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From *Last Grave at Dimbaza* to three tiny graves at Bloemhof. **1**

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e-mail: info@irr.org.zawebsite: www.sairr.org.za**From *Last Grave at Dimbaza* to three tiny graves at Bloemhof**

By a strange coincidence the *Sunday Times* on 8th June published an obituary of Nana Mahomo at almost the same time as the South African Institute of Race Relations issued a press release suggesting that affirmative action was partly responsible for the deaths of three babies in Bloemhof. Mr Mahomo, who had been prominent in the Pan-Africanist Congress, won awards for his film in 1974 highlighting the child mortality rate in Dimbaza, a dumping ground in the Eastern Cape for people forcibly removed in terms of the then government's policy of ethnic cleansing — a key component of apartheid. At the time the Institute was among those who sought to expose the tragic consequences of that policy and so bring it to an end. Though not to be compared with forced removals and related cruelties such as the pass laws, affirmative action is a key component of the ideology and practice of the ANC. The Institute's press release on the deaths at Bloemhof was designed to draw attention to some of the tragic consequences of this and other ingredients of ANC policy. These include a crumbling healthcare system and crumbling municipal infrastructure.

On 10th June the secretary general of the African National Congress (ANC), Gwede Mantashe, telephoned in to a radio station to attack the statement by the Institute of Race Relations (IRR) that affirmative action was 'killing babies'. Our statement was attacked by a few others as well — although Cyril Ramaphosa said last week that the press should 'condemn [the government] when children die of contaminated water'.

Our statement was a headline on a press release about the deaths of three babies in Bloemhof after drinking con-

taminated tap water. The municipality had reportedly 'lost its capacity' to maintain its sewerage plant. We said that affirmative action was part of the reason for the appointment of the responsible officials, so there was a direct causal link between the policy and the deaths.

According to newspaper reports the contamination was caused by sewerage spilling into the town's water supply. Between 300 and 500 cases of diarrhoea have been recorded in

Why do so many babies and mothers die of 'preventable' and/or 'avoidable' causes? Why do sewerage systems collapse? Why do contractors fail to fix holes in pipes?

Bloemhof. The municipal manager has been suspended, evidently for having failed to get a contractor to fix holes in sewerage pipes, and has since resigned.

Bloemhof is a town in the Lekwa-Teemane district municipality in the North West province near the Vaal River's Bloemhof Dam, which itself is in the Free State.

According to a paper issued by Parliament's research unit in March last year, diarrhoea is one of the major causes of the high mortality rate among neonatal infants in South Africa. About 40% of child deaths occur within the first 28 days of their birth. Most of these, says the paper, are 'preventable'. Also 'avoidable', according to a report issued by

the Department of Health at the end of last year, are the vast majority of deaths of mothers caused by bleeding during or after caesarean sections. Whereas infant and under-five mortality rates are declining, as are maternal deaths due to non-pregnancy related infections, maternal deaths due to bleeding during or after caesarean sections are 'increasing rapidly'.

Why do so many babies and mothers die of 'preventable' and/or 'avoidable' causes? Why do sewerage systems collapse? Why do contractors fail to fix holes in pipes? Much of the answer lies in how government in South Africa works — or fails to work. The reasons have a great deal to do with the criteria for appointment of staff at the national, provincial, and local levels. Affirmative action is not the only factor in play. Cadre deployment is another. Both are components of the strategy of bringing about a National Democratic Revolution (NDR) to which the African National Congress (ANC) has repeatedly reaffirmed its commitment.

Affirmative action and cadre deployment mean that appointments to government jobs are very often made on grounds of race and/or political allegiance to the ruling party. This is not whim or individual prejudice, but policy. Requisite skills and/or experience are subordinate criteria. This does not mean that all those appointed on grounds of race or political allegiance are unqualified. But a great many are. Given the skills deficits caused by Bantu education it could hardly be otherwise. It also means that posts are sometimes left vacant if the only person available to fill them is white. It further means that experienced people who happen to be white get out of the public service because they are denied promotion or encouraged to take early retirement. Moreover, one of the perverse consequences of affirmative action requirements imposed upon the private sector is that qualified people migrate from the public to the private sector to meet those requirements, denuding the public sector of scarce black skills.

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Nor is that the end of the story. It is further complicated by the lack of accountability in government from top to bottom. This is partly a function of our electoral system, which holds politicians accountable to party headquarters rather than to the electorate. But the pervasive sense of impunity in government also arises from the fact that politicians and government employees are seldom held to account. So a lack of accountability is now as much part of our political culture and practice as are corruption and nepotism. People who fail to do their jobs, or who defraud the State, do so because they know they can get away with it.

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A study by the Mapungubwe Institute for Strategic Reflection (Mistra) in 2013 found that 'patronage politics' was a persistent and widespread challenge of a 'toxic' kind at local level. 'Officials are simply not sanctioned for wrongdoing; it is as if malfeasance is condoned, which shows a failure of oversight or unwillingness to hold wrongdoers accountable, and institutional performance consequently suffers.'

Our system of government is indeed poisoned by a toxic mix of affirmative action, cadre deployment, and impunity. The 'lack of capacity' we hear about is a euphemism. People often 'lack capacity' because they don't need it to get or keep a job. Filling a racial quota or supporting the right party — or the right faction within it — are often more important.

City Press — which criticised the Institute for linking the deaths of infants with affirmative action — reported on 2nd February 2014 that the health minister had been appalled by some of the findings of an audit of national health facilities commissioned by his department and published in 2012. One part of the report dealt with 'vital measures' designed as safeguards against 'unnecessary harm or death'. The report found that the compliance score among the 3 880 hospitals, clinics, and other facilities audited was 30% on 'positive and caring attitudes', 34% on 'improving patient safety and security', 50% on 'infection prevention and control', 50% on 'cleanliness', and 54% on 'availability of medicines and supplies.'

The availability of essential drugs in clinics was a 77% 'failure'. The score for vital health technology in maternity wards and theatre was a 93% 'failure' in both cases. 'Given the high maternal mortality rates in the country, this area needs priority attention.'

All of this, the audit said, was despite the fact that public sector health funding had increased by an average of 8.5% a year in real terms over the past five years. Primary health care expenditure per capita had almost doubled in real terms from R666 in 2005/2006 to R1 100 in 2010/2011. South Africa was one of 12 countries whose mortality rates for children had increased since the Millennium Development Goal baseline in 1990, although there had been a gradual decline in the perinatal mortality rate from 38.6 in 2003/2004 to 31.0 in 2008/2009.

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Neither the report nor the minister made any reference to affirmative action, cadre deployment, or lack of accountability. But hospitals and clinics don't run themselves. They are run by people. When things go wrong on the scale revealed, it is not the result of happenstance or bad luck or just one of those things. It is the result of decisions made or actions taken — or not taken — by those people. So it is a logical inference that something is wrong with the criteria according to which appointments in these facilities are made.

Hospitals and clinics don't run themselves. They are run by people. When things go wrong on a major scale, it is not the result of happenstance or bad luck or just one of those things.

Behind all the statistical data in the 2012 health care audit report are individuals and a wealth of anecdotal accounts. One doctor said after the failure of generators at the Charlotte Maxeke Johannesburg Academic Hospital, 'The public is not safe. I'd be afraid to admit my loved one to our intensive care units.' Added a premier after touring 32 hospitals in his province, 'It cannot be right that people would prefer to stay home simply because they are afraid that when they come to government hospitals they will die because they are not attended to.' One woman had to be stitched up by torchlight when the generators at Chris Hani Baragwanath in Soweto failed. A one-time senior health official said of maternal

health in Mpumalanga, 'One may have the best drugs in the world, but if there is no proper care during labour and delivery, it is of no use. The patient may have antiretroviral treatment but, if she is not treated for bleeding after delivery she will die — not from HIV but from post-partum haemorrhage.'

A one-time head of a trauma unit said that government hospitals often ran out of pain-killing drugs. 'One day we run out of Panado, so we have to use morphine even on small babies. The next day there will be no morphine so we have to use Panado.' Last year a group of non-governmental organisations in the health field reported that 20% of more than 2 000 facilities surveyed ran out of antiretroviral and tuberculosis medication.

Small wonder then that the National Development Plan (NDP) adopted by the government and the ANC two years ago was so critical of our health system. Despite 'good policy' and 'high spending' as a proportion of gross domestic product (GDP), South Africa was suffering from a 'crumbling health system and a rising disease burden'. Healthcare management is 'in crisis'. Infrastructure and equipment in health facilities are 'in a desperate state'. Facilities in rural areas faced 'dire shortages'. Those in major urban areas were 'under severe strain due to a growing urban population'. The percentage growth in management posts had greatly exceeded that of professionals for service delivery.

The NDP's views on the public service were equally critical. Political interference had caused 'turbulence, undermining the morale of public servants and citizens' confidence in the State. Staff were often 'promoted too rapidly'. Moreover, 'there is a serious ambivalence towards skills in the public service', so that 'professionals in government institutions feel undervalued'. 'A deficit in skills and professionalism affects all elements.' The shortage was particularly severe at the municipal level, where

According to the NDP, healthcare management is 'in crisis'. Infrastructure and equipment in health facilities are 'in a desperate state'.

municipalities required engineers to build, maintain, and operate infrastructure. Even where these functions were contracted out, municipalities still needed the technical expertise to commission and oversee contractors. But efforts to extend access to basic services had not been accompanied by a comparable focus on ensuring the emergence of skilled professionals.' The problem had arisen partly because the State had retreated from its core role in training and producing professionals — unlike 'in the apartheid era' [when] it played an active role in producing them'.

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ing and producing professionals — unlike 'in the apartheid era' [when] it played an active role in producing them'.

Again, it is a reasonable inference that affirmative action and cadre deployment in the public service compound the problems arising from the country's skills backlogs — and failure to train government professionals. Moreover, the application of the mix of affirmative action, cadre deployment, and impunity to the country's largely poor schooling system will ensure that the problems plaguing the public service will keep on reproducing themselves. The same will apply to the public health system.

Anger at nepotism, corruption, and lack of accountability are among the reasons for the numerous localised protests and demonstrations that occur frequently across South Africa. On average five a day also involve public violence. But lack of skills is also a problem at local level. According to the Institute of Municipal Finance Officers, one third of all municipal officers, chief financial officers, and municipal supply chain managers do not have the right skills for the job. Three quarters of these posts are vacant. An audit by the South African Institution of Civil Engineering found that 83 of all municipalities — about a third of them — had no civil engineers, technologists, or technicians on their staff. Some 35% of these posts — enough for a thousand engineers — were unfilled, mainly because of budget constraints. The South African Institute of Electrical Engineers says huge numbers of engineers have been displaced.

Three years ago the *Financial Mail* reported that in small towns the push for racial transformation and to provide jobs for the politically connected had 'forced out hundreds of professionals, particularly engineers, and replaced them with managers with no professional skill'.

Water and sanitation services, including domestic waste water and sewerage disposal, are among the responsibilities entrusted to local government by the Constitution. Although the proportion of households with access to sanitation has been rising steadily, official statistics show that more than four million households (29% of the total) must make do with 'substandard toilet facilities'. Of the more than 820 wastewater systems assessed by the Department of Water Affairs, 56% have 'green drop' scores of less than 50%, which is the minimum rating for wastewater management. These figures indicate that very large numbers of people are potentially at risk.

Those at risk include households provided with improved sanitation. The *Financial Mail* has reported that many users don't enjoy access to services as pipes and pumps are broken.

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Also, pit latrines are improperly constructed so they fill up too soon and become unusable. According to a spokesman for the National Treasury, the emptying of ventilated pit latrines is the responsibility of municipalities, but the Department of Human Settlements has said that

Earlier this year the South African Institution of Civil Engineering said that the lack of water infrastructure maintenance was 'leading to people dying'.

50% of municipalities are not emptying latrines, especially those in rural areas. Two years ago Edna Molewa, then minister of water affairs, said that R573 billion was needed to avoid a water crisis, inter alia because 'there have been terrible weaknesses, especially at the municipal level in terms of maintenance'.

A report by the South African Institution of Civil Engineering (SAICE) in 2011 gave sanitation in major urban areas a rating of C minus and commented that 'waste-water leakage and spillage, especially into major rivers, is still too high'. Sanitation infrastructure in all other areas was given a rating of E minus ('unfit for purpose'). This rating means that infrastructure in these areas 'has failed

or is on the verge of failure, exposing the public to health and safety hazards.' SAICE added that the provision of new water and other infrastructure has been at the expense of maintenance. Earlier this year, SAICE said that the lack of water infrastructure maintenance was 'leading to people dying'.

Last year the South African Human Rights Commission reported that it had received 144 complaints over two years about the irregular supply and poor quality of water. These included complaints about dangerous bacteria in water arising from sewerage spills from towns upstream, as well as animal manure from nearby farms. The year before, when the Carolina municipality and its neighbouring township of Silobela in Mpumalanga sought a court order for the provision of clean drinking water after acid mine drainage had been seeping into the area's water supply, Ms Molewa said that there was a 'war against the state'. Her attitude makes a mockery of the constitutional right 'to an environment that is not harmful to health or well-being'.

Both maintenance of current, and construction of new, facilities pose problems for local government. South Africa has far too few artisans. However, the institutions designed to produce that type of skill — sector education and training authorities (Setas) and further education and training (FET) colleges — are themselves not up to the job. Nor is higher education producing sufficient numbers of graduate technicians and engineers, let alone accountants. One consequence is the chronic inability of local authorities to spend their infrastructure budgets. Another is an inability to manage tendering. A further problem is that construction contracts are sometimes given to companies which do not have the skills to implement them.

A crisis may be looming for the engineering sector in general. According to the South African Institution of Civil Engineering a large group of skilled white professionals are on the brink of retirement. There has been a substantial increase in the number of Africans taking engineering degrees.

Local authorities are chronically unable to spend their infrastructure budgets. Construction contracts are sometimes given to companies which do not have the skills to implement them.

However, says the Council for the Built Environment, students obtaining such degrees have 'theoretical knowledge but are not workplace ready'. The National Treasury has been reported as saying that applicants for key engineering jobs have very limited post-qualification

Africans now hold 69% of top management jobs in government. But relatively few Africans fall within the 35–64 age cohort from which one would normally expect top managers to be drawn, and only 4.1% have post-school training.

experience, and none in the State's infrastructure delivery management system. Tougher immigration regulations are likely to exacerbate the shortage. According to Allyson Lawless, managing director of SAICE Professional Development and Projects, local government in apartheid South Africa had 20 civil engineering professionals per hundred thousand people, a ratio which has dropped post-1994 to two per hundred thousand (as against 10 per hundred thousand in our neighbouring states).

Yet affirmative action remains the overriding policy. This is clear not only from the National Democratic Revolution, but also from the reports of the statutory Commission for Employment Equity (CEE). According to the CEE, Africans now hold 69% of top management jobs in government. But Africans within the 35–64 age cohort from which one would expect top managers to be drawn make up only 36% of the economically active population, while

only 4.1% of over 20s have post-school training. This suggests that affirmative action has been rigorously implemented in the public sector regardless of levels of experience or formal qualification. Ivor Blumenthal, a business strategy consultant, reported in May 2014 that he was seeing a cleansing of white employees out of the public sector.

With this, of course, has gone a loss of institutional memory. Moreover, Ms Lawless points out, job descriptions have been 'reworked on the basis that technical knowledge is not critical for the management of any department'.

Professional bodies and Mistra aside, some of the most damning indictments of the government's performance in health care and more generally come from official quarters. Whether the finger should point mainly at affirmative action, or at cadre deployment, or at the impunity that goes with lack of accountability is impossible to determine. The point is that the mix is toxic.

That government in South Africa is plagued by corruption, nepotism, incompetence, and lack of accountability is now widely recognised. A few people are beginning to identify cadre deployment as a problem. An earlier draft of the National Development Plan cited 'political deployments' as a problem, but this was deleted from the final version. Very few people are willing to identify affirmative action as part of the problem. One who has done so is Adam Habib, vice chancellor and principal of the University of the Witwatersrand. In a paper in August 2013 he identified affirmative action and cadre deployment as among the causes of the 'malaise' in the public service.

Adam Habib has identified affirmative action and cadre deployment as among the causes of the 'malaise' in the public service, which 'is now saddled with employees who have severe deficiencies in their skill sets'.

Professor Habib wrote: 'As black staff were being recruited, mostly white incumbents were allowed and even encouraged to leave.' Part of the reason for this, he said, was budget cuts. It nevertheless 'sabotaged the skills-transfer process. The very people who could have played the role of mentors were no longer in the public service, and black recruits, particularly newly qualified young graduates, were set up for failure as they entered.'

Despite all of this, the government and the ANC seem determined to pursue affirmative action. Given the country's human needs and its skills profile, this can only have dire consequences. South Africans need to wake up to the tragic results of the policies being implemented in their name.

Habib also observed that 'a public service manager would be rewarded for not appointing a white candidate to a vacancy, even if no black candidate was available, since employing a white candidate would compromise that manager's transformation targets and annual bonus. Despite the fact that such behaviour violates the spirit of South Africa's constitution, the quantitative character of the performance management system made it logical for managers to leave vacancies unfilled rather than appoint qualified white candidates.'

One consequence, he said, is that the public service 'is now saddled with employees who have severe deficiencies in their skill sets.'

These points need underlining. In the name of 'transformation' managers in the public service have actually been incentivised to keep whites out for racial and ideological reasons. Better to leave a vacancy unfilled than to put a white person into it. Getting rid of whites and leaving vacancies unfilled not only hurts the whites in question, but sets up newly qualified young black recruits for

failure. Their failures in turn hurt countless numbers of people dependent on the public service. This might be described as a lose-lose-lose situation. Or as madness.

Yet despite all of this, the government and the ANC seem determined to pursue affirmative action. The Commission for Employment Equity recently complained about the overrepresentation of whites at top management level. And Cyril Ramaphosa, now deputy president of both the ANC and the country, said earlier this year that 'race will remain an issue until all echelons of our society are demographically representative'. Given the country's human needs and its skills profile, this can only have dire consequences.

Although affirmative action policies sometimes deny opportunities to people of other races, the great majority of its victims are black — and the black poor at that. But affirmative action is one of those holy cows discussion of which is inhibited by the dictates of political correctness. The IRR's press statement on the Bloemhof babies was designed to open up debate on this taboo subject. South Africans need to wake up to the tragic results of the policies being implemented in their name.

— **John Kane-Berman**

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