

## NATIONAL CONGRESS RESOLUTIONS 2019

### 1. PREAMBLE

During the 13-15 March 2019, DENOSA held its 8th National Congress in which new National Office Bearers (NOBs) were duly elected for the four-year term. These resolutions will serve as the compass for the new leadership to implement during the course of this term running from 2019 until 2023 almost the same period.

### 2. THE CONGRESS ALSO ADOPTED A SERIES OF RESOLUTIONS UNDER THE FOLLOWING SIX CATEGORIES:

- ORGANIZATIONA DEVELOPMENT
- GENDER AND NURSING PROFESSION
- NURSING EDUCATION
- SOCIO-ECONOMIC MATTERS
- POLITICAL MATTERS
- INTERNATIONAL RELATIONS

### 3. THE RESOLUTIONS ARE AS FOLLOWS:

#### 3.1. ORGANIZATIONAL DEVELOPMENT

##### 3.1.1. RECRUITMENT AND RETENTION

Noting that:

Recruitment Drive was very poor in the term under review. DENOSA is not doing well when it comes to recruiting and servicing members in both public but worse in the private sector. There are no enough items for recruitment, campaigns and member service.

The 7<sup>th</sup> Congress Resolution to provide golf T-shirt to all members was not implemented. Our membership fails to reach 100000 in spite of recruitment strategies put in place. Capturing of membership is not done well in the provinces including challenges experienced at Human Resources departments in provinces.

Believing that:

Recruitment and retention packs delivered on time will satisfy our members and not encourage them to join other unions.

We believe we have the potential to reach 100000 membership.

**Resolving that:**

DENOSA should provide Golf T-shirts per member as per the 7<sup>th</sup> National Congress resolution but further resolve that a policy must be developed around this resolution.

Intensify recruitment in the private sector and strive towards the establishment of recognition agreements.

Improve and review member benefits (inclusive) including the bursary criteria to retain membership.

Distribute retention packs well on time (calendars, diaries, etc.) direct to members on an annual basis.

Regions to be permitted to request sponsorship from service providers within their regions for corporate items

We resolve that a budget must be set aside for a rigorous massive National recruitment drive aiming at increasing membership to 100000.

Train administrators on how to capture if not trained.

The organization to develop a way to communicate with potential members on how far the process is e.g. SMS or Email.

That an annual membership survey be done, to identify where we need to improve as an organization.

We resolve that procurement of membership cards development machines for all provinces be done before end of 2019 to avoid current challenges.

**3.1.2. TOOLS OF TRADE**

**Noting that:**

The costs of maintenance for motor vehicles have increased considerably over the past few years. The current ageing fleet have contributed to these increased costs. Motor vehicle costs takes up an enormous amount of the total budget of the organization.

We also note that Regional Secretaries are discharging duties without laptops.

**Believing that:**

Effective fleet is key to the financial stability of the organization

Motor vehicles are a major resource of the organization without which the organization cannot perform its duties effectively and that there are more cost effective measures that can be put in place to deal with the ever rising costs of fleet maintenance.

Laptops will facilitate smooth running of Regional Secretariat duties.

**Resolving that:**

A **study** should be done to establish a proper fleet management mechanism that would be financially viable and cost effective for the organization and the same be implemented.

Regional Secretariat should be served with laptops without delay in order to render Secretariat duties without limitations.

**3.1.3. POLICIES AND ORGANOGRAM**

**Noting that:**

DENOSA has not developed organizational policies needed to strengthen governance of the organization and the absence of grievance policy is also noted.

**Believing that:**

An organization as big as DENOSA have capacity to develop and review corporate governance policies per term to ensure good corporate governance.

**Resolving that:**

Every 2 years before the congress, policies for discussion during the Central Executive Committee meeting should be made available for either review or adoption.

Organogram should be reviewed to address the challenges faced by the organization from time to time.

**3.1.4. SUBSCRIPTION INCREASE**

**Noting that:**

Membership subscriptions remained constant for over 10 years amid economic changes and no longer meet the needs of DENOSA Constitution and other competing needs.

Subscriptions fees received on a monthly basis is the main source of income for the organization, whilst we also noted that DENOSA is the lowest in terms of the paid subscriptions by members.

We further note that the 7<sup>th</sup> Congress resolution on increasing subscription fee was not implemented.

**Believing that:**

A consistently growing and credible cash flow is necessary for the growth and survival of any organization.

**Resolving that:**

Subscription fee of membership should increase to a maximum of R86 per month and a minimum subscription for students to remain at R36.00. The subscription for the retired group who are no longer practicing should increase to R200 per annum.

The subscription fee increase will be effective from the 1<sup>st</sup> May 2019. The organization to develop a policy on future increments as well as to improve the benefits of members and member service.

### **3.1.5. REGIONAL OFFICES**

#### **Noting that:**

DENOSA does not have Regional offices

#### **Believing that:**

Regional offices will improve our access to members.

#### **Resolving that:**

Regional offices should be phased in, with one Regional office per province opened in 2019 and add one yearly until all regions are covered.

### **3.1.6. NAMING OF OFFICES**

#### **Noting that:**

DENOSA offices are not branded by names of influential leaders.

#### **Believing that:**

Offices must be branded by names of leaders who have contributed to the nursing struggle. DENOSA should recognize professionals and leaders within our organization.

#### **Resolving that:**

Our offices must be named and branded by names of our leaders who have contributed to our profession.

### **3.1.7. INVESTMENT WING**

#### **Noting that:**

DENOSA has DIHOLD as its sole investment wing and that it has not done well since its inception.

#### **Believing that:**

The idea to have DIHOLD was a good one in order to generate more financial capacity of the organization than being dependent on members' subscriptions.

#### **Resolving that:**

DIHOLD should be revived during this term of office and start to generate funds.

## **3.2. GENDER AND NURSING PROFESSION**

### **NURSING AS A SEMI PROFESSION**

#### **Noting that:**

Nursing is still classified as a semi profession by the department of labour and no firm explanation provided as well as unanswered questions on how the matter has affected remuneration of nurses historically.

#### **Believing that:**

Nursing is a profession as confirmed by major employer (health department) and the nature of contracts nurses enter into with their employers. This kind of classification damages the nursing profession.

#### **Resolving that:**

Nursing is a profession as per their training and that the Department of labour should revise the classification of nursing from that of a semi-profession to a full Profession.

#### **3.2.1. PROFESSIONAL IMAGE**

##### **Noting that:**

Nursing, as a profession, is under attack due to its tainted image in the general public.

The employers are failing to run programmes that will upskill nurses to improve and sharpen their nursing skills.

There is no policy for nurses' uniform and no provision as well which affect identification by the public and the way they look.

There is bad attitude by some of the nurses [no respect to patients].

There is poor support of nurses by nurse managers. As a result, there is poor or absence of role models in nursing. Poor professionalism by most nurses leading to lateness, absenteeism and poor performance which result to poor service delivery.

##### **Believing that:**

A balanced and well supported nurse will provide good quality service to the patients. Programmes gearing at improving the image of nursing will go a long way in restoring the trust of communities on nurses and the health system at large.

Involvement of key stakeholders in critical decisions will restore the spirit of teamwork amongst health professionals thereby being available for each other all the time.

##### **Resolving that:**

DENOSA should popularize commendable behaviour, develop campaigns and programmes to change perception of society towards nurses.

The Department must establish mentorship programmes for all categories of nurses including learners and community service nurses.

Nursing ethos should form part of in-service training in the clinical areas.

Ethical conduct and ethos of caring must be a standing agenda in all DENOSA meetings and activities.

#### **3.2.2. SOUTH AFRICAN NURSING COUNCIL**

##### **Noting that:**

There is a poor communication and consultation from SANC on nursing matters (e.g. New Nursing Qualifications, CPD points etc.).

Nurses experience lot of challenges and it becomes difficult to practice effectively. There are delays in receiving certificates after completion of studies.

There is no scope of Practice while the new Nursing Qualification start in 2020 and Legacy Qualifications are phased out in 2019

**Believing that:**

The decentralization of SANC offices to Provinces will improve accessibility and visibility of the Council.

Monitoring and periodic visit of accredited nursing schools and universities will ensure compliance.

The employer can be in a position to set aside a budget to pay for all professional regulatory body funds for its employees.

SANC can be in a position to provide nurses with distinguishing devices due as nurses pay yearly practice fees, and the reviewing of the fees that are increasing almost every year including lot of fees paid by students.

Meeting different stakeholders before the implementation of new systems to find a way of taking the Nursing Profession forward will improve relations and close the social distance it has created between itself and the nurses

**Resolving that:**

We will conditionally accept reasonable and justifiable annual licensing fee increases.

But SANC must do the following:

- Decentralize the office to provinces.
- Close down the bogus nursing colleges wherever and whenever they surface.
- Clarify the curriculum developed for nurses.
- Regulate the tutor-learner ratio, for the quality of nursing education.
- Be involved in improving the working conditions in the institution.
- Reduce private schools in favour of public nursing colleges.
- Conduct the inspections of training institutions and hospital.
- Review the Scope of Practice to be in line with the new curriculum.
- Be transparent in the finances of the Council.
- Introduce more examining centers to reduce the travelling distances.
- Ensure that registration of qualifications must be processed and done immediately after completion.
- Consult nurses before increasing the annual fees.
- Lobby for a progressive Registrar/CEO for the next term of office
- Be proactive in amending and developing the nursing act and SANC regulations.

### 3.2.3. NURSING DIRECTORATE

#### Noting that:

The Nursing directorate is not fully in place and functional both at national and provincial level. The post levels are not in line with the recommendations of the Nursing Strategy.

#### Believing that:

The health crises can be solved by giving nurses proper leadership and managers as proposed by the Nursing Strategy. Nurses are influential in determining the health outcomes as the largest group of health professionals within the system.

#### Resolving that:

Appointments of nursing leadership should be done as per the structure proposed in the Nursing Strategy with immediate effect.

### 3.2.4. CAPACITY BUILDING

#### Noting that:

Most shop stewards are not trained and can't execute their duties effectively. The training manuals have not been reviewed for a while, which makes it to be compromised and inadequate.

#### Believing that:

An organization is as strong as its capacitated leadership and that that can be achieved during this term of office.

#### Resolving that:

DENOSA should promote continuity in leadership in order to preserve organization memory and prevent brain drain. There should be an in-house shop steward training by most experienced leaders.

There should at least be one formal shop stewards training provided yearly. Review the Shop Steward Training Manual. A structured training programme should be in place with immediate appointment of a trainer.

DENOSA to assist leaders to capacitate themselves with short course and use of external service providers.

Revive winter and summer Political Schools.

### 3.2.5. DENOSA PROFESSIONAL WING/MATTERS

#### Noting that:

DENOSA have neglected the professional side of the organization and in the process deviated from the founding principles of this Organization – that of balancing the professional and union wings. The Organization has good programmes like Health Workers for Change that can effectively be driven by the professional wing to benefit all provinces.

**Believing that:**

DPI is still relevant in dealing with professional matters. DPI should be resuscitated to be able to deal with the professional side of the organization. Utilization of the professional wing will assist with dissemination of information to provinces through awareness and in-service- educations.

**Resolving that**

There should be a budget allocation to the unit to ensure member servicing, visibility and professional development of members.

Health Workers for Change workshops should be provided to all provinces to assist nurses to redeem their trust by the communities.

DENOSA Professional Institute should revive the 2 yearly conferences, where debates took place on how to improve the nursing profession.

### **3.2.6. NON-NURSING DUTIES**

**Noting that:**

Nurses are made to perform duties that are outside their scope of practice and if incidents occur they are blamed and held accountable, e.g. dispense medication in dispensaries, and escorting patients among others.

**Believing that:**

The presence of policies in this regard taking into consideration the different type of patients we have will resolve the matter.

**Resolving that:**

DENOSA should develop a position statement on non-nursing duties.

Nurses should work according to their scope of practice and relevant personnel should be employed for non-nursing related duties.

### **3.2.7. CORRUPTION**

**Noting that:**

There is corruption in both private and public health sector facilities.

**Believing that:**

Corruption is a cancer that destroys workers and society's gains.

**Resolving that:**

Government and stakeholders must intensify the fight against corruption in public and private sectors by developing joint campaigns.

We will support any progressive efforts aiming at uprooting corruption in the country.



### 3.2.8. NURSING AGENCIES

#### Noting that:

Nursing agencies are other forms of labour brokering.

#### Believing that:

Labour brokering (agencies) exploits and enslaves South African nurses and just a modern day slavery.

#### Resolving that:

We should intensify COSATU's campaign to ban labour brokering.

### 3.2.9. COMMUNITY SERVICE

#### Noting that:

Allocation of nurses doing Community Service especially those who are from universities are not given priority by the employer.

There are challenges that Community Service Nurses experience before, during and after community service in the provinces.

Community Service is scantily defined in the Nursing Act, and also that it is exploitation of nursing graduates.

#### Believing that:

All nurses doing Community Service can be afforded equal allocation opportunities if proper planning is done by all relevant stakeholders.

We further believe that this process can be managed better based on the fact that nurses are not the only health professionals doing community service.

#### Resolving that:

The central allocation of Community Service should be monitored closely to ensure that all are given equal allocation opportunities.

Community service policy should be reviewed.

Posts must be availed before the completion of community service.

There should be formal programmes to support Community Service practitioners in their workplaces.

We call for an inclusive stakeholder committee to deal with all challenges experienced currently.

If all does not work, we will lobby for the discontinuity of community service by all health professionals.

### 3.2.10. NATIONAL HEALTH INSURANCE (NHI)

#### Noting that:

National Health Insurance pilot projects are completed and the report is unknown by key personnel – nurses.

South Africa is in a bad state of health, exacerbated by growing inequalities in terms of access to essential and basic healthcare that can be resolved by the introduction of Universal Health Coverage.

#### Believing that:

The introduction and implementation of National Health Insurance will increase the capacity of the health department to deliver promptly on its mandates.

The involvement of nurses in all stages/phases of NHI implementation will further facilitate and enhance transition to this new dispensation.

Prioritization in budget allocation to this all important project will make sure it materializes.

#### Resolving that:

The implementation of NHI involves high technology and warn that it should not be tenderized.

Because of its high technology in nature, we further warn implementers that no jobs should be lost in the process.

We further resolve that NHI should be implemented as per set targets so that we all experience it in our lifetime.

DENOSA to monitor/ensure the appointment of qualified cadres in influential positions.

### 3.2.11. SHORTAGE OF STAFF

#### Noting that:

There is currently gross shortage of nurses worldwide and that there is an open international recruitment to lure nurses to the first world countries.

We have also noted that there are unemployed nurses amid this gross shortage of nurses and no translations done on those who have upgraded. There is also perpetual acting on positions which account for poor decisions and accountability.

Current practicing nurse statistics is not assisting as it is inaccurate and therefore difficult to make informed decisions on the status of shortage in the country.

There is failure to reach consensus/agreement on the model of staffing nurses in this country as well as minimum service level agreement.

There is poor planning on a balanced production of nursing personnel in South Africa.

There are no retention programmes and benefits to prevent brain drain by employers in this country.

The current funding model for nurses discourages prospective nurses from joining the profession.

**Believing that:**

The current situation in South Africa needs the commitment of all stakeholders (government, academia, regulation and labour) to come up with factual information in order to resolve the problem of shortage of nurses.

**Resolving that:**

The employer should improve the entry level notch of nurses and other benefits like it happened with the Occupation Specific Dispensation for nursing personnel.

Employers to translate all nurses to proper posts as soon as they complete their qualifications and remunerate them accordingly.

All those who are in acting positions to be translated to permanent ones with immediate effect.

South African Nursing Council must provide proper, updated statistics of practicing nurses in the country for proper planning.

We reject WISN as a single model but rather advocate for a mixed model – population and needs based.

We call for a speedy resolution on minimum service level agreement.

### **3.2.12. SAFETY AND SECURITY**

**Noting that:**

Safety and security in health facilities is inadequate, as shown by attacks on nurses, doctors and other health workers by armed criminals where lives are sometimes lost, and personal belongings stolen.

Implementation of Primary Health Care 24 Hours service is dragging based on safety, security and staffing issues.

**Believing that:**

Safety and security is one of the human basic needs in that health professionals deserve to be protected for them to perform their duties diligently.

**Resolving that:**

Outsourcing of Security services must be stopped and all security personnel must be absorbed by the Department of Health and adequate training and protocols should be put in place to ensure a safe environment of all staff members.

Positive Practice Environment (PPE) campaign should be strengthened and the employer must evaluate and review awarded security tenders and consider state security agencies.

Health facilities not meeting Primary Health Care 24 Hours policy requirements should not implement the policy.

Government must refurbish and revitalize all health facilities to meet safety standards.

### **3.3. NURSING EDUCATION**

#### **FUNDING MODEL FOR NURSING EDUCATION**

##### **Noting that:**

The funding model of students in the country is not done uniformly where some are receiving stipend with a PERSAL and some with a bursary. The employer unilaterally opted to change learners from PERSAL to a bursary system.

##### **Believing that:**

The matter can be equalized in that all students be on PERSAL system, as nursing is a practical profession and that students get in touch with patients during their training.

This country can solve the problem of shortage of nursing personnel through a proper and standardized funding model for nurses – PERSAL.

The funding model in each country directly affects the levels of production with the bursary having proven to be the worst.

##### **Resolving that:**

Funding model for nurse training should be standardized in South Africa - PERSAL.

#### **3.3.1. NURSING EDUCATION TRANSFORMATION**

##### **Noting that:**

There is transformation in nursing education through the new curriculum and the role played by South African Nursing Council in this respect.

Most colleges are not yet ready to roll out the new qualifications. The majority of Nurse Educators working in nursing colleges do not have the required Master's Degree in training the new Registered Nurse qualifications.

Noting with concern that universities cannot accommodate the numbers as stated in the Human Resource for Health plan in ensuring adequate production of professionals in the country.

We also note the cut off dates for the last intake in relation to the old curriculum but concerned about the number of times that date has been shifted – lack of readiness and proper planning.

There is no clear direction as to how South African Nursing Council/Department is going to upgrade the present enrolled nurse to be compliant with Nursing Act 33 of 2005 and align with the Human Resource for Health Plan.

The permanent staff is overloaded with work of students, accompaniment and supervision. The infrastructure is not suitable for teaching environment. There is a disjuncture between theory

and practical experience by learners when they are at clinical areas. There is a serious shortage of teaching equipment /tools.

There is shortage of clinical preceptors and accredited clinical facilities.

Results into poor service delivery, poor working conditions which nurses are subjected to which then results to lack of professionalism.

There is no standardized selection criteria policy nationally, there is inconsistency on how people are selected across provinces, and there is lack of stakeholder participation / consultation when formulating policy on selection criteria and there is discrimination based on gender and seniority when nurses are selected for training.

We note that there is no provincial policy regarding the selection of nurses for study opportunities.

There is inconsistency in the implementation of Recognition of Prior Learning policies which are not accessible in the workplaces. There is inconsistency in the selection criteria in public and private training institutions. There is no support structure for students from their health institutions.

#### **Believing that:**

We are not ready for the transition into the new nursing qualification as a country based on the number of postponements that have been made already.

Taking nursing education to higher education is a progressive move.

Most of the infrastructure is debilitated with poor living conditions and no reliable security at all.

DENOSA's active participation in the nursing education transformation agenda will have a positive impact.

Students learning under healthy conditions will become positive professionals in future.

#### **Resolving that:**

South African Nursing Council and government must ensure that training institutions meet higher education requirements timeously.

DENOSA must ensure its active participation in all structures facilitating the transformation of nursing education.

Department of health should prepare nurse educators for Masters Programmes by giving the study leave based on the results of the study done.

DENOSA must be actively involved in the education of its own members through its Professional Institute.

SANC to be visible and actively involved in sensitizing nurses regarding the new qualifications in the medium of communication accessible to all stakeholders.

SANC not to stop the training of post basic qualifications until there is a clear articulation between the legacy qualification and new qualification.

SANC to postpone the implementation of the Continuous Professional Development points system due to lack of information.

Student training to be treated the same as any student with regard to support system.

RPL policy be implemented accordingly and be accessible at the workplace.

All institutions to have staff development unit/clinical teaching departments that drive the process of development.

Infrastructure in colleges and nurses residents must be upgraded as contemplated in the nursing colleges audit report of the Department of health.

### **3.4. SOCIO-ECONOMIC MATTERS**

#### **3.4.1. ENTRY NOTCH FOR NURSES**

##### **Noting that:**

Salary entry level of all nursing categories is less.

##### **Believing that:**

Nurses deserve better based on the type of work that they perform - entry level should be re-visited.

##### **Resolving that**

The entry level notch for all nurses should be corrected.

#### **3.4.2. PERFORMANCE MANAGEMENT DEVELOPMENT SYSTEM**

##### **Noting that:**

There is inconsistent implementation of Performance Management Development System Policy to reward good performance by the employer – department of health.

There is also non-implementation of performance bonus and pay progression to deserving nurses in the department.

We note the negativity this non-implementation had on the grade progression for nurses.

We further note the unfair exclusion of community service nurses and those who are on probation to have their performance evaluated by the employer.

**Believing that:**

PMDS policy is not implemented accordingly and it is not addressing the needs of the employees. The system is not fair and being corrupted by use of discretion. These benefits can serve as motivating factors to employees if implemented correctly and promptly.

**Resolving that:**

There should be an in-service training to familiarize all staff with performance and management policies.

We further resolve that the employer should observe the agreements between parties and nurses should be given what is due to them.

We further resolve that nurses doing community service and those on probation should have their performance evaluated using the same tool as that of the permanent employees.

The policy should be reviewed and implemented accordingly.

### **3.4.3. GOVERNMENT EMPLOYEES HOUSING SCHEME**

**Noting that:**

There is a signed agreement on Government Employees Housing Scheme and appreciate certain progressive moves – delinking of spousal benefits.

**Believing that:**

Believing that the intentions of the agreement is to solve the long standing problems of access to decent housing by public servants.

**Resolving that:**

The agreement should be implemented in its totality without delay including reviewing it in an appropriate time.

Workers should form part of board members and participate fully in the operation of the scheme.

The role and services that SA Home Loans play should be clarified and not to bring financial burden to workers.

Workers should have access to their pension funds and a policy should be put in place to effect that.

Nurses who are renting and those doing community service should not be made to pay for that accommodation.

### **3.4.4. GOVERNMENT EMPLOYEES MEDICAL SCHEME**

**Noting that:**

The scheme has derailed extremely from its initial mandate of giving workers an affordable medical aid benefit.

We are also cognisant of the envisaged implementation of National Health Insurance and its implication on the scheme.

**Believing that:**

The introduction of NHI will bring some relieve to the working class of this country

**Resolving that:**

GEMS must revert back to its initial mandate or else nurses will revert back to their initial medical aid schemes as there is no significant difference amongst them.

### **3.4.5. ACTING ON POSITIONS**

**Noting that:**

Nurses are exploited and made to act on positions without remuneration by the Department of Health.

**Believing that:**

Duties performed by those in acting positions brings value to the department and that both the patients and the employer do benefit.

**Resolving that:**

Members must stop acting on posts without remuneration or acting letter signed by the relevant authority.

### **3.4.6. OCCUPATIONAL SPECIFIC DISPENSATION**

**Noting that:**

Occupational Specific Dispensation is a product of a collective agreement, PHSDSBC resolution 3 of 2007 and that its intended objectives were not met. We further note that problems are actually escalating in that nurses leave the country for greener pastures as before OSD and shortage of nurses is worsening.

**Believing that:**

A more suitable model should be tested and see if it cannot rectify the problem – with all stakeholders making inputs on their experiences.

**Resolving that:**

OSD need to be reviewed and remodeled.

DENOSA should establish a Team that will work on the renewed model for submission during the review period.

### **3.4.7. RURAL ALLOWANCE**

**Noting that:**

Rural Allowance only benefit Professional nurses in the Public Health sector and that some institutions are excluded from this benefit with no good reasons.

There are disparities in terms of benefits to categories of health care workers



**Believing that:**

The main purpose of this allowance was to attract and retain professionals at the areas where it is naturally difficult to recruit and keep them

**Resolving that:**

All categories of Nursing should receive rural allowance as they are working in these areas.

We resolve that there should be equalization of benefits to all qualifying categories of health care workers.

### **3.4.8. UNIFORM FOR NURSES**

**Noting that:**

Nurses are receiving uniform allowance which is not enough to cover all the needs relating to uniform – covering all shifts, weather and still maintaining the principles of infection control. Noting that the issuing of uniform to nurses is not a new phenomenon but was stopped by the employer without any prior warning.

**Believing that:**

The issuing of uniform to nurses will restore their image and integrity, self-worth as well as a sense of belonging to the profession.

**Resolving that:**

We reaffirm our resolve to have uniform provided to all nurses by a single service provider as a matter of urgency.

Vouchers should be issued out to nurses to purchase in order of their priority but reject white uniform as the main colour.

### **3.4.9. MEMBER BENEFITS**

**Noting that:**

DENOSA death benefit was increased from R3000.00 to R5000.00.

**Believing that:**

Death benefit is one amongst DENOSA benefits that members values.

**Resolving that:**

The death benefit should increase to R7500 - R10000 (minimum and maximum)

### **3.4.10. MINIMUM SERVICE LEVEL AGREEMENT**

**Noting that:**

The employer is reluctant to reach an agreement on Minimum Service Level Agreement (MSLA) for sectors that are regarded as offering essential services.

**Believing that:**

Nurse's right to strike have been taken away due to the absence of MSLA.

**Resolving that:**

Negotiators should push for the finalization of Minimum Service Level Agreement as a matter of urgency.

### **3.5. POLITICAL MATTERS**

#### **3.5.1. ALLIANCE**

**Noting that:**

The resolution of the last congress affirmed the alliance as a vehicle to National Democratic Revolution.

We also appreciate resolutions of Alliance partners to support the ANC in the next General Elections.

We have observed that the ANC as a living organism is never static and has transformed since assuming political power in 1994 and that has equally affected its partners in the Alliance. A weak ANC will affect and further affect the capacity in particular of the politics Federation to advance working class struggles.

The dwindling ability of the ANC to retain political power raises some debates within the Alliance i.e. whether for the SACP to contest state power or not on condition that the partners are ready to re-configure the status quo.

The factions and fragmentation within the broader alliance cripples the advancement of National Democratic Revolution. We further note this new tendency of resolving internal organizational issues through the courts rather than reaching political solutions.

We also note the negative publicity and the attack especially in the run for general elections that further damages the integrity and the unity of the Alliance – “The state of capture.”

There are no regular alliance meetings.

**Believing that:**

Ideals of the National Democratic Revolution are still relevant to the Alliance.

Socialism is the best system for any country and that Alliance partners should strive towards it.

The Alliance has capacity to address its own internal problems challenges only if there is political will to do so.

Joint formal programmes of the Alliance will strengthen relations and capacity to resolve issues.

**Resolving that:**

We support the call by the SACP to re-configure the alliance.

We encourage our members to swell the ranks of the Alliance organizations and participate actively.

We will support the ANC in the 2019 general elections and participate in all other activities of the ANC.

The vanguard should have a programme of explaining their posture and the modalities of the state power sought.

The alliance summit should sit and report to the mass structure to get mandates

DENOSA should influence cadre deployment to ranks of the ANC and key positions in government.

Education on socialism as a political ideology that we subscribe to must be strengthened.

The Alliance is still the political centre.

### 3.5.2. COSATU

#### Noting that:

Cosatu Young Workers Forum

There is a structure that exists in the provinces. A high number of young workers feel that the labour movement is irrelevant.

COSATU has just emerged from its successful national congress with new leadership and a refreshed mandate with one goal – taking workers' struggles forward.

COSATU is also faced with a mammoth task of uniting the workers of this country after several of its affiliates left to form their own Federation. COSATU lost a lot of membership and failed on its target of 2015.

We also note new resolution passed by COSATU, e.g. the adoption of the Young Workers Forum.

#### Believing that:

Fragmentation of workers can only weaken their strength.

DENOSA plays a critical role in the federation informed by the ideological character and believe that a worker organized outside COSATU is not organized.

Young Workers Forum can do much to unite and assist the young workers of this province.

#### Resolving that:

COSATU is still relevant as the only federation to address the issues facing the workers and re-affirm our previous resolution to remain an affiliate of COSATU.

DENOSA will fully participate and support this forum (Young Workers) through the student movement. Where the climate allows DENOSA Student Movement shall contest SRC elections under the banner of SASCO in all institutions of higher learning.

COSATU should develop capacity building programmes to bring synergy to its affiliates.

### **3.6. INTERNATIONAL RELATIONS**

#### **3.6.1. INTERNATIONAL EXPOSURE**

**Noting that:**

Members and leaders in the lower structures are not informed on the international work done by the organization.

**Believing that:**

A foundation must be built in our country first, thus letting people know about federations like Public Service International.

**Resolving that:**

There must be dissemination of international relations information with other countries to improve DENOSA public service issues.

#### **3.6.2. TWINNING PROGRAMME**

**Noting that:**

We have twinning programmes in countries like Swaziland together with Mpumalanga, Lesotho with Free State and Botswana with North West, etc.

**Believing that:**

This arrangement will encourage and improve the relations we have with neighbouring countries.

**Resolving that:**

We should revive those relations

#### **3.6.3. EXCHANGE PROGRAMMES**

**Noting that:**

In other professions there is exchange programmes with other countries and that is not seen in the nursing profession.

**Believing that:**

We can forge alliances with progressive forces and build a strong international relations in South Africa.

**Resolving that:**

We should engage relevant stakeholders and explore that option.

#### **3.6.4. INTERNATIONAL AFFILIATION**

Reaffirm DENOSA affiliation to International Council of Nursing (ICN).

DENOSA must review its affiliation into other international bodies.

Reaffirm our commitment and support to nursing organizations and associations within SADC region.

### **3.6.5. INTERNATIONAL SOLIDARITY**

#### **Noting that:**

DENOSA does not have campaigns on international solidarity when the oppression of the toiling masses by the super powers continues unabated.

Noting the challenges faced by nurses in war-torn countries. That South Africa is a member of the UN Security Council. The absence of campaigns on the international solidarity. The influx of foreigners in South Africa. Noting the challenges that the influx of foreign nationals have to the country.

#### **Believing that:**

Resolution of these conflicts can reduce the burden on the health care system

DENOSA must support the international solidarity campaigns organized by COSATU.

DENOSA must support the 'Free Palestine' Campaign by boycotting the Israel products.

South Africa should use its position on the UNSC to advocate for dialogue between the warring parties

#### **Resolving that:**

South Africa should campaign for the upliftment of the sanctions in Zimbabwe

South Africa should support the nurses in Ireland.

### **3.6.6. PORT HEALTH AND OTHER SERVICES RENDERED TO NON-CITIZENS**

#### **Noting that:**

There is high rate of illegal/unauthorized entries in the country's borders. The illegal immigrants are putting severe strain on our health system and that nurses are overwhelmed by the work load.

We have also noted the potential danger faced by health professionals in terms of infectious diseases due to lack of controls and quarantine measures and protocols being followed.

We further noted lack of awareness campaigns on infectious diseases targeting the communities at high risk by the health department which should include effective training of all Health Workers on the identification and treatment of these infectious diseases.

#### **Believing that:**

Transformation of the African Health system to serve all the people in a fair, accessible and equitable manner will go a long way in resolving this problem.

#### **Resolving that:**

DENOSA must be at the center of critical struggles for global economy, social and health justice for all.

Champion the rights of Health Professionals and workers for quality training, support and good conditions of service in the continent.

DENOSA must champion the programme of Students-Exchange to expose them into the international trends.

Services at all points should be at a fee determined by the type and level of service received by non-citizens.

### 3.6.7. SADC NURSING ASSOCIATIONS

#### Noting that:

There are challenges faced by nurses in the SADC region and the formation of new nursing associations.

#### Believing that:

We work better when we share strategies and experiences.

#### Resolving that:

DENOSA should foster and create an environment to facilitate collaboration between these nursing associations.

SANNAM should be revived and be fully functional and supported by a strong infrastructure.