

Baragwanath march

landmark in struggle for delivery

For the first time ever professors, doctors, hospital staff and community members joined to demand important changes to our hospital system. **Moloantoa Molaba** tells of the march and its demands.

For most activists the dawn of political freedom in 1994 represented the beginning of a struggle for transformation. But few recognised that issues of economic liberation and delivery of quality public services to the majority of working class citizens, would be so difficult.

Nehawu [National Health & Allied Workers Union] has realised that the challenges facing the public service, in particular health services, are immense. The reasons for this include the apartheid legacy, incompetent public service managers, wrong public policy decisions, underfunding and understaffing, and lack of political will. We have therefore taken the decision to mobilise a national campaign for improved service delivery.

The union can no longer reduce

these issues to collective bargaining. They have become issues that need to mobilise communities and their structures. In part, this will improve community understanding of the issues that impact on poor services they suffer each time they go to the hospital, home affairs or any government department.

LAUNCH OF NATIONAL CAMPAIGN

We launched the national campaign with a march at Chris Hani Baragwanath Hospital in Soweto on Saturday 24 June. It turned into a festival of hospital users, workers, doctors, community organisations and church members marching together in the bright winter sunlight. Workers got themselves warm toyi-toying and chanting. Nehawu was particularly impressed by the response of clinicians and health workers. Some were on duty, but made alternative arrangements, others sacrificed their Saturday to join hands with citizens that use the hospital, in making common demands.

Demands included the filling of vacant posts, funding of the Naledi Transformation Project at Baragwanath, giving hospital managers powers to transform their institutions, opening and linking nursing colleges to hospitals, reviewing health workers' salaries and closing the apartheid budget gap between Johannesburg Hospital and Baragwanath.

The march represented a diverse

coalition of hospital staff (support workers, nurses, doctors), community structures and social movements. Union organisers put a tremendous effort into building this coalition. They held meetings with church leaders, social movements such as the Treatment Action Campaign, the Anti-Privatisation Forum (APF), and representatives of doctors and nursing managers, in addition to holding membership meetings across Gauteng.

This bore fruit, although the turnout was not as big as we hoped. Church ladies toyi-toyed side-by-side with matrons, cleaners and laundry workers. Workers in the bright yellow T-shirts of the National Union of Public Service Workers affiliated to Nactu were mixed together with workers in Nehawu's red T-shirts. Doctors and professors, including the Dean of the Health Sciences Faculty at the University of the Witwatersrand, Max Price, marched alongside union leaders and Trevor Ngwane of the APF. The march was led by the Nehawu President Noluthando Sibiya and General Secretary Fikile Majola, Cosatu Assistant General Secretary Bheki Ntshalintshali, as well as by provincial leadership. Passing taxis and cars hooted their support.

STAFF SHORTAGE

Key amongst our demands is staff shortages. We acknowledge the national shortage of skilled nurses caused by the wrongheaded

decision to close nursing colleges some years ago, but we are particularly worried by shortages in lower categories like porters, cleaners, administrators and more recently Enrolled Auxiliary Nurses. It appears government thought they could cut costs by reducing 'unnecessary' workers with lower skills. But the reduction in these support workers has increased the work load of nurses. It has made their work environment hell.

Skilled professional nurses are forced to do the work of other workers before they can do proper clinical work. It's unfair, immoral and inefficient. It's as if nurses committed to the public service are being punished for not going to the private sector or not migrating to Britain. It makes nursing unattractive to new entrants.

The stress of this impossible workload transforms nurses into monsters insensitive to patients. There is no time for nurses to give patients individual attention. The same applies to doctors who have to do ward rounds without nurses. This means doctors do not have sufficient support to do the clinical work they are trained for.

Staff shortages in the lower categories is a catastrophe. It makes doctors ineffective. It pits nurses against family members of patients. It has created an environment where ethics of patient care is a Socratic dream not possible in the real world of South African hospitals.

TRANSFORMATION PROJECT

The Chris Hani Baragwanath Peoples Hospital Project or the Chris Hani Bara Transformation Project is an attempt to respond to the crisis in public hospitals in an evidence-based and scientific way.

The Project hopes to achieve these things. The ideal post-apartheid workplace where

progressive manager-labour relations can grow as a key to improving and deepening public service delivery. It aims to investigate new ways to integrate internal management systems by clarifying levels of accountability and making decision making less cumbersome. Finally, it aims to align appropriate powers between the head office and the hospital.

The Cosatu-linked policy institute, Naledi, has led this Project for more than five years. It has the full support of management, staff, the hospital board and trade unions. It represents a unique partnership. The Project started with research which established a clear set of recommendations. These were later translated into an implementable business plan to transform hospital apartheid labour relations and correct blockages to service delivery.

Implementation started in 2003, and accelerated in 2005 when Naledi sourced external funding of R1.2 million. Now funding has dried up. The Gauteng health department committed itself to fund completion of the Project and to give necessary political support. This never happened.

In addition to other demands, the march was expressing its frustration with the lack of government funding, and the excuses and obstacles created to stop funding. The Project had already introduced tangible changes in the hospital. The clinicians in the surgical ward where the Project is located, can see that health outcomes have improved in the areas of length of stay, wound sepsis levels and mortality and morbidity rates. These are fundamental health outcomes. They have also improved staff morale and staff-management-clinician relations to an advanced level where they share a vision and common

understanding of tasks and challenges. A Transformation Forum was formed by the above people to interact with work issues, even individual issues, that impact on clinical outcomes.

CONCLUSION

Nehawu wants to see successes rolled out to all sections and later to all hospitals. But to do this effectively the Project needs an additional 18 months funding. It is Nehawu's view that the Project has achieved amazing results despite lack of funding and support from the Gauteng health department.

We believe it forms the embryo of what can be achieved with complete public health transformation. It points to how the public service can have better clinical outcomes, how management systems can be integrated and how the hospitals can relate in an empowering way with the Gauteng health department.

If health department officials refuse to drive this transformation, it can be achieved through a broad coalition of citizens, doctors and unions committed to public service delivery. A coalition that will drag government to the party screaming and kicking if necessary.

Since the march solid relationship building between Gauteng Health MEC Brian Hlongwa and Nehawu has taken place. The department has issued a tender for the continuation of the project, and the MEC has announced the delegation of managerial powers to the CEO of Chris Hani Baragwanath. These are important steps in the struggle for an effective public health system.

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