



Making ODMWA work – Nongoma project to be launched

The legacy of silicosis in the South African mining industry presents a challenge to the industry not only in dealing with the number of undiagnosed cases that may be present, but that many former mineworkers are both undiagnosed and cannot easily access healthcare or compensation. Compounding the latter is the apparently inequitable legislation (*see case study – www.aga-reports.com/06/worker-compensation.htm*) that is in place and the poor delivery mechanisms within government hospitals.

For some years the mining industry employers (through the Chamber of Mines), the Departments of Health and Labour and National Union of Mineworkers (NUM) have been in discussions to address the issue of former mineworkers who, for many are reasons, are not accessing medical examinations. Specific issues that are being addressed are the identification of the primary areas where former mineworkers reside, the strengthening of occupational health services so that former mineworkers are better able to access benefit medical examinations, and improvement of the Occupational Diseases in Mines and Workds Act (ODMWA) certification and compensation claims processes. A key part of the agreed strategy is the establishment of occupational health centres at identified government hospitals in largely rural areas where these former mineworkers reside to assist them with medical examinations and compensation claims and to promote economically sustainable development projects in these areas.

While the Department of Health is of necessity the lead agent in the process, as it will identify and establish the occupational health centres and sustain them in the long term, the mining industry through the Chamber has agreed to fund capital equipment and pre-defined recurrent expenses for two years at a number of sites. The schemes at these sites are scheduled to be rolled out over a maximum of six years. This cost is currently estimated at about R50 million.

The parties have agreed to a 'pilot' project at the outset which would establish the basis for further centres. It is planned that this project will be operated for a period before proceeding with the establishment of new centres. Of key concern to all parties is that the system to be set up is sustainable in the longer term and, to a large extent, this depends on the provision of appropriate infrastructure and equipment, the establishment of systems, adequate staffing and training of health care workers and funding of the project.

Extensive consultation on where the project should be initiated resulted in the selection of St Benedict's Hospital in the Nongoma district of KwaZulu-Natal being chosen as the 'pilot' site. This is because:

- data from TEBA (the employment assistance agency primarily responsible for employment matters in the mining industry) database indicate that some 10,000 former mineworkers reside in this district;
- there is a comprehensive government health service both at primary and secondary health level in this area; and
- there is an existing occupational health centre run by a trained occupational health nurse at St Benedict's Hospital.

The start of the project was delayed in 2006 as the various parties conducted further discussions. Following high-level discussions at the end of 2006, it was agreed that the project should commence and it is expected that the roll out should commence in early 2007.



OCCUPATIONAL SAFETY AND HEALTH

Case study

Allied to the Nongoma project, the industry – through the Chamber of Mines – recognises that many former mineworkers are living in rural areas subject to economic hardship, high levels of poverty, limited livelihood options and challenging agricultural environments. The parties have therefore agreed to pair the medical initiative with a social and economic development programme to bring added relief to affected ex-mineworkers and their broader communities.

The broad objectives of the programme are to enhance or add sustainable value to various communities' current or potential asset base, mainly comprising:

- Natural assets: land, water, minerals and forests
- Infrastructural assets: roads, irrigation, electricity, buildings and vehicles
- Financial assets: wages, remittances, salaries, pensions, loans and welfare payments
- Social assets: family systems, NGOs, businesses, traditional social systems, community organisations and other valued networks
- Personal assets: skills, educations, experience, health, energy, innovativeness and entrepreneurship.

An additional objective, which will also fall into the methodology to achieve objectives, is to draw into the programme as much leverage or multiplier effect as possible by integrating programmes with the Integrated Development Plans of the regions and securing additional funding wherever possible from other sources.

As the parties have already initiated discussion with communities and village authorities of Nongoma during site visits in 2005, the social development pilot programme will be based upon an agricultural intervention overseen by Teba Development, as agreed in principle at the time.

