These people don’t do XENOPHOBIA - NEITHER DOES THE UNIVERSITY OF LIMPOPO

The Institutional Operating Plan for the merged University
A Bright Future for the Dr George Mukhari Teaching Hospital
These people don’t do XENOPHOBIA - NEITHER DOES THE UNIVERSITY OF LIMPOPO
**Merger update**

**MAKING A UNITARY INSTITUTION**

**THERE CAN BE NO DOUBT THAT THE UNIVERSITY OF LIMPOPO’S INSTITUTIONAL OPERATING PLAN** (Limpopo Leader’s COVERAGE OF THE IOP BEGINS ON PAGE 4) **WILL SPEED UP WHAT HAS OFTEN BEEN A LABORIOUS MERGER PROCESS BETWEEN THE TWO OLD COMPONENTS OF THE NEW INSTITUTION.**

The vacillations between medical school relocation and the idea of multiple teaching platforms for the medical and health sciences seem at last, with the intervention of the national Minister of Education, to have been resolved. The ‘harmonisation’ of such duplicated departments as Pharmacy, Public Health, Nursing and Human Nutrition & Dietetics will soon follow through the IOP review of academic programmes currently under way. What remains for the merger process is what merger manager Dr Asaph Ndhlovu calls ‘the integration and revitalisation’ processes necessary to get the merged university working efficiently.

‘The institution is as good as its constituent parts,’ Ndhlovu says. ‘Therefore, the University of Limpopo, although consisting of two main campuses, should not only be seen as a unitary institution but should function as such.’

So while the IOP pays attention to the review of academic programmes, integration of academic departments, restructuring of non-academic divisions, and the development of uniform policies and so on, the original merger process goes practical, providing the infrastructural and technological systems to make the integration and revitalisation imperatives practically possible.

Here’s a list of what is being planned at a practical level to bring the two campuses - 250-kms apart - closer together:

- **Telephone systems** at both campuses (Turfloop plus Edupark and Ga-Rankuwa) have already been upgraded with the latest telephone exchange technology. This will integrate the separate campus systems into a single University of Limpopo exchange.
- **Network infrastructure.** R13-million is to be spent on upgrading the computer linkages between the two main campuses.
- **Video conferencing facilities** are to be installed that will link the two main campuses. A suitable space on the Turfloop campus has already undergone major changes, converting it into a 66-seat conferencing facility. Each seat is equipped with its own microphone, and four large plasma screens have been installed. A venue has been identified where similar equipment was installed during the winter vacation. Once completed and commissioned, the university will have a state-of-the-art inter-campus video conferencing capability with numerous potential uses.
- **Libraries** across both main campuses of the university are being merged into one database by the introduction of the Millennium version of the existing Innopac library software. The migration of all bibliographic review files to a single server has already been completed. To further improve the libraries, CCTV cameras have been installed for security control purposes; and an additional 172 computers have been installed at the Turfloop campus and 135 at the Ga-Rankuwa campus will improve the library services by making information more accessible in support of teaching, learning and research. One final refinement: air conditioning is being installed in both major libraries.

Ndhlovu sums up the merger situation by stating that ‘the merger process has moved into its last strides’. ‘All outstanding major activities are expected to be moving to their finality by the close of the current year.’
TWO SERIOUS ISSUES CLAIM CENTRE STAGE IN THIS 14TH ISSUE of Limpopo Leader. The first is the development of an Institutional Operating Plan for the University of Limpopo; the second is the response of the university to the recent outbreak of xenophobia in many parts of South Africa.

The Institutional Operating Plan (IOP) has come in response to serious financial problems at the university and was instigated by the national Minister of Education who arranged for an independent assessor’s report and a panel of experts to execute the IOP. There can be little doubt that the complexity and protracted nature of the merger between the old University of the North and Medunsa some 250 km to the south has exacerbated the situation. Now, the IOP is designed to bring stability to the merged institution as it embarks upon its financial turnaround. It seems that one of the ways in which the desired institutional stability is to be achieved is the firm recent decision not to relocate the medical facilities but to strengthen them where they are – on the Ga-Rankuwa campus. This decision at least settles several years of uncertainty. But there’s a long way to go, and some serious soul-searching to be done on both campuses, if the IOP is to succeed.

The disgraceful xenophobic violence that exploded in Gauteng and elsewhere in May this year, never reached Limpopo. This is remarkable since the province has been the first port of call for several millions of people escaping the rigours of contemporary Zimbabwe over the past few years. Perhaps it goes without saying that any outbreaks of violence of this kind would detrimentally affect university life. Not only are there more than 250 students at the university from other African countries, but a significant percentage of academic staff fall into the same category. But the Vice-Chancellor had much more than this on his mind when he penned his stirring denunciation of xenophobia: his concern was for the moral foundations upon which our development as a democratic nation must be based if it is to be sustainable. Don’t miss Professor Mokgalong’s article, beginning on page 18.

Finally, some good news. There’s a revolution of improvement going on at the Dr George Mukhari Hospital, the tertiary facility that provides the indispensable wherewithal for the university’s medical faculty on the Ga-Rankuwa campus to graduate around 200 health professionals each year. The commitment from senior managers at the hospital makes for heart-warming reading.
cover picture and inside front cover:
These people don't do xenophobia. On the cover clockwise, from top left, they're: Teargas, Simphiwe Dana, Tebogo Lerole and Relo. And on the inside front cover, they're Shugasmakx, Nthabi, DJ Sbu and Tuks. These are eight of scores of South African and African musicians who have openly taken a stand against the horrible violence that has racked our country recently. Read about the project Not In Our Lifetime on page 16. Then read the forthright response to the same phenomenon from the Vice-Chancellor of the University of Limpopo.

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A BRILLIANT OPPORTUNITY. Read about an Institutional Operating Plan designed to establish sustainable viability for the merged University of Limpopo.

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THE PLAN UNPACKED. Here's the detail of the turnaround plan.

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WHAT THE PLAN MEANS TO THE EXTERNAL PARTNERS. The Vice-Chancellor explains.

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RAYMOND OLANDER, the university's new chief financial officer, can't resist a good challenge.

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THE IGNORANCE OF XENOPHOBIA. The Vice-Chancellor's powerful message.

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THE DR GEORGE MUKHARI HOSPITAL SAGA begins here. Read about the dramatic improvements taking place in a health care facility of vital importance to the training of doctors and nurses in South Africa.

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DID YOU KNOW there was an in-house radio station at DGMH?

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NURSING. Bedrock of the hospital.

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A SOUND STRUCTURE MEANS A STRONG INSTITUTION. Meet the hospital's Human Resources Director.

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BUILDING SUCCESS INTO CLINICAL SERVICES. There's an award-winning director of clinical services at DGMH.
Institutional Operating Plan
A BRILLIANT OPPORTUNITY

Professor Mahlo Mokgalong, Vice-Chancellor of the University of Limpopo
A brand new Institutional Operating Plan and more than R12-million to implement it: this, in anybody’s language, represents a major opportunity for the University of Limpopo. Will this vitally important provincial (and Southern African) educational institution grasp the nettle? Can solid systemic and financial foundations be laid upon which the institution can develop to its full potential? Will the university community rise to the challenge? Read on for all the answers …

IT’S HAPPENED BEFORE AND IT’LL HAPPEN AGAIN. Merging institutions need help to find their feet, and the University of Limpopo has proved to be no exception. Arguably, the merger between the old University of the North and the Medical University of Southern Africa was one of the most complex in the country, not least because of the physical distance between the two institutions.

Nevertheless, the merger took place on 1 January 2005 and a great deal of attention has been given to the process in Limpopo Leader since that auspicious date. See particularly the coverage in Issue 3 Autumn 2005; Issue 7 Autumn 2006; Issue 12 Winter 2007.

A glance at this coverage reveals that the pivotal merger debates centred on the medical sciences. Would the Medunsa medical school relocate from Gauteng to Limpopo? Or would a full new medical school be established in Polokwane under the guidance of the established school at Ga-Rankuwa? Would the Dr George Mukhari Hospital be downgraded from a tertiary to a regional level hospital? Or would the merged university contain one medical faculty with two teaching platforms, one on the Ga-Rankuwa campus and one 250 km to the north?

But while these debates were continuing – sometimes with considerable vehemence – the immensely complex merging of two sets of academic programmes and their supporting administrations and financial systems took place. It was at this lower level of the merger that development was uneven.

Indeed, by the end of the 2006/07 financial year, the finances of the merged university were in considerable disarray – so much so that the Minister of Education, Naledi Pandor, appointed an independent assessor to examine the situation.

The assessor was a Professor Ben Khoape who recommended that while the university council and senior management should remain in place, a panel of experts should be assembled to assist with the development of an ‘institutional operating plan’ (IOP) to replace an internally produced plan that was seen as having little chance of success. An IOP is intended to provide the institution with the necessary systems, capacity and focus to achieve an even keel for coherent future operations.

The panel of external experts comprised Professors Peter Vermeulen and Anthony Melke from Pretoria University, Professor Selva Govensamy from Zululand University, Ahmed Essop, an erst-while chief director of higher education in the national Department of Education (DoE), and Craig Lyall-Watson a senior manager in the DoE’s merger unit.

By November 2007 the IOP had been drawn up and approved both by Minister Pandor and the Council of the University of Limpopo.

The document pulled no punches. It stated baldly that ‘the university is not financially sustainable; indeed, it is technically insolvent with liabilities exceeding assets by some R537-million … and its organisational and administrative structures and systems are weak and inadequately aligned’.

Who or what is to blame? The ultimate answers will of necessity be complex, but they need not concern us here. Suffice to say that the merger itself, while opening significant opportunities and possibilities, has served at the same time greatly to complicate the administrative systems required to drive an institution with campuses in two different provinces and with consequent rivalries and insecurities within both academic and non-academic staff complements. What needs to be articulated for readers more clearly than any premature results of a ‘blame game’ is what the university intends to do about its predicament.
The IOP document provides a succinct description of this intention. ‘The university,’ it states, ‘has decided to de-link its short-to-medium-term planning and resource allocation processes from its vision, mission and long-term goals.’ To put it bluntly, the idea of being a world-class African university that responds to education, research and community development needs must be put aside while the institution concentrates its total efforts on achieving the necessary stability and sustainability to ensure its survival. The IOP document refers to the ‘turnaround of the university in terms of enhancing academic quality and ensuring financial sustainability based on current realities’.

The desired ‘turnaround’ is to be effected by the following means:

• Firstly, the university appoints an implementation team under an external project manager, Craig Lyall-Watson.

• Secondly, the university makes two crucially important strategic appointments: Raymond Olander as Chief Finance Officer and Joseph Moloto as Human Resources Executive Director. (See pages 12 and 14 for profiles of the new incumbents).

• Thirdly, the IOP implementation team (which includes the two strategic appointments) draws up a short-term financial turnaround plan that will run until 2010.

• Fourthly, to provide material support to this financial turnaround plan, the total IOP is divided into four sub-projects, namely:
  - Review and modify academic structure and programmes
  - Improve management information systems
  - Business process re-engineering and data cleanup
  - Review and modify administrative support and services.

• Fifthly, introduce change management and leadership development programmes to strengthen and consolidate the entire IOP as outlined above.

Earlier this year, proposals were invited from external professionals to cope with the special demands of some of the sub-projects. By May, the necessary appointments had been made as follows:

• The academic structure and programme review will be headed by Dr Rolf Stumpf, a previous Vice-Chancellor of the Nelson Mandela Metropolitan University.

• Improvements to the management information systems will be overseen by FutureLead Consultants.

• The business process re-engineering and data cleanup will be undertaken by ITS Consultants and SpaceIT.

• Review and modifications to administrative support and services will be managed by FutureLead Consultants.

• The change management and leadership development programmes will be run by African Leadership Group.

In an open letter to the university community dated 26 May, Vice-Chancellor Mahlo Mokgalong stressed that he and his senior executive team ‘have taken full responsibility for the successful implementation of the IOP and, by implication, the turnaround of this university’.

By the end of May, the Department of Education had approved the R12,2-million required to fund the various projects, and early in June the University of Limpopo’s IOP was officially launched at two separate ceremonies, one on the Turfloop campus on 3 June and one on the Ga-Rankuwa campus nine days later.

‘We gave the IOP something of a fanfare,’ said Craig Lyall-Watson, IOP project manager. ‘We wanted to emphasise to everyone associated with the university that here was a brilliant opportunity to get things right. It’s an institution with huge potential – if we can get it financially viable. The future is in our hands.’
THE IOP AT WORK ON THE GA-RANKUWA CAMPUS

SERIOUS MONEY FOR UPGRADING MEANS THE MEDICAL SCHOOL IS STAYING PUT

The actual amount is R185-million. That’s serious money in anyone’s language. And the ‘physical relocation’ controversy is over as well. The Faculty of Health Sciences on the Ga-Rankuwa campus (that’s the old Medunsa) isn’t going anywhere.

This is the first good news to emerge from the new Institutional Operating Plan currently being implemented at the University of Limpopo. One of the main tasks confronting the in-house IOP implementation team and the national Department of Education (DoE) was to decide once and for all about the long-term future of health sciences training on the university’s two campuses.

This they have done. Indeed, the Education Minister met with the university council late in June. In a joint statement, the reasoning behind their decision was explained. Both parties ‘recognised the critical role played by the faculty in the production of health care professionals’, the faculty on the Ga-Rankuwa Campus having been responsible for the production of up to 47 percent of African graduates in medicine from all the medical schools in the country.

‘To strengthen the capacity of the faculty,’ the joint statement announces, ‘the Ministry of Education has allocated R83-million for infrastructure development and renewal, and a further R102-million over the period 2008 to 2011 for improving clinical training capacity.’

The statement goes on to say that the minister and council ‘wish to inform all concerned that there will be no physical relocation of the health science faculty (on the Ga-Rankuwa campus). However, over time, capacity will be developed in Polokwane for expanding health science training.

The Ga-Rankuwa campus will continue to be the primary site for training of health care professionals of the University of Limpopo, and will be headed by a deputy vice-chancellor.’

The university council will also establish a permanent subcommittee to advise it on matters relating to the strengthening of the Ga-Rankuwa campus.

Of course, the future of the Dr George Mukhari Hospital is inextricably intertwined with the fortunes of the Ga-Rankuwa health sciences campus. Appropriately, therefore, this issue of Limpopo Leader offers a special focus on this valuable health care institution. See page 22.
WE NEED to return to the four so-called sub-projects that comprise the heart of the university’s Institutional Operating Plan (IOP). These sub-projects are all designed to provide support to the urgently needed ‘financial turnaround’ that should be complete by 2010.

The four sub-projects are:

- The review and (if necessary) the modification of the university’s academic structure and programmes;
- The improvement of the university’s management information systems;
- The re-engineering and data cleanup of the university’s business processes;
- The review and (where necessary) the modification of the university’s administrative and support services.

To these four must be added an important fifth: the introduction of change management and leadership development programmes to strengthen and consolidate the changes required to successfully effect the required turnaround of the university’s affairs.

Now for the detail.

ACADEMIC STRUCTURE AND PROGRAMMES

The current three-tier academic structure comprising four faculties that contain 15 schools which in turn house 97 departments (the majority of these, 67, are to be found in the five Schools in the Faculty of Health Sciences) will be reviewed. In addition, all academic programmes will be examined to establish their viability in terms of both finances and staff availability. Some of the criteria to be used to establish non-viability are:

- Undergraduate programmes (or courses or modules) with an enrolment of fewer than 20
- Postgraduate taught programmes (diplomas, honours and masters) with a student enrolment of fewer than 12
- Other postgraduate programmes (research) with a student enrolment of fewer than 6
- Staff qualifications should at least be as follows:
  - for taught postgraduate programmes up to masters level staff should have a masters degree and be research active
  - for research postgraduate programmes at masters and doctoral level, staff should have a doctoral degree, be research active and not supervise more than five students at any given time.

This IOP sub-project will pay special attention to the integration of the five Health Sciences academic programmes that are common to the Turfloop and Ga-Rankuwa campuses, namely: nursing, pharmacy, public health, nutrition and the basic sciences. These common programmes require harmonisation in terms of curricula, modes of delivery and programme rules and regulations. With the exception of the basic sciences programme and possibly pharmacy, the programmes will continue to be offered on both campuses. This harmonisation process has been going on for some time, but according to the IOP documentation ‘the university requires assistance with its completion’.

MANAGEMENT INFORMATION SYSTEMS (MIS)

‘It is quite clear,’ comments the report of the Independent Assessor that led to the design of the IOP, ‘that the amount and quality of management information is not nearly adequate for assisting (university) management in decision-making ... and allocating resources in an efficient and effective manner’.

In response to this state of affairs, this IOP sub-project will do the following:
BUSINESS PROCESS RE-ENGINEERING AND DATA CLEANUP

There are large-scale data quality issues at the University of Limpopo. A preliminary assessment of these errors (especially in the student, academic and human resources data in the administrative computer system) indicates that ‘poorly defined or executed processes’ are to blame.

In response to this unsatisfactory state of affairs the following actions are to be taken:

- The re-engineering of the applications and registration processes on the Turfloop campus to enable the elimination of all walk-in students (those who have not made previous application for enrolment) within one to three years.
If the adjustments to reduce the university’s ratio to the norm were made, the number of administrative jobs would be reduced from the current 1,348 to 922, a reduction of 426 administrative jobs, effecting an annual saving of some R62-million. This figure accords almost exactly with the R60-million reduction required to cut the university’s staff spend to 62 percent of the total council-controlled income.

Voluntary severance and early retirement packages have been on offer for some time, but it is clear that this sub-project of the IOP will require sensitive and expert handling. It is clear, as well, that the centralisation of certain administrative functions currently duplicated on the two campuses is very much on the cards.

CHANGE MANAGEMENT AND LEADERSHIP TRAINING

This crucially important overarching aspect of the IOP will be intended to assist managers and staff at the university to properly align themselves with the goals of the institution and to cope with the considerable changes – not least in the administrative departments – that are very definitely in the IOP pipeline. The training will be accompanied by proper departmental and individual planning procedure, proper guidance and leadership by senior management, the monitoring and evaluation of activities and performance, and with revamped systems of accountability and discipline.

‘The success of this project is vital for the future of our university,’ says Vice-Chancellor Mahlo Mokgalong. ‘While I recognise that staff are currently under some duress in carrying out their normal daily functions, it is also admitted that this IOP project will make additional demands on their expertise and time. However, this is OUR project and I would sincerely request that everyone enters into it with the future of our university in mind. This will ensure that the outcomes are appropriate and effective and will create a better institution for all of us.’

The University of Limpopo is too important nationally, and too strategically placed at the gateway to the SADC region, for its Institutional Operating Plan to fail.
Institutional Operating Plan

WHAT THE IOP MEANS TO THE UNIVERSITY’S EXTERNAL PARTNERS

FAR FROM BEING SEEN AS SOME SORT OF DISCIPLINARY DAMPER, THE INSTITUTIONAL OPERATING PLAN (IOP) CURRENTLY BEING IMPLEMENTED AT THE UNIVERSITY OF LIMPOPO SHOULD SERVE AS A DEFINITE INCENTIVE FOR POTENTIAL INVESTORS.

This is the forthright opinion of Professor Mahlo Mokgalong, the university’s Vice-Chancellor and man in charge since the creation of the new merged institution in January 2005.

‘The financial and institutional problems identified in the IOP are largely as a result of the merger,’ Mokgalong says. ‘Or at least the problems have been exacerbated by it. And the individual baggage that each institution brought into the new university has certainly tended to complicate the business.’

Mokgalong outlined the history of the IOP. The university itself had identified certain areas that required special attention. An IOP had been drawn up and submitted to the Minister of Education for financial assistance to implement the plan. The minister had responded to this original plan by saying that she wanted the situation to be examined by an independent assessor.

‘This is what has happened. And the assessor’s report has now formed the basis for the plan currently being implemented. But it would be wrong to view the IOP as indicative of a serious crisis. We’re creating something new out of several pieces of the old. The IOP and turnaround strategy are a necessary part of the process of our rebirth.’

Indeed, the IOP process had already attracted substantial funding support. Apart from the R12-million implementation grant and the R185-million earmarked for improvements to the health faculty on the Ga-Rankuwa campus over the next few years, the Historically Black Universities Trust had given a one-off R11-million to assist with the IOP turnaround of the university. The Flemish government had also come to the party with a R10-million per annum research and teaching collaboration.

‘In other areas, as well, our third stream income is improving,’ Mokgalong states. ‘Our new Centre for Local Economic Development is ready to come on stream, thanks to R7-million from the European Union; and our relationship with the Limpopo provincial government, which includes research and teaching activities, is being constantly expanded and enriched.’

He added that he believed the successful implementation of the IOP over the next approximately 10 months would significantly increase the university’s attractiveness to the private sector and funding agencies. In particular, the special attention being paid to the rationalisation of academic programmes, and the improvements planned for the business processes and management information systems used in the university would be of interest to potential investors and research and teaching partners.

1See coverage on page 12 of Limpopo Leader 13, Autumn 2008
RAYMOND OLANDER JOINED THE UNIVERSITY OF LIMPOPO AS ITS NEW CHIEF FINANCIAL OFFICER IN SEPTEMBER 2007. To say that he is a good choice is to run the risk of understatement. His CV reads like high adventure, and every chapter has a happy ending.

‘I love challenges,’ he says. ‘I think it’s true to say that most career moves I’ve made have been to sort out varying degrees of chaos in the new environment. It’s my destiny, I suppose,’ he adds with his engaging smile.

Olander, who was born in East London in 1958, comes to the University of Limpopo from a highly successful stint at the University of Fort Hare. His training in accounting and auditing had been highly practical. He completed a Bachelors degree in accounting science though Unisa while doing his articles with a local chartered accountant. His training was interrupted by one year’s compulsory military service in the late 1970s. By the mid-1990s he was doing contracting work for Ernst & Young and Price Waterhouse Coopers. The latter asked him to go to Fort Hare for three months in a holding position while a new CFO was recruited.

‘I looked at their financials,’ Olander recalls, ‘and I found the university to be in serious financial trouble. They required a large overdraft to keep going. Then one day while I was working there the top management team of the institution was suspended. For me, it came out of the blue; and of course it meant that my time there was extended indefinitely.’

It was a period of great instability for many of the so-called homeland universities. They were called ‘previously disadvantaged institutions’, which they had been, but the Department of Education needed to bale them out financially. At Fort Hare, an acting Vice-Chancellor, Professor Derrick Swartz, was brought in. Swartz very soon employed Olander as deputy V-C in charge of finance, information technology and human resources.

‘Our objective was simple enough. It was to turn Fort Hare around. We succeeded. It took a few years; but from a R90-million deficit when I first looked at the financials, we coaxed the institution back into the black. We also went through a merger process when the East London campus of Rhodes University was incorporated into Fort Hare. I left Fort Hare in 2006 when the finances were stable.’ At Fort Hare, over 300 third-stream income projects – bringing in R100-million – were established during Olander’s time there. It looks very much as if the same emphasis will become a feature of the University of Limpopo in the months and years to come.

‘Where had Olander learned his trade?’ After graduating with his B Compt degree and completing his articles in East London, he worked for a while as an chartered accountant, dealing with both small and medium clients, while at the same time dealing with tax matters, deceased estates, and even managing a supermarket and dealing with large amounts of cash while the owner, his client, went overseas. Then in the early 1980s, he joined the Ciskei Peoples Development Bank as an internal auditor.

‘It was at a time when the Ciskei was rapidly developing. Before long, I was offered the position of manager of special assignments. I found myself involved in the building of dams and the installation of other infrastructure. Most importantly, though, I helped numerous industries from overseas and from the South African industrial centres on the Witwatersrand to relocate to the Ciskei, ensuring their continuing financial viability by making use of the existing relocation incentives available to them at that time.’
Then Olander moved to Bophuthatswana, another of South Africa’s independent homelands, to work for a company involved in the execution of capital projects for the Bophuthatswana government. The potential in Bophuthatswana seemed so promising that after six months Olander, with a partner, bought out a consulting company that did the financial management of the Bophuthatswana Housing Corporation. ‘We basically ran the corporation, collecting the rental from 55,000 residential units – which amounted to a throughput of R10-million a month. We also took over the financial management of a private hospital not too far away in Botswana’s capital, Gaborone.’

Then came the biggest opportunity of all. Olander’s company was asked to supervise Bophuthatswana’s introduction of value-added tax. ‘We developed the entire system. We set it up – and we administered the system that yielded a monthly revenue for the government of R35-million. I employed 60 people to administer the VAT system and service our other big clients as well.’

At the re-amalgamation of Bophuthatswana into South Africa, Olander sold his shares in this highly successful business and returned to East London. ‘I came back for a rest,’ he admitted with a grin, ‘but after a month I confess I was really bored. So I started consulting for the big accounting firms, and in that way I found myself working at Fort Hare.’

On leaving, Olander took his family to America. Some years earlier he had won an American Green Card on the annual lottery, and now he went to make use of the opportunity of working in the States. He set up his own export-import business. The Olanders lived in Orlando and, once again to stave off boredom and a sense of isolation, he got a job at Universal Studios’ theme park where he dressed up as one of the villain’s henchmen from Shrek and took visitors around the park. ‘It was lots of fun, and I certainly met plenty of Americans and visitors from all parts of the world.’

While still in America, he was approached by the South African Department of Education with a request to apply his extensive financial expertise at the University of Limpopo. ‘When I read the assessor’s report, I could see immediately that the university was in really bad financial shape. Technically it was insolvent. We’ve already pulled it back into a cash-positive situation. If you take the non-cash items into account, however, we’re running with sizeable deficits. That side of things is going to be a battle. It’ll take years. Part of the solution will be in the area of third-stream income. This will have to be very seriously tackled. ‘It’s just another challenge to be worked on,’ he says cheerfully.
Strategic appointments

Joseph Moloto: THE TURNAROUND IS DOABLE
JOSEPH MOLOTO HAS RETURNED TO HIS ALMA MATER. He was appointed earlier this year as Human Resources Executive Director at the same university where his academic career began - miraculously, he is convinced - in 1978.

'I see my appointment at the University of Limpopo as an opportunity to plough back,' he says. 'I want to assist my old university in its turnaround. To be a member of the team that guides the institution to greater stability will be the greatest achievement of my career.'

That's quite a statement, simply because Moloto (still only 51) has had quite a career. It began miraculously on the day that he wandered diffidently onto the Turfloop campus in the hope of enrolling for a B Admin degree. But we must begin at the beginning.

He was born at Moletjie, a rural village about 30 km west of Polokwane. In his own words, he 'came from a very humble family; my mother was a single parent who never went to school; I grew up in Katlehong on the East Rand where an uncle gave me a home'. His school career reflected these early insecurities, alternating between Moletjie and Katlehong for his primary years and then settling in standard six at Pax College, the excellent Catholic mission school in his home area. His uncle helped with the fees, but for the most part he won a series of bursaries that carried him to matric.

After finishing school, and despite his mother's request that he take a job to supplement the family income, Moloto longed for a university education. With the help of his uncle (who paid the train fare) he found his way onto the Turfloop campus on the very day that registrations closed. He tried to register for a Bachelors degree in administration. But we must begin at the beginning.

He became involved with the Lebowa Development Corporation. But his heart lay more with human relationships than with administrative systems.

'I had always felt that I wanted to be in human resources. For me, the profession aligned well with my strengths as a people person. So I started applying for jobs that would move me in that direction.'

A highly varied but ultimately purposeful career ensued. In 1987, he took a job as a project manager within the HSRC which took him to every corner of South Africa, gathering socio-economic data and compiling reports. In 1990, he worked as a consultant for the Centre for Cognitive Development (which was attached to Vista University). 'We trained managers in decision making, problem solving and general thinking skills,' he recalls, 'then I was approached by the Industrial Development Corporation, who sent me to KwaNdebele where I worked as a senior training manager.' By 1994, Moloto was working as human resources manager in one of the business units inside the CSIR. Later he became the chief director of human resources for the CSIR as a whole, soon being promoted to head of corporate services (which included human resources, information technology, communications and legal services).

'I consider myself fortunate to have worked in the late 1980s and through the 1990s,' Moloto says. 'It was the era of nominal black people being appointed to senior positions. I was anything but nominal. I was getting real experience, being challenged and sometimes bashed in my chosen field.'

His work in higher education began with the new century. He joined Unisa as the executive director of human resources on a five-year term. His contract was renewed in 2006. Those were tempestuous years at South Africa's largest university. He was plunged into the merger between Unisa and Technikon SA. He handled difficult staff rationalisations. He wrote merger and organisational roadmaps, new conditions of service and job profiles. All this experience, of course, was a perfect grounding for the tough tasks lying in wait for him at the University of Limpopo.

'I've got no doubt that the required turnaround is doable,' Moloto observes. 'On the other hand, I'm not naive. It won't happen on its own. It needs commitment from the university council and from senior management, and particularly from those sections of the university community most directly affected by the merger. There are serious challenges - the physical distance between the two campuses, the traditional culture of medical schools - but I'm certain we have the resources and the skills to succeed.'
Xenophobia

THESE PEOPLE DON’T DO XENOPHOBIA ...

NO ONE WILL FORGET WHAT HAPPENED IN SOUTH AFRICA AT THE END OF MAY THIS YEAR. IN MANY PARTS OF THE COUNTRY, FOREIGNERS WERE ATTACKED IN A SHAMEFUL OUTBREAK OF XENOPHOBIC VIOLENCE. A MOZAMBIAN MAN WAS BURNT TO DEATH IN THE STREET QUIRTSIDE HIS SHACK. NEARLY SIXTY OTHER PEOPLE DIED. PROPERTY AND ACCOMMODATION WERE DESTROYED. MANY THOUSANDS OF FOREIGN NATIONALS AND ILLEGAL IMMIGRANTS, THE MAJORITY FROM ZIMBABWE, FOUND THEMSELVES IN REFUGEE CAMPS, OR SHELTERING IN POLICE STATION GROUNDS AND CHURCH HALLS. ON THE WINDOW OF ONE CHURCH HALL IN JOHANNESBURG HAD BEEN DISPLAYED A QUOTATION FROM NELSON MANDELA: ‘NEVER, NEVER AND NEVER AGAIN SHALL IT BE THAT THIS BEAUTIFUL LAND WILL AGAIN EXPERIENCE THE OPPRESSION OF ONE BY ANOTHER.’ TO WHICH THIS IRONIC REJOINDER HAD BEEN ADDED: ‘BUT NEVER IS HAPPENING AGAIN’.

RECOGNISE THE STARS ON THE FRONT COVER?

Here are their names (clockwise from top right): They’re just four South African musicians who have identified with an anti-xenophobia initiative called Not In Our Lifetime. There are scores of others. Some of their photographs can be seen running along the bottom of the page, and continuing all the way through the University of Limpopo’s response (a powerful contribution from Professor Mahlo Mokgalong) which ends on page 21.

Liam Lynch  Leslie Kusumba  Tumi

Not In Our Lifetime, which was launched in July and is strongly supported by MTN, is a music-driven awareness, educational and fundraising initiative aimed at spreading a positive message about South Africa and Africa as well as raising much needed funds to assist with initiatives linked to displacement, education and entrepreneurship.

As a spokesperson for the initiative comments: ‘Musicians have the power to touch lives and change attitudes. Their music transcends borders and unites
disparate people. They have the ability to educate, inform and raise awareness. This is the thinking behind Not In Our Lifetime, a campaign that aims to reclaim what has been lost by the recent spate of xenophobic violence and by the crime that is ravaging South Africa.'

The photographs on the cover, and all those featured here and in the pages that follow, have been taken by Liam Lynch. He’s been taking photographs for Limpopo Leader for the past three years. He’s also increasingly sought after as a photographer in the music and advertising worlds - and he’s closely involved in the Not In Our Lifetime initiative. It is difficult not to be aware of the sense of silent disapproval that emanates from his striking portraits.

Not In Our Lifetime kicked off with the launch of a track - recorded when the xenophobia was at its height - of the same name and featuring a number of South African artists, including HHP, Slikour, Pro Kid, Siphiwe Dana to name a few.

The Not In Our Lifetime track communicates the message that our time should not go down in history as another era of tragedy. It aims to educate and uplift by avoiding a language of condemnation; instead, it reclaims Africa’s proud history of supportiveness, the starting point of an initiative that stands for peace and respect throughout the continent.

Not In Our Lifetime is aimed primarily at the youth but is an initiative that is for all to join to ensure that the legacy we all leave will be a proud and unified one. The initiative has also been created to find solutions by involving young opinion leaders and opening up discussions. The initiative invites musicians, artists, poets, the business sector, industry players and media to join the initiative to assist in growing the initiative and creating a positive movement throughout the continent.

Phase one of the initiative will include an awareness-generating music video featuring all the artists who participated in the production of the Not In Our Lifetime track, a series of public service announcements that will shortly be aired on television, various music events beginning with a Not In Our Lifetime concert to be staged in August, and the distribution of merchandising with strong messaging to be sold at the music events.

Ernst & Young will audit all funds raised for the initiative. Other supporting companies and institutions include: MTN, Jazzworx Studio, Lumko Dukashe Productions, Nandos, Loxion Kulca, ZA Kingmakers, Speakers Corner, Ernst & Young, Ventilation Productions and Liam Linch Photography.

Musicians and others interested in identifying with the Not In Our Lifetime initiative should contact Kim Sears: tel 079-494-0776; e-mail info@notinourlifetime.org.za
Is this eruption of violence against strangers in our country surprising? We will return to this question in due course, suggesting on the one hand that mimesis of the past oppressions has been entrenched in our society, and this is especially pronounced in a recognition of otherness resulting in fear and hate.

The constructs of our present xenophobic crisis are to be found in our recent past. For the apartheid government to succeed in its “divide and rule” policy, it had to strengthen the concepts of ethnicity and tribalism. A patchwork of homelands was the result of the conceptualisation of apartheid with the main idea being to separate our nation into controllable ethnic groupings. The seeds of xenophobia were sown, and today we pluck the fruit of an overwhelming ethnocentrism. In a strange twist, the people who were classified as lower class citizens, have responded mimetically and consider people from elsewhere in Africa as inferior: the erstwhile downtrodden have become the copycats of the former regime, reminiscent of George Orwell’s pigs in his novel 1984.

Another reason is the incomprehensible approach our government, and specifically our president, has taken to the crisis in Zimbabwe. It cannot be denied that South Africa is a popular destination for economic refugees. Thousands upon thousands of people flock to this country from the furthest reaches of Africa – and beyond – to seek a living in this country. When crises of various kinds, like war and famine, threaten their...
Two prominent reasons for the mounting intolerance of outsiders are given: the loss of jobs to immigrants, and the unabated crime wave. To the deadly cocktail, add unremitting poverty. When these phenomena are introduced and entrenched in communities already under stress because of deficient social and economic structures, it is as if a bomb has been primed, set to explode at a random time. With people, citizens, labouring under the perceptions as described above, the very sight of material wealth, displayed in a vulgar manner, may be a catalyst for the attacks.

Under the guise of Broad-Based Black Economic Empowerment (BBBEE), a laudable theory imbued with lofty rhetoric, those who have already entrenched their material gain have sought to accumulate even more wealth, at a cost to the previously politically disenfranchised. The newly moneyed class is able to protect itself behind barriers of gated communities, body guards and armed response units, while in the new suburbs of low-cost housing and ghettos, the hungry eyes of liberated South Africans could only look at the ostentatious, vulgar display of materialism with powerless envy. South Africans have also

* MIMESIS* AND ALTERITY*

*These words, favoured by scientists, have their approximate equivalents in 'mimicry' and 'otherness'.

**Professor Mahlo Mokgalong**

**KB Lungelo Relo**
Why should we combat this manifestation of xenophobia rolling across our country? The answer trotted out has become a platitude, tragically superficial: because the African people who have sought refuge in our country were those who gave us succour during the protracted period of our liberation struggle. This is true. Absolutely. But this cannot be the only answer, the main answer.

We should combat xenophobia and its corollaries – racism, ethnicity, tribalism – because they are premised completely on falsehoods, myths, and primarily on a distorted, shameful view of our place, not only in Africa, but also in the world. We are part of a continent that is developing at an unprecedented pace. We have seemingly infinite natural resources at our disposal. The whole of our continent will benefit if everybody shares in its wealth, and if everybody is committed to construct and maintain an African identity. Instead, we destroy each other, and in that process we are ourselves annihilated.

The problem with xenophobia (or rather, one of the problems) is this: it destroys indiscriminately. This is not immediately apparent. Removed from the terrible atrocities, we see the burning of vehicles, and hear the body count mounting. But we are not engaged; after all, it does not involve us. But sooner or later, we will be exposed to the creeping destruction, despite our indifference. The often quoted words used by Pastor Martin Niemöller are illustrative of the dangers posed by our indifference to xenophobia.

Although they have been quoted frequently by other commentators in the recent past, it may be salutary to acquaint ourselves with them once more. He said of the Nazis:

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\text{ selfishly laid claims to empowerment only for themselves. In their acts of separating themselves from their countrymen, and from the continent, and by engaging in the exploitation of the largesse heaped on them through a weak administration, they have brought about an alienation of our country from our continent. The rest of the continent, as far as they are concerned, can languish and decay, and be ruled by tyrants who do not care about human rights and dignity, despite our country being a signatory to the Universal Declaration of Human Rights.}
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A few of the articles dealing with appropriate sections of the Universal Declaration of Human Rights are cited:

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\text{A r t i c l e } 3: \text{ Everyone has the right to life, liberty and security of person.}
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\text{A r t i c l e } 6: \text{ Everyone has the right to recognition everywhere as a person before the law.}
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\text{A r t i c l e } 12: \text{ No one shall be subjected to arbitrary interference with his privacy, family, home or correspondence, not to attacks upon his honour and reputation. Everyone has the right to the protection of the law against such interference or attacks.}
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\text{A r t i c l e } 13: (1) Everyone has the right to freedom of movement and residence within the borders of each State.}
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\text{A r t i c l e } 14: (1) Everyone has the right to seek and to enjoy in other countries asylum from persecution.}
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On perusal of the above, it would appear, then, that South Africa has paid lip service only as a signatory to the Declaration.
The gap between rich and poor is becoming wider and wider, despite so-called empowerment deals. The people affected are not only those who have come to our country from elsewhere but are mostly our own people. The recourse they take is to blame the immigrants for the increased poverty, real or imagined. The only solution to this lies in a redistribution of wealth.

When one talks about the redistribution of wealth, all kinds of fears are ignited. We imagine nationalisation on a grand scale; we recall images of excesses from across our borders; we become desperate to escape this country with at least some of our wealth. These fears are unfounded if the policy is implemented rationally, deliberately and equitably. What is meant by a redistribution of wealth is really a humane sharing of resources. Shifting the preponderance of capital wealth from white ownership to a finite group of empowered blacks is not redistribution; it is an entrenchment of material privilege that divides our nation even further.

Soon, those housed in camps will be forced to be reintegrated into their communities, with the government apparently believing the scourge has been eradicated and that it is safe for people to return ‘home’. Who can blame the unfortunate victims for feeling sceptical? Who can blame them for not trusting the government to ensure their safety when the record of securing the safety of the country’s own citizens is so infinitely dismal?

To say that xenophobia is abhorrent is an understatement. To say that we should act against the perpetrators equally so. To say that we should find lasting solutions and to deal with the root causes? Yes. We live in hope, everlasting hope.

They first came for the communists and I did not speak up because I was not a communist; Then they came for the Jews and I did not speak up because I was not a Jew; Then they came for the trade unionists and I did not speak up because I was not a trade unionist; Then they came for the Catholics and I did not speak up because I was a Protestant; Then they came for me – and by that time there was no one left to speak.

At the heart of our xenophobia is the lack of the kind of moral fibre a nation requires to build and to prosper. Empires crumble and fall when basic morality is subverted. In our country, the signs are too palpable: a president embracing a heartless, soulless, evil ruler; business leaders who make corrupt deals, blatantly; politicians involved in scams; calls made irresponsibly by grandstanding oafs to kill. Sadly, the list is endless.

In a land of abundance, and our country is truly blessed with resources, and diligent workers, and the best weather to be found on the planet - there are climatic constraints, though - people wander the streets, hungry. Food poverty? Farmers are murdered on an unprecedented scale. Land claims are mouldering somewhere, tangled up in bureaucratic jungles. Yet nothing is done to address these fundamental issues. The signs pointing to incipient violence were there for the government to read - but they did not act and widespread violence has been the result.

Dobet Gnahore

Thomas Msengana

Slikour
IT’S BEEN A REMARKABLE TURNAROUND. In little over a year, the Dr George Mukhari Hospital transformed from a strife-ridden, financially-strapped institution that had failed accreditation for three years, to one that not only was accredited with an aggregate of 97% on 30 August 2007, but also closed its financial year on a high note.

‘For the first time in the hospital’s history the revenue section reached the set target in revenue collection,’ reads a glowing article in the April/May 2008 edition of Health Talk, Gauteng Provincial Government’s magazine for health workers. ‘What a year this has been, things really picked up in the second half of the financial year. I was proud to record that we not only reached our target, but we exceeded it, and are still going strong,’ said Jan Napo, Director of Finance for Dr George Mukhari Hospital (DGMH) in the article.

In fact, the overall change was so dramatic that it attracted the attention of President Thabo Mbeki who paid an unscheduled visit to the hospital on New Year’s Day this year, accompanied by Dr Manto Tshabalala-Msimang, Minister of Health; Brian Hlongwa, Gauteng MEC for Health; and other senior officials – and found everything in smooth running order. He visited the New Year babies in the maternity ward as well as other centres of excellence in the hospital, and congratulated staff on the hard work and dedication that was so evident throughout the hospital.

At the helm of the team that made the difference was Gale Ramafoko, CEO of DGMH for two years – until 13 June this year, when he left DGMH in search of further challenges, this time with the Department of Social Services on the West Rand.

Ramafoko was appointed the hospital’s CEO in mid-2006 following the Gauteng Department of Health’s decision to decentralise powers into the hands of the management of its hospitals. The role of the provincial health department then shifted from an executive and administrative management role to
a more supportive role of setting guidelines and provincial policy. The aim was to improve planning and decision-making processes in the institutions.

When Ramafoko joined DGMH in July 2006, he found that most of the shop stewards had been suspended following labour unrest. ‘It’s difficult to start something when you don’t have people on board,’ he says. He duly set about instituting change. He presented his vision for the hospital to his leadership team - and obtained their support for the changes he believed needed to be made. A memorandum of understanding, which outlined points such as internal systems of communication and conflict and dispute handling methods, was signed by top management. All suspended staff members were reinstated with no charges laid against them.

‘Areas that needed urgent attention included a lack of trust and good relations between organised labour and management, which were critical for the success of the hospital; very limited commitment by hospital employees who had not been held accountable for their areas of work; no clear understanding of the vision of the hospital; lack of general cleanliness; lack of nurses uniforms; a high rate of theft and losses; and renovation of crucial areas such as ablution facilities,’ elaborates Ramafoko.

He started the process of change by establishing what he terms a psychological contract with all employees. This contract entailed work place democratisation, involvement and empowerment at all levels, and team work, combined with consultation and worker participation in the vision and strategy of the hospital. Simply put, firstly, all employees were given clarity on their individual job descriptions, as well as on the importance of their roles within the hospital, and, secondly, all employees were asked to commit to the hospital’s vision of healing every patient who came in.

Ramafoko shifted the focus from top management to lower level managers and supervisors and instilled in them a sense of being change agents. He took them away on a ‘bosberaad’ and listened and talked - and listened some more.

Within a couple of weeks of having joined the hospital Ramafoko took two days’ leave and went off to reflect quietly by himself. He came back with a strategy which he presented to his team. ‘From the start I made sure that we all believed that the strategy would work for all of us. Partnership with all employees as team members was at the heart of our success,’ he states.

The model for the financial turnaround of the hospital was established on a similarly consultative basis. Having established common priorities through the shared vision, Ramafoko set up committees representing different department groups that discussed all financial issues and together assessed the needs in relation to the budget - with a commitment to revisit the budget on a quarterly basis. Organised
The DGMH saga
RAISING THE STANDARD OF HEALTH SERVICES IN GA-RANKUWA

win-win for both sides. ‘Accepting that our patients are the most important people in this institution; we are getting many compliments from them on the level of professional care and attention they get while in hospital, in all the departments.’

What did Ramafoko see happening after his departure? Business as usual, he maintains. ‘The goals are set and the strategy is sustainable; the systems are in place; everyone knows that people are as important as the service we expect from them; top management is committed to the strategy and is involved in the operational activities; and organised labour has given me their personal commitment to continue this journey of improvement that we have started together.’

Ramafoko explains the drive that keeps him single-mindedly focused on his goals. ‘Investing in people and knowing that the investment is growing. And for people to translate the investment back into the community. I am inspired by seeing patients admitted to the hospital ill and unable to walk – and afterwards, being discharged and walking on their own again. It makes me believe that I am not only a leader, but also a community servant.’

labour was also involved in the budgeting process, every step of the way, as was the hospital board and heads of departments.

In fact, Ramafoko had all staff working so dedicatedly at turning the hospital around that organised labour ‘forgot about having strikes, even when health workers throughout the country were on strike!’ he quips.

Reducing theft and losses also involved making sure that everyone understood they were on the same side, working towards the same goals. While labour had not condoned fraud and theft, effective controls had not been in place and generally a blind eye was turned to incidents. That changed. Security measures were improved and with the shift in accountability to the people who worked in the respective departments, incidents of theft and losses dropped dramatically.

Achieving accreditation was a major milestone for the hospital. Before that, and after several failures, many staff had come to believe that it was an impossibility. To make it work this time, a full assessment was conducted and gaps were identified. Multi-disciplinary teams were established called The Big Five – Lion, Leopard, Elephant, Rhino and Buffalo – each of which held responsibility for a different area of the hospital. The teamwork generated excitement and enthusiasm, but most importantly, each team accepted full ownership of their respective projects.

The proof is of course in the results. On 30 August 2007, DGMH was accredited for two years on standards of hospitality and cleaning in the in-patients unit, for facilities, for equipment and service standards, for high pharmacy standards, for the out-patients unit, and for top management.

The Big Five teams continue to operate, monitoring standards in their areas and intervening in problem areas to make sure that the newly established standards are maintained. ‘The exciting thing was to see just how enthusiastically the entire hospital embraced and took responsibility for accreditation as soon as it was recognised as a possible achievement for us – from executive level right through all the ranks,’ comments Ramafoko.

In terms of the hospital’s relationship with the university – the Ga-Rankuwa campus of the University of Limpopo – Ramafoko believes the situation is
KEEPING THE LINES OF COMMUNICATION WIDE OPEN

THE DGMH COMMUNICATIONS DEPARTMENT LAST YEAR SAW A TREMENDOUS BOOST IN ITS CAPACITY. Its staff complement was enlarged from one person to 10. The result: a vast increase in its output and effectiveness through posters, a newsletter, and a vibrant hospital radio station.

The communications editorial team consists of Nolonwabo Bashe, Kealeboga Mohajane, Oliver Maway, Pauline Sekgabi and Mmanoko Manamela. Keeping staff motivated and informed was a fundamental element in the success of Ramafoko’s turnaround strategy – and this was largely achieved through three communication campaigns.

Posters with messages from the CEO, emphasising the ‘5 Cs’ - caring, cleanliness, competence, communication, cost-effectiveness - adorn the office and passageway walls in an effort to keep staff focused on the hospital strategy.

Another communication success was the launch of an in-house staff newsletter called DGMH Times, passing on news and insight into developments at the hospital, as well as sharing and celebrating successful achievements at staff and department level.

The radio station – Dr George Mukhari Hospital Radio – which had been operating, though on a smaller scale, since 2002 - adjusted its programming to better suit its listenership of staff members (about 4 000), visitors (about 3 000), in-patients (1 600), and about 1 000 daily out-patients. It broadcasts from 6am to 10pm daily and is headed by Vincent Serumula.

The objectives of the radio station were re-evaluated and entrenched in the new overall communication strategy. They include improving communication throughout the hospital, improving patients’ perceptions of health education, creating a soothing environment, educating the community on health related issues and health policies, and improving staff morale.

Communication methods are constantly under review to ensure that ‘the under-communication syndrome of old is replaced with over-communication’, states Bashe.
to obtain her Diploma in Midwifery in 1974 and in Intensive Nursing in 1980.

Her thirst for further knowledge then took her on to a B.Cur nursing degree in Administration and Community Health Nursing and a Diploma in Nursing Education - both through Unisa, and a postgraduate course in Primary Health Care Management through Wits Postgraduate School. Kuypers has also completed certificate courses in home-based care and palliative medicine, in financial management, and in hospital management.

As her career has progressed, Kuypers has worked at various Gauteng hospitals, including Vereeniging, Chris Hani Baragwanath, Hillbrow, and Dr Yusuf Dadoo Hospital in Krugersdorp, where she was the Assistant Director: Nursing. For four years in this position, she faced and overcame the challenges of racism, abnormal staff allocations, and the transformation of a conservative white hospital.

Kuypers' responsibilities at DGMH for nursing care services entail four main components: human resource management, education and training, patient care, and research. Staff-wise, she now has approved posts for a total of 2,405 staff members, but a little sardonically points out that the posts may have been approved but not the money to fill them. In spite of this Kuypers is able to say: 'It's not all doom and gloom. We do have a post-filling plan and phases will be implemented as and when budget is available. At the moment we are in phase one and have advertised 101 posts of different ranks.'

An ongoing concern is the emotional trauma her nurses experience as a result of the high death rate of HIV/AIDS patients, the increasing number of violent crimes that mean brutalised patients and gruesome mutilations. Programmes have been put in place through a private company to provide psychological counselling to nurses and other medical staff who have had to contend with severe emotional distress.

THE BEDROCK OF THE PUBLIC HEALTH SECTOR is how Minister of Health Dr Manto Tshabalala-Msimang, described nurses when she signed the new Occupational Specific Dispensation (OSD) in September 2007.

Florah Kuypers, Deputy Director of Nursing at DGMH agrees. Motivated nurses can make all the difference to a hospital – which means that ‘really keeping her staff motivated’, is one of her ongoing goals. And she’s proud of the service that her 1,235 nursing staff provide the hospital – sometimes against the odds.

Nursing at DGMH has, as in all the Gauteng provincial hospitals, been through tough times in the past few years. The restructuring of the public services in 2004 resulted in severely diminished staff allowances. Lower staff numbers obviously make adequately efficient and professional nursing just about impossible. But things are different now. The OSD has seen nurses returning to South Africa’s public services from higher paid posts in the private sector and in countries such as Saudi Arabia.

In the OSD agreement, there are two phases to the salary adjustments – the minimum adjustment in line with the OSD and the re-calculation and progression based on recognition of relevant experience. As part of phase one, entry level salaries for staff nurses are being increased by 20% while entry-level salaries for nursing assistants and professional nurses in general nursing have increased by 24%. As many as 100,000 nurses employed by government are benefitting from this agreement.

‘It’s been a wonderful move by government. It’s making it easier for me to achieve my objective of providing this hospital with the best caring nurses and, in turn, providing the nurses with state of the art equipment to best do their jobs.’

Kuypers joined DGMH in May 2002, more than 30 years after having achieved her Diploma in General Nursing at Vereeniging Hospital. She went on
In the education and training field, DGMH has at any given time 1 000 student nurses doing their four-year diploma course through the SG Lourens Nursing College, post basic training through DGMH or other nursing courses run by the college, and the four-year B.Cur nursing degree programme available through Medunsa.

Kuypers says DGMH’s nursing patient care standards are high, and over and above that, there are pockets of excellence. ‘The trauma unit is one,’ she says. ‘The nurses there see a number of emergencies every day. They have been given the skills and the equipment to cope with a wide spectrum of traumas - and they perform exceptionally well under highly demanding circumstances.’

Another area of excellence for Kuypers is the burns unit. Kuypers had experience in the Hillbrow Hospital which featured a sophisticated burns unit. Soon after joining DGMH she had a patient in general surgery with 80 percent burns. ‘I decided there and then that it was essential that we have our own burns unit here. The extensive use of wood fires and paraffin stoves in the hospital’s catchment meant that burns were recurring problem.’ The unit became a reality in 2006 and provides an invaluable service to the local community.

Kuypers is also delighted with the strides being made in patient care of HIV/Aids patients through Tshepang ARV Clinic (which featured in Limpopo Leader no. 13). ‘The HIV challenge is growing all the time; and the team in this clinic is constantly finding ways to improve the service it offers its patients all the time.’ The Tshepang Clinic was first runner up in the prestigious provincial Khanyisa Awards for ‘projects within institutions that have made a difference in terms of service delivery’.

At the awards, the clinic was commended because, according to reports, ‘the people who work at Tshepang are not ordinary; they are there for a reason. The staff members are so committed that when the clinic is really busy, they seldom go for tea or lunch breaks. This is why the clinic is so successful; it has a call beyond the ordinary, it has a goal and a purpose’.

Her ongoing challenge, says Kuypers, is to ensure that standards are constantly being raised within the nursing discipline of DGMH. ‘Many of our staff are trained at different institutions and therefore have different ways of caring for patients. We must standardise our procedures and protocols and create one way of caring - the right way; the DGMH way.’
The DGMH saga

A SOUND STRUCTURE MEANS A STRONG INSTITUTION

Restructuring is often not a word that holds great promise. But it can be. And when Gauteng Provincial Health Department introduced capacity building to its hospitals in 2002, it also introduced a complete restructuring of the top management structure. This meant a move away from the long worn-out ‘medical superintendent-run hospital system’ to a more businesslike approach: a CEO and several non-medical senior management positions.

‘This development, together with various others within DGMH, has worked well for us here,’ says Reuben Letsoalo, the hospital’s Human Resources Director.

‘We have been through uncertain times in the past few years,’ he acknowledges. ‘Most particularly has been the lack of clarity about whether Medunsa was relocating to Polokwane or not, which saw a tremendous exodus of senior clinical staff to other academic hospitals – because that relocation would have meant a probable adjustment of the status of this hospital from a level-three academic institution to a regional-level hospital.’

Even before the June 20 announcement that there would be no physical relocation of the health science faculty, and that Medunsa (now called the
The DGMH saga

A SOUND STRUCTURE MEANS A STRONG INSTITUTION

Ga-Rankuwa campus of the University of Limpopo would continue to be the primary site for training health care professionals, Letsoalo was convinced that this would be the outcome. His conviction was based on the Department of Health’s reinstatement of previously phased out chief specialist posts. 'It was a very encouraging move and helped to stem the tide of medical professionals leaving our hospital,' says Letsoalo.

Letsoalo obtained his BA at the University of the North in 1990, which was followed by a BA Hons through Unisa, followed by a Masters and an Advanced Certificate Programme in Health Management in 2002, and a course on Policy Development and Implementation in 2006 - all from the University of Pretoria. His work experience includes some years with the Department of Education and Training as a personnel practitioner, and in the private sector in industrial relations. He joined DGMH in 2002.

Outlining the hospital management structure, Letsoalo says it now consists of CEO and deputy CEO posts (both of which are unfilled at present); and three directors – of HR, Logistics and ICT (held by Letsoalo); Clinical Services (held by Dr Peter Ddungu); and Finance and Supply Chain Management (held by Jan Napo, who is the acting CEO until the post is filled).

Below the Director of HR are two deputy directors and six assistant directors.

The Clinical Services Director has a Deputy Director of Nursing -- Florah Kuypers -- and a Deputy Director of Allied Services (such as radiography, physiotherapy, occupational therapy, social work, orthopaedic and prosthetics, and clinical psychology). Also within Clinical Services are four Clinical Executives in charge of medical (Dr Pertunia Shembe), surgical (Dr Mpho Ditshego), critical care (Dr Fred Benganga) and mother and child disciplines (Dr Rita Nathan).

Finance consists of a Deputy Director of Finance and a Deputy Director of Supply Chain Management, and three assistant director positions.

Letsoalo has also witnessed a dramatic improvement in the day-to-day running of the hospital since the institution of the five multidisciplinary teams – The Big Five – consisting of about 40-50 people in each team, that meet monthly and contribute significantly to the smoother running of the hospital by tackling challenges and addressing issues as and when they arise.

‘Another area that has seen some improvement is the administrative management at ward level,’ Letsoalo says. ‘Previously two wards were sharing one admin clerk. Now the hospital employs one clerk per ward. This has made a big difference in the quality of administrative support and patient management.

‘But,’ adds Letsoalo, ‘an area that has been sadly neglected and needs urgent attention is the level of use of the hospital's Medicom ICT system by clerks, nurses, doctors, and other support staff. This system can make the dissemination of information from one department to another – such as from a doctor to the pharmacy – much easier.’

On being admitted, a patient's details are captured on the system and then at every stage of the patient's treatment, entries should be made, giving a full picture of the regimen followed. But use of the system is low throughout the hospital and the ever-hopeful Letsoalo has plans to encourage increased buy-in.

There is no doubt in Letsoalo’s mind that there are challenges to be overcome in DGMH. But he's confident that the structure exists to make that process a lot easier than it has been in previous years.
Success had already been a close companion of his for many years. When he took over as superintendent at the 430-bed Donald Fraser Hospital, he found there were tensions among the senior management team. He drew up a code of conduct which outlined, among other things, the minimum standards on how to treat other staff members. This was developed for and signed by the senior management team and was the start of a growing respect as people understood others’ perspectives. This co-operation bore fruit in several sectors. For instance, the hospital premises had been dismal and poorly kept. Ddungu got the community involved in landscaping the property ‘because it belonged to them too’ and turn it into beautiful gardens. The result was that the community

Dr Peter Ddungu
therapy, social work, orthopaedic and prosthetics, and clinical psychology. ‘In other words, I look after the people who offer direct patient care. What they deliver must be up to standard.’

His biggest challenge had been the uncertainty of the future of the Medunsa campus, and whether DGMH would continue as an academic hospital. ‘But when the Department of Health announced the decision in April to unfreeze and advertise eight chief specialist posts for this hospital, the impasse was resolved. We had been haemorrhaging staff badly. The announcement was a big deal and eased a lot of pressure. My sense was that the decision to restore the chief specialist appointments was recognition enough of the reality to preserve this service, even as the Limpopo Medical School is being built up.’

Also encouraging has been significant investment by the provincial health department into facilities, such as the new MRI scanner and the provision of funds to relocate the orthopaedic workshop to a better site. While the staff situation is improving, Ddungu says that it remains an ongoing challenge. He continues to motivate for more personnel in some departments and consolidate posts in others to try to attract people with better pay structures. He also wants to see more ward clerks on the staff because that would make a positive difference to record keeping, research, handing over, and maintaining the hospital information system more effectively – day and night, and over weekends and public holidays.

It ties in with his ‘dream’ of an effective system to deal with all adverse clinical events – deaths, near misses, and lengthier hospital stays than necessary. ‘We need a system that practically runs itself and prevents these situations from happening in the first place. This means a tremendous amount of information sharing at many levels, but it is possible. We have reporting systems at the moment, but at best they are patchy. It’s something we are working on and will be reviewing until we get it right.’

And ‘getting it right’ is high on Ddungu’s daily list of priorities. He earned the CEO’s Service Excellence Award for that very reason.
LETTERS TO THE EDITOR

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