work by the Task Team

Numerous efforts to resolve the outstanding benefits of the Eastern Cape Ex-miners were embarked upon. The most critical task of the task team was to compile the database and develop an implementation strategy to ensure that all possible beneficiaries are reached. In order to achieve these tasks the following action was undertaken:

- An extensive research at the National Department of Health-CCOD archives was conducted and a verified list of 18 563 beneficiaries was compiled according to magisterial towns and cities
- An approval for the equitable share of the R54m among the beneficiaries was sought and granted by the Minister of Health.
- Central to this exercise was to compile a database of all beneficiaries. The list was printed and published in all areas where the beneficiaries were last known to be residing. Occupational Health and Safety coordinators in hospitals received the lists from the Provincial Office and posted it in areas accessible to the public e.g. OPD / Casualty in hospital, offices of the Municipality, Bank etc.
- Posters with names of eligible claimants were posted at several public service delivery points for people to check their names and prepare the necessary documentation as directed in the posters.
- The task team identified Standard Bank as a social partner in this project and they agreed to make their services available during the pay-out period, especially with regards to electronic payment and infrastructure. CCOD staff was stationed at various branches to process the applications. The application forms were then sent to CCOD for approval and payment of benefits to deserving

### Implementation Plan

The following arrangement was made:

FIRST BLOCK	SECOND BLOCK	THIRD BLOCK
<b>UMTATA:</b> Elliotdale, Qumbu, Ngqeleni, Mqanduli, Libode, Nseleni, Qunu, Tsolo	<b>ENGCOBO:</b> Tsomo, Cofimvaba	<b>ALICE:</b> Fort Beaufort, Bedford, Adelaide, Middledrift, Seymour, Victoria East
<b>BIZANA:</b> Mt Fletcher, Mt Ayliff, Mt Frere, Matatiele, Ntabankulu, Umzimkhulu	<b>DORDRECHT:</b> Barkley East and West, Cala, Indwe, Lady Grey, Maclear	<b>GRAHAMSTOWN:</b> Port Alfred, Alexandria, Albany, Bathurst
<b>LUSIKISIKI:</b> Port St Johns, Flagstaff	<b>ALIWAL NORTH:</b> Burgersdorp, Jamestown, Herschel, Colesburg, Cradock, Graff Reinet, Hofmeyer, Middleburg, Steynsburg	<b>KING WILLIAM'S TOWN:</b> Zwelitsha, Keiskamahoe, Komga, Peddie, Frankfort, Stutterheim
<b>BUTTERWORTH:</b> Idutywa, Kentane, Ngqamakhwe, Willowvale, Tsomo	<b>QUEENSTOWN:</b> Hewu, Glen Grey, Zweledinga, Cathcart, Lady Frere, Molteno, Queenstown	<b>EAST LONDON:</b> Mdantsane <b>PORT ELIZABETH:</b> Kirkwood, Humansdorp, Uitenhage

These blocks were serviced from 10 June to 12 September 2003, with one month spent in each block.

### Communication

The communication section of the Office of the Premier embarked on a vigorous publicity drive through print (Daily Dispatch, EP Herald) and electronic media (Umhlobo Wenene & Unitra Community Radio)

### ROLE OF THE DEPARTMENT OF HEALTH

In June 2003 the Department of Health through the Occupational Health and Safety sub-programme was delegated by the Office of the Premier through the Office of the MEC to assist in the facilitation of the distribution of the R54 million to qualifying ex-mine workers.

## **DISRUPTIONS BY THE EX-MINEWORKER'S UNION**

Since the process started ex-mine workers under the leadership of Mr Elliot Nomazele has voiced their dissatisfaction on the method used to distribute the R54m. Their dissatisfaction has resulted in threats, sit-ins and disruption of health services at various centres. The last sit-in was in the District Health Manager's Office at O.R Tambo on 29 August 2006. They demanded to see the Provincial Office officials, the DDG National, Dr Mahlali, as well as the National Minister of Health, Dr. Manto-Tshabalala Msimang. The District Manager was not around so the PA called the Provincial Office, Occupational Health and Safety Unit, for intervention. Subsequently a teleconference was held between the leader of the group Mr Nomazele and Assistant Director Occupational Health and Safety, Ms Mkalipi. They said that they are giving the Department until the 06 September for these officials to come down and address them, failing which they would go back to the District Manager's office again, this time with 5000 people.

The Director PHC Programmes, Mr Alan Wild, felt that this issue was outside the scope of the programme and Directorate and wrote a memorandum to the Superintendent General respectfully requesting advice and future political intervention in this issue, because the rights of staff members, patients, clients and the community are now being affected by the action of the union. He suggested that the Office of the Premier should be involved in trying to prevent the continued disruption of health services by the union. He further suggested that the OTP should engage National Health (CCOD) in this process as this is essentially a National Initiative.

A meeting was convened between the union and MEC's office but there was no consensus. Since the union threatened to come back, it was deemed necessary to obtain a court interdict to put a final stop to the disruptive tactics.

## **ISSUES OF CONCERN**

Numerous meetings have been held between the Provincial Office Occupational Health, the Ex-mine worker's union under the leadership of Mr Nomazele, the Medical Bureau for Occupational Diseases and the Compensation Commissioner for Occupational Diseases. The compensation process has been repeatedly explained to the ex-mine workers but the following issues have long been a major cause for concern:

- The amount of R2 700 across the board. They say that ex-mine workers never suffered from the same disease at the same degree, nor were they getting the same amount of compensation prior to 1994. So they want the guidelines or formula used when the decision was taken.
- They claim that the fund only belonged to people from the Transkei, but people from the Ciskei were also compensated.
- They also demand that daughters-in-law be recognised as next of kin

No disruptions have taken place in 2007. The routine benefit medical examinations are continuing in hospitals as per the National guideline from MBOD.

## **ROUTINE BENEFIT MEDICAL EXAMINATIONS**

Occupational Health and Safety coordinators in the Eastern Cape were trained in November 2002 by the MBOD Benefit Medical Examinations are taking place in the following procedure.

- Mine workers present at institutions that are geographically accessible to them
- The Occupational Health and Safety coordinator fills in the form and take the ex-miner for a Chest X-ray.
- The medical practitioner performs a physical examination
- The form together with the x-ray are then posted by the institution to MBOD

See a list of institutions conducting benefit medical examinations

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P. Mkalipi (Assistant Director: Occupational Health and Safety)

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A. C. Wild (Director: PHC Programmes)

Health care workers and other staff are at high risk of infection with TB because of frequent exposure to patients with infectious TB disease. Health care workers and staff may themselves be immuno-suppressed due to HIV infection and be at higher risk of developing TB once infected. Concerns have been raised regarding infections due to health care facility exposures and in some areas these have been documented.

**REQUEST**

In an effort to protect health care workers and staff, it was agreed in a TB quarterly meeting held in East London from 12-15 February 2008 that Occupational Health and Safety should facilitate medical screening of health care workers and other staff at risk as a matter of urgency. This programme will run at clinics and hospitals at the same time, in partnership with relevant programmes i.e. TB management, Infection Control, Environmental Health and HIV/AIDS. Because Occupational Health and Safety coordinators are not experts in TB management, capacity building in this regard is requested to enable them to drive the project effectively in different health care settings.

Critical to this is encouraging health care workers and all staff to know their HIV status, and additional precautions should be taken to protect them. Immuno-compromised health care workers should be given opportunities to work in areas with a lower risk of exposure to TB. The importance of collaboration by relevant programmes in this regard can not be over emphasized.

Support in terms of venues and facilities, accommodation and meals, facilitation and educational material is requested for two groups of 60 candidates each, to cover hospitals and clinics at the same time.

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**Assistant Director: Occupational Health and Safety**

**Date:**

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**Deputy Director: Occupational Health and Safety**

**Date:**

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**Director: PHC Programmes (Recommended/Not recommended)**

**Date:**

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**Director: TB Management (Approved/Not approved)**

**Date:**

PROVINCIAL OFFICE	ASSISTANT MANAGER	1	1
DISRICT OFFICES	MANAGER	1	7
REGIONAL HOSPITALS	ASSISTANT MANAGER	1	2
COMPLEXES	ASSISTANT MANAGER	1	3
LSA	ASSISTANT MANAGER	1	25

**REQUEST**

Permission is requested to nominate Miss P. P. Mkalipi to act in the above post with effect from 1 May 2007 until the position is filled, according to the provisions laid down in Section 32 of the Public Service Act 103 of 1994.

It was initially envisaged that the interviews would be conducted in March or April and that the nominee would have commenced on the 1<sup>st</sup> May 2007, however the processes leading up to that were unfortunately delayed, necessitating this interim arrangement. The nominee will be required to execute all delegated powers attached to this position. This acting appointment need not create any expectation or guarantee the nominee permanent appointment in this position.

**FINANCIAL IMPLICATION**

In view of the additional responsibility entrusted to her as a result of this appointment she will receive an acting allowance in terms of the Departmental Policy on acting allowance, commencing from 1 May 2007.

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**A.C Wild (Director PHC Programmes)**

**DATE.....**

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**Chief Director: IHRM**

**DATE.....**

**PURPOSE**

The overall purpose of occupational health nursing service is health maintenance and disease prevention among employees. It is the application of nursing principles in conserving the health of workers in all occupations. It involves prevention, recognition and treatment of illness and injury.

**BACKGROUND**

Occupational Health and Safety Programme is in the process of opening a clinic for Provincial Department of Health employees. Primary health care is the employee's most common contact with the occupational health programme. Nursing knowledge brings dimensions to human safety and human service.

Occupational health nurses can safely and competently make complex judgements requiring scientific knowledge and intellectual skill

**MOTIVATION**

Employees are the most valuable assets of an organisation, so it is important to make sure that everything possible is done to help them provide the highest quality of service. If health care workers are troubled by their own ill health, or other stressful circumstances, they will not be able to give their full attention to this demanding task. In addition, apart from being good employment practice, the Department cannot function effectively if there is a high incidence of ill health among health care workers. This clinical service will offer emergency primary health care, management of occupational injuries and diseases, medical surveillance, emergency medical care and monitoring of chronic conditions.

Miss Magadu is a registered nurse with Midwifery, Diploma in Community nursing science, Clinical nursing and Mental health. Other courses include Family planning, Infection control, Health care management, VCT, PMTCT, Introduction to computers, Cervical screening, Indicators, Quality assurance TB management, Medicine management for Nurses (See CV attached)

**REQUEST**

Request is hereby extended to you Sir /Madam for the secondment of Miss T. L. Magadu to the Provincial Occupational Health and Safety office to assist in the rendering of Primary Health Care activities (See duties attached)

**FINANCIAL IMPLICATIONS**

Dinner, Bed and Breakfast for 6 months as follows  
R 500 x 4 nights per week x 24 weeks = R48 000.00  
Subsistence allowance = R63, 50 per day x 24 weeks = R1 524.00

**Source of funds**

PHC Directorate

This office would appreciate it if Miss T. L. Magadu would commence her secondment duties on the 01 / 03 / 2007 or as soon as possible thereafter

**CONDITIONS OF THIS SECONDMENT**

Conditions of this secondment shall be provided for in the:

- a) Public Service Act
- b) Public Service Regulations 2001
- c) Resolution 3 of 1999

Miss Magadu's secondment in the afore-mentioned office will be reviewed six monthly and your office will be informed of the secondment status timeously

Your co -operation regarding the urgency of this matter will be highly appreciated

**ASSISTANT DIRECTOR: OCCUPATIONAL HEALTH AND SAFETY**

**DATE.....**

DIRECTOR: PHC NON - PERSONAL  
RECOMMENDED / NOT RECOMMENDED  
DATE.....