Employment injury protection in southern and eastern Africa

Harare
20-21 October 2014

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TEBA Limited
BACKGROUND

• Established over 100+ years
• Operates in southern Africa
  • Mozambique
  • Lesotho
  • Swaziland
  • Botswana
  • South Africa
• Database of current and ex-mineworkers
TEBA’S STRATEGIC SERVICES

- Job readiness and recruitment
- Work life solutions
- Community development
- Social and benefits support
### Employment Injury Protection

<table>
<thead>
<tr>
<th>Act</th>
<th>Function</th>
<th>Enforcement agency</th>
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<tbody>
<tr>
<td>Compensation for Occupational Injuries &amp; Diseases Act (COIDA), 1993</td>
<td>Provides medical cover and compensation for occupational injuries, diseases in most workplaces</td>
<td>Department of Labour</td>
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<tr>
<td>Occupational Diseases in Mines &amp; Works Act (ODMWA), 1973</td>
<td>Provides compensation for occupational lung diseases in mines, quarries</td>
<td>Department of Health</td>
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<tr>
<td><strong>Occupational Diseases in Mines &amp; Works Act</strong></td>
<td><strong>Compensation for Occupational Injuries &amp; Diseases Act</strong></td>
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<tr>
<td><strong>Administration</strong></td>
<td>Department of Health</td>
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<tr>
<td>Department of Health</td>
<td>Department of Labour; Rand Mutual (RMA) &amp; Federated Employers (FEMA)</td>
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<tr>
<td><strong>Coverage</strong></td>
<td>Mine workers for lung diseases only</td>
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<tr>
<td>Mine workers for lung diseases only</td>
<td>All workers in formal economy for injuries, diseases except mine workers under ODMWA</td>
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<tr>
<td><strong>Funding</strong></td>
<td>246 mines &amp; works levied (risk-rated through Risk Committee)</td>
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</tr>
<tr>
<td>246 mines &amp; works levied (risk-rated through Risk Committee)</td>
<td>400 000 employers levied (risk-rated on claims record)</td>
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<tr>
<td><strong>Organisation</strong></td>
<td>• Office in Johannesburg</td>
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<tr>
<td>• Office in Johannesburg</td>
<td>• Offices in Pretoria</td>
<td></td>
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<tr>
<td>• CCOD, MBOD &amp; NIOH (service delivery)</td>
<td>• some decentralisation through</td>
<td></td>
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<tr>
<td></td>
<td>Department of Labour regional offices</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Rand Mutual and Federated Employees</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• some decentralised offices</td>
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SOCIAL AND BENEFIT SUPPORT

- HIV/AIDS
- TB
- Silicosis
- Spinal cord injuries (SCI)
### TB Process

**At Mine**
- Mine informs TEBA of repatriation

**At Health Facility**
- Health facility enters patient into NTBCP within 21 days of enrolment
  - Monitor patient's treatment (including pill count)
  - Provide feedback to customer on tests (e.g., TB, HIV)
  - Health facility and HBC supporter check medication for NTBCP
  - Captured info into TB system

**At Home (1st - 6th month)**
- Start intensive care and support
  - Monitor patient's treatment (including pill count)
  - Manage and record side effects
  - Record health progression
  - Provide prevention education to family
  - Give positive living and health-seeking behaviour talks to patient
  - Provide feedback to customer on tests (e.g., TB, HIV)

**Lost-to-Follow-Up**
- Three continuous visits to confirm lost-to-follow-up and capture patient into TB system
- Track, re-instate patient to treatment

**Defaulted**
- Capture info into TB system
- Encourage patient to continue treatment
- Check with health facility about suitable next treatment regimen
- Refer client to health facility for checking of MDRTB

**Death**
- Capture status into TB system
- Bereavement counselling
- Provide copy of death certificate to customer

**Discharged**
- Capture info into TB system
- Clinic provides test results to TEBA
- TEBA sends results to customer
- Transport patient to customer (on request)
- Visits completed
ACKNOWLEDGMENT OF TRANSFER (to be completed one month after receiving treatment card)

From: BEATP/X Centre
To: SOGA Clinic

We have received the transfer form and treatment card of (insert patient name) - Tsekiwane, Loretty X.

The patient has □ has not □ been seen in our facility to continue their treatment.

Name: Mpendu
Surname: Ndoni
Date: 04/06/2014

W1834736
SILICOSIS

• Aim of Benefit Medical Examination
  
  • provides mandatory reporting of occupational lung diseases to Medical Bureau for Occupational Diseases (MBOD) in Department of Health
  
  • provides benefits to workers who develop occupational lung diseases
  
  • provides benefits for dependents of workers who die from occupational lung diseases
  
  • no racial discrimination since Amendment Act of 1994
  
  • Amendment Act of 2002 provides medical benefit examinations once every 24 months
SILICOSIS PROCESS

1. List of silicosis patients received from mine
2. TEBA captures patients on silicosis system
3. System searches for patient on TPS system
4. Patient record found on TPS
   - Import patients
   - Add patients
   - Generate notification
5. Regional co-ordinator receives new patient notification
6. Field office captures patient visit report
   - Care supporter conducts visit at patient’s home
   - Completes report
7. Confirm patient clinic appointment
   - Clinic appointment complete
   - Medical assessment complete
8. Generate record of service, finger prints
9. Driver collects patient
10. Submit documents to MBOD
11. • Clinic appointment complete
    • Medical assessment complete

TEBA captures patients on silicosis system

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**HOME-BASED CARE (HBC) PROCESS**

1. List of repatriated patients received from mine
2. TEBA captures patients on HBC system
3. System searches for patient on TPS system
4. Patient record found on TPS
5. Regional co-ordinator receives new patient notification
6. Head office co-ordinator evaluates, consolidates report
7. Field office capture patient visit report
8. Submit report to mine
9. Head office co-ordinator evaluates, consolidates report

- Import patients
- Add patients
- Generate notification

- Care supporter conducts visit at patient's home
- Completes report
SCI HOME RENOVATIONS AND ADAPTATIONS:

BATHROOM

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SCI HOME RENOVATIONS AND ADAPTATIONS:

TOILET

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SCI HOME RENOVATIONS AND ADAPTATIONS:

KITCHEN

Employment injury protection 20-21 October 2014
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